Delam Care Limited

Shamu

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

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

The service is registered to provide accommodation and personal care for up to six people. People who use the service have a learning disability and or a mental health condition. At the time of our inspection six people were using the service.

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

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

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

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

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

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

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

People were supported and enabled to make choices about their care and the choices people made were respected by the staff.

People were involved in the assessment and review of their care and people worked with staff to set goals to improve their health and wellbeing.

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

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

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

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

Safe staffing levels were maintained and medicines were managed safely.

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

Is the service effective?

Good

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

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

Is the service caring?

Good

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

People were supported to make choices about their care and independence and contact with family and friends was promoted.

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

Is the service responsive?

Good

The service was responsive. People were involved in the assessment and review of their care to ensure their care met their individual preferences and needs. People set goals with the staff to help them to improve their health and wellbeing.

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

Systems were in place to manage complaints about care.

Is the service well-led?

Good

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

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

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

Shamu

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

We checked the information we held about the service and provider. This included the statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to formulate our inspection plan.

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

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

Good

Is the service safe?

Our findings

People told us they felt safe at Shamu. One person told us that they used to feel unsafe using the shower, but the provider had fitted a new wet room which had enabled them to feel safe in the shower. They said, "We had a new shower room. It's bigger and better for me, I feel safe now". Another person told us that they felt safe because staff had helped them to understand what to do in the event of a fire. They said, "We go out the front door into the garden if the alarm goes off. We practice what to do".

People told us and care records confirmed that they were regularly involved in the assessment and review of the risks associated with their care. For example, one person told us that they had spent time with staff talking about the risks associated with a health condition that they lived with. They said, "The staff told me that I can't have as much sugar as everyone else". This person told us in detail how the staff supported them to manage the risks of their health condition and said, "It's all been wrote down for me". Staff showed good knowledge of the risks associated with this person's health condition and the management plan in place to reduce these risks. The information staff told us, matched the information recorded in the person's care plan. This showed that they understood the person's risks and supported them in accordance with their risk management plan.

People told us that action was taken after safety incidents to reduce the risk of further incidents from occurring. For example, one person told us about a safety incident that had occurred on one occasion when they had accessed the local community. They told us that they had been given a personal alarm to help keep them safe. They said, "The manager got me an alarm. I have to press a button if a stranger approaches me" and, "I wear it when I go out". In addition to this, the registered manager contacted the local Police Community Support Officers (PCSO) and requested they visited people who used the service to talk to them about safety. People told us this had helped them to understand how to stay safe and it also helped them to build a rapport with the PCSO's which meant they felt comfortable to approach and chat with them when they saw them in the community.

People told us that staff were always available to provide them with care and support. One person said, "There's always someone here". Staff told us and rotas showed that staffing levels were adapted to meet the individual needs of the people who used the service. For example, the home manager told us and other staff confirmed that staffing levels were flexible and were based around the activities people wanted to participate in. For example, more staff were planned to be on shift to support people to attend a disco in the evening. This ensured people could participate in their preferred activities.

People told us and we saw that medicines were managed safely. One person said, "The staff give me my eye drops and tablets. I get them every day; I have to have them every day, it's important". Our observations and people's care records showed that effective systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them. Effective systems were also in place to ensure people who were able to self-administer their medicines were able to do so safely. One person told us, "I look after my own medicines. I get a week's worth at a time. The staff check I've taken them every week when I hand in the empty pack". This person's care records showed that the risks

associated with self-administering medicines had been assessed, planned for and managed effectively.

People told us they felt safe around the staff at Shamu. One person said, "I feel safe because of nice staff, nice residents and nice people". Another person described the staff as, "Gorgeous". Staff told us and we saw that recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

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

Good

Is the service effective?

Our findings

People told us they were supported to stay healthy and had access to a variety of health and social care professionals. One person said, "I go to the opticians. Every year I get a letter and the staff go with me to get my eyes tested". Another person's records showed they had been supported to visit the dentist which was something they had never successfully done before they moved to Shamu. People had health care plans in place where required, that recorded their health needs, how and who should monitor these needs and which professionals were involved in their health care. We saw that these plans were effective in ensuring people's health was monitored and improved. For example, one person had a plan in place to enable them to lose weight in a safe and controlled manner. This person's care records showed the plan had been effective as they had lost weight, and one of the medicines they took for a health condition associated with their weight had been reduced by their GP as a result of their weight loss.

People told us they could choose the foods they ate. One person said, "We all have a choice of meals, there's a meeting for that". Another person said, "We all eat what we want to". People also told us and we saw they could access drinks and snacks anytime. One person offered the inspector a drink and freely accessed the kitchen to prepare a drink for the inspector. Staff told us how they supported people to eat specialist diets when these were needed. For example, staff told us how they supported one person to eat a diabetic diet. A person living with diabetes confirmed that staff supported them to eat a safe diet that met their specialist needs.

People told us that staff respected their right to make decisions about their care. One person said, "Staff remind me to go for a walk every day, but I don't have to go if I don't want to". This person confirmed that staff respected their decisions and they were not forced to take part in activities that they did not wish to participate in. Staff told us that everyone who used the service had the ability to make everyday decisions about their care and treatment. Care records showed that when required people were encouraged to formally consent to their care by signing consent forms. For example, we saw that people who needed support from staff with medicines management had signed to show they agreed to this support.

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

People who used the service told us they were free to move around the home and access the community. One person said, "I can go anytime. I just take my picture off the board to show staff I've gone out". People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff told us that one person had a DoLS in place as they would be at risk of harm if they left Shamu alone. Staff knew this DoLS was in place and supported the person to access the community in a safe manner. One staff member said, "It doesn't mean they can never leave the house, it just means we support her to leave the house safely". This showed that people were restricted lawfully to promote their safety and wellbeing.

People told us they felt the staff were suitably skilled to work at Shamu. One person said, "I think they know what they are doing. They all do their jobs here". Staff told us and records showed they had received training to give them the skills they needed to provide care and support. Staff demonstrated that their training had been effective by telling us about the knowledge and skills they had acquired. For example, one staff member told us how training in diabetes had helped them to support people with this condition. They said, "I learned about the medicines used to treat diabetes and the special food and drinks they need as you can't have sugar if you have diabetes". Another staff member told us they had learned how to meet people's continence needs from a recent training session. They said, "I learned there are other options other than pads". Our observations showed and care records confirmed that staff were suitably skilled to meet the needs of the people who used the service. For example, we saw and care records showed that a person living with diabetes was supported in a safe and effective manner.

Good

Is the service caring?

Our findings

People told us and we saw that they enjoyed living at Shamu and had positive relationships with the staff because they were kind, caring and respectful. One person said, "The staff make me laugh. I like laughing my head off" and, "I like it here, I just love it". Another person said, "All the staff are nice". We observed caring interactions between people and staff. For example, we saw a staff member support a person to get ready to access the community. The weather was cold and the staff member supported the person to put on their coat, scarf and gloves on. The staff member asked the person. "Is that comfy" and, "Are you warm enough?". The person smiled and nodded their head to show they were happy with the support the staff member had provided to ensure they were suitably dressed for the weather.

People told us and we saw that staff helped people to understand their care and the choices available to them. One person said, "I like how [staff member] helps me and explains things to me". We saw that care plans had been recently updated to include pictures to enable people to understand the content better. Staff told us they also used pictorial cards to help people choose their meals and activities. One staff member said, "We use pictorial cards to promote people's independence. They are a visual aid to help people make choices" and, "We have food and activity cards". We saw these pictorial aids were used effectively to help people understand and communicate their care. For example, one person had chosen their activities for the day using the cards. These cards had been placed on a board that belonged to the person to orientate them to their day. We asked the person what they were doing that day and the staff member used the board to help the person show us where they were going as the person was unable to verbally tell us this information.

People told us they were enabled to make decisions about their home. One person told us about and showed us their bedroom which had been decorated in accordance with their preferences. They said, "My bedrooms pink, I chose that" and, "I love my room".

People told us that their independence was promoted. One person said, "I do my own laundry, but the staff help me". Another person said, "I do my own cleaning and I wash the dishes". People also told us and we saw that they were supported to establish and maintain relationships with their families and friends. One person said, "They help me to go to [relative's] house every week" and. "I like visiting [relative]".

We saw that people's privacy and dignity was promoted. For example, the registered manager asked one person, "Do you mind if [person who used the service] is in the room while I give you your eye drops?". They waited for the person to respond before administering the medicine in accordance with the person's preferences. People told us they could freely access all areas of the home. This enabled people to access private quiet areas when they needed time alone. One person said, "I can go to my room anytime I want, I don't have to tell the staff".

We saw that staff knew people well. This included their likes, dislikes and care preferences. Care records contained information about people's care preferences which people confirmed was correct. For example, one person's care records showed they liked watching TV, watching football and sleeping. This person

confirmed these were their interests. We saw that staff and people had meaningful conversations that were based around people's likes and preferences. For example, we saw one staff member talk to a person about a TV programme that they enjoyed.

Good

Is the service responsive?

Our findings

People told us and care records showed that they were involved in the assessment and review of their care. One person said, "I have meetings with my keyworker". They told us these meetings were used to talk about their care. Care records showed that people set care goals with the staff. These goals ensured people were involved in the planning of their care and also gave people goals to work towards to improve their health, wellbeing and skill set. For example, one person's care records contained a goal to improve their activity levels. They told us a pedometer had been purchased for them to help them to monitor their activity levels. They said, "I wear it when I go out. I like seeing how many steps I've done". This helped the person to work towards their goal as they could monitor their progress.

People told us and we saw that action was taken in response to any changes in their care needs. One person told us that staff had arranged for their chair to be raised when they started to struggle to stand from it. They said, "They made this chair higher for me, it makes it easier to get up". Care records showed that when changes were made to people's care, records were reflected to ensure the information available to staff and other health and social care professionals was accurate and up to date. For example, one person's hospital passport (information to inform hospital staff of a person's needs if they needed to use hospital services) was updated to reflect a change in their medicines.

People told us and we saw that they were supported to access the community to participate in activities of their choosing. One person said, "I like going to disco's. I'm going tonight to do some dancing and romancing". We saw an extra staff member was on shift to support this person to attend the disco as requested. Another person used their activity board to show us their plans for the day. These plans included lunch out which the person was looking forward to.

People told us and we saw that the staff supported them as planned and in accordance with their care preferences. One person said, "I like listening to music and playing games". We saw a staff member support the person to participate in both these activities during our inspection. Care records contained the detail needed to enable the staff to provide responsive care in accordance with people care preferences. For example, one person occasionally displayed behaviours that challenged the staff. This person's care plan listed the distraction techniques that worked for this person. These were linked to the person's hobbies and interests which they were known to engage well in. Staff demonstrated that they understood this information as they told us the distraction techniques they utilised with this person. The information the staff told us matched the information contained in the person's care plan. This showed staff had the knowledge and skills to respond to this person's behaviours that challenged when needed and in a person centred manner.

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

Good

Is the service well-led?

Our findings

People and staff told us the registered manager was approachable and responsive. One person said, "I like the manager, she's nice". Comments from the staff about the manager included; "She's very good to us", "She's very calm" and, "Her knowledge is immense".

People told us they were encouraged to feedback their thoughts and concerns about their care and the home environment during weekly meetings with staff. One person told us, "I told the staff that I wanted a new carpet, a new bed and new curtains". We saw that this request had been acknowledged and the provider had a refurbishment plan in place which included this person's room at their request. This showed that people's feedback was listened to and acted upon. The registered manager also told us feedback from people and their relatives was also sought through a satisfaction survey. They told us they were waiting for the results of this survey to be analysed by the provider and any concerns would be shared with them to act upon.

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

Incidents at the home were recorded, monitored and investigated, and action was taken to reduce the risk of further incidents from occurring. For example, action was taken to improve people's knowledge about how to stay safe when they accessed the community following a recent incident that had occurred. The registered manager did this by inviting a community police officer to the home to talk to people who used the service. We also saw that incidents were monitored by the registered manager and provider which enabled them to check if there were any incident patterns and trends, so that appropriate action could be taken if required.

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

The training and development needs of the staff were assessed, monitored and managed through regular meetings. One staff member said, "I get supervision every month. We talk about the residents needs and I'm asked how I'm getting on and if there is anything I can suggest to improve things" and, "She [the registered manager] tells me if there's anything I need to work on or if I need any more training". Staff competency checks were also completed that ensured staff were providing care and support effectively and safely. For example, staff who administered medicines were observed by a manager to check they followed the correct

medicines management procedures.

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