Delam Care Limited

New Lodge

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

This inspection took place on 22 January 2016 and was unannounced.

The service provides accommodation and personal care for four people with learning disabilities. There were four people using the service at the time of the inspection. People who used the service were unable to communicate with us verbally due to their disabilities.

The registered manager had recently left the service and a new manager was due to start the following week. 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 were safeguarded from abuse as staff knew what constituted abuse and who to report it to. Incidents of alleged abuse had previously been referred for further investigation when the staff had suspected abuse had taken place.

People were supported to be as independent as they were able to be through the effective use of risk assessments and the staff knowledge of them.

There were enough suitably qualified staff who had been recruited using safe recruitment procedures available to maintain people's safety and to support people in hobbies and activities of their choice.

People medicines were stored and administered safely by trained staff.

Staff had a good knowledge of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA and the DoLS set out the requirements that ensure where appropriate decisions are made in people's best interests where they are unable to do this for themselves. People's capacity had been assessed and staff knew how to support people in a way that was in their best interest and was the least restrictive.

People and their representatives were involved in decisions relating to their care, treatment and support. Care was planned and delivered based on people's preferences and regularly reviewed.

People were supported to have a healthy diet dependent on their assessed individual needs. People were given choices and asked what they would like to eat and drink.

People had access to a range of health professionals and staff supported people to attend health appointments when necessary.

People were treated with kindness and compassion and their privacy was respected. Staff supported people to be independent as they were able to be.

People had opportunities to be involved in the community and to participate in hobbies and interests of their choice.

Staff felt supported to fulfil their role effectively through regular support and supervision and training applicable to their role.

The provider had systems in place to monitor the quality of the service and an ongoing improvement plan.

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 were protected from the risk of abuse. There were sufficient, suitable staff available to meet people needs. Identified risks to people were minimised through the effective use of risk assessments. People's medicines were stored and administered safely.

Is the service effective?

Good

The service was effective. Staff received regular support and training to fulfil their role effectively. The provider worked within the guidelines of the MCA to ensure that people were involved and consented to their care, treatment and support. People were supported to have a healthy diet dependent on their assessed individual needs and when necessary had access to a range of health professionals.

Is the service caring?

Good

The service was caring. People were treated with kindness and compassion. People's dignity and privacy was respected and their independence promoted.

Is the service responsive?

Good

The service was responsive. People received care that reflected their individual needs and preferences. People had the opportunity to be involved in hobbies and interests of their choice. There was a complaints procedure and people's representatives knew how to use it.

Is the service well-led?

Good

The service was well led. Staff told us they felt supported to fulfil their role and the manager was approachable. Systems were in place to continually monitor the quality of the service.

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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 22 January 2016 and was unannounced. It was undertaken by one inspector.

We reviewed the information we held about the service. This included notifications that we had received from the provider about events that had happened at the service. For example, notifications of serious injuries and safeguarding concerns that the provider is required to send to us by law. We also considered information we had received from other professionals involved with the service.

We observed people's care. We spoke to one relative, five care staff and the operations manager.

We looked at the care records for three people, two staff recruitment files, medication administration records and systems the provider had in place to monitor the quality of the service.

Good

Is the service safe?

Our findings

People who used the service were safeguarded from abuse and the risk of abuse. Staff we spoke with all knew the signs of abuse and who they needed to report it to. One staff member said: "There is always someone on call for advice and I wouldn't hesitate to ring if I thought something wasn't right". We saw the safeguarding procedure was clearly displayed in the office. We had previously been made aware of safeguarding referrals which had been made in the past for further investigation.

Risks to people were assessed and minimised and staff knew what they were. One person at times became anxious and would injure themselves. We saw that they had a clear and comprehensive risk assessment informing staff how to support this person at these times. Staff we spoke with knew the person's plan and we saw that the equipment required to prevent injury was readily available throughout the service. Other people were at risk of choking when eating. We saw that these people were offered a soft diet as assessed by the speech and language therapist. Staff knew the dangers and risks to these people if they were given food which was not softened for them.

We saw and staff told us that there were sufficient staff to keep people safe. Everyone had a member of staff available to them at all times. Staffing hours had been allocated based on the assessed needs of people. Some people required two members of staff when they accessed the community. We saw two people go out individually with two members of staff supporting them. We spoke with two new members of staff and looked at the way in which they had been recruited to check that robust systems were in place for the recruitment, induction and training of staff. Staff confirmed that checks had taken place and they had received a meaningful induction prior to starting work at the service. The files provided evidence that pre-employment checks had been made. These checks included application forms detailing previous employment, identification and health declarations, references and satisfactory disclosure and barring service check (DBS). The DBS is a national agency that keeps records of criminal convictions. This meant that an effective recruitment process was in place to help keep people safe.

People's medicines were stored and administered safely. Medication was kept in a locked cabinet. Staff we spoke with confirmed they had received comprehensive training in the administration of medication and they were regularly assessed as being competent. People had clear and comprehensive medication care plans which informed staff how people liked to have their medication dependent on their personal preferences. When people were prescribed as required medication (PRN) there were protocols which detailed the signs and symptoms people may exhibit at the times they may require it. This supported the staff to recognise people's needs for their medication when they were unable to verbally communicate.

Good

Is the service effective?

Our findings

Staff told us that they felt supported and had training to ensure they were effective in their role. We saw there was an ongoing programme of training applicable to the needs of people who used the service. Regular supervision and competency checks were undertaken by the manager and senior staff to ensure that staff maintained a high standard of care delivery.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who used the service all required some support to make decisions and to consent to their care and support. We saw that everyone's capacity to consent had been assessed due to their learning disabilities. A relative told us that they had been contacted during the assessment of their relative's mental capacity for their views and input. When people needed support to make specific decisions, we saw that 'best interest' meetings were held which involved all the relevant people and representatives in the person's life. A member of staff gave us an example of when a 'best interest' meeting had taken place to discuss and agree that one person required dental treatment with a general anaesthetic. It had been agreed and the staff had supported the person with the treatment which had been successful.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that everyone had a DoLS authorisation in place. The DoLS is part of the MCA. They aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. The authorisations were based on people's individual needs. Staff we spoke with all knew what restrictions were in place for each person and why it had been deemed necessary. This meant the provider was following the guidelines of the MCA and ensuring that people were not being unlawfully restricted of their liberty.

People were supported to choose what they would like to eat by pointing at photographs of food which staff had taken. This was completed once a week and a menu drawn up. Two people required a soft diet due to swallowing difficulties and one person had an eating disorder. Staff knew people's individual needs and supported them with eating and drinking in a safe manner. People's weight was regularly monitored. On the day of the inspection one person had visited their GP practice to use the sit on scales as they were unable to use the scales at the service.

People were supported to attend health care appointments with professionals such as their GP, optician, chiropodist and consultants. We saw that people had access to a wide range of health care facilities. Some people had epilepsy. We saw that there were clear and comprehensive care plans informing staff of how to care for people when they experienced a seizure.

Good

Is the service caring?

Our findings

People were treated with dignity and respect. We observed staff and saw that they interacted with people in kind and caring way, communicating with people at a level and pace they understood. A member of staff told us: "I like working here, and I love working with the people that live here". Another member of staff said: "I can't tell if people who live here like me but I do know they trust me ".

People were observed to freely move around their home. One person liked to spend time listening to music in the kitchen and another person liked to wander from room to room. Everyone had their own private bedroom. One person liked to sometimes spend time in their room. One member of staff we spoke with told us: "[Person's name] often takes themselves off to their room, they can come and go as they please and I always knock on people's doors before I enter ".

People were supported by staff to go on a holiday every year. Staff informed us that they did not have to go but volunteered so people would be able to have a yearly break from their home. A member of staff told us: "[Person's name] loves going on the trams. I spent one year going up and down on a tram while they enjoyed looking out of the window". This showed that staff cared and were willing to support people to have life experiences.

Staff informed us that people were encouraged to be as independent as they were able to be by being involved in simple household tasks, such as bringing their laundry to the laundry room or doing the hoovering. A member of staff told us: "[Person's name] can dress themselves, we just help them pick the right clothes to wear for the weather and then leave them". We saw that people were dressed smartly in a manner that reflected their age and the weather.

Good

Is the service responsive?

Our findings

People received care that reflected their needs and preferences. Their care was kept under regular review through regular meetings and care plan reviews. We saw that people's care plans were written in such a way that the person was at the centre of the plan. People's likes, dislikes, family, interests and other personal information was available to ensure that staff knew how to meet their health and social care needs. Staff knew people well and we observed that they treated people as individuals and respected their preferences. People had a health action plan which was for staff to take with them if they had to support a person to hospital. The information within them would support hospital staff to know people's health and social care needs quickly, so they could respond accordingly.

People were supported to communicate and give their views in a way which met their individual needs. We saw that staff used photographs and visual prompts to help people make choices. Staff were able to tell us how people communicated. They told us that people would point or physically prompt staff when they wanted something. Two members of staff told us how they knew when people were showing signs of becoming anxious. One staff member said: "[Person's name] shows us they need reassurance from their facial expressions, if we see it change, we divert them onto something we know they like".

Staff supported people to engage in hobbies and interests of their choice. People went shopping, out for meals, dinner and dancing, swimming and a wide range of other activities that met their individual preferences. There was a range of sensory items around the home and one person had their own sensory lights in their bedroom. A member of staff told us: " [Person's name] likes to lie on their bed and watch their sensory lights".

Handovers were conducted at every change of staff, to ensure the staff coming on duty were fully aware of the current care needs of each person. Staff told us that they
knew people well and were kept up to date with any changes in people's health or wellbeing.

The operations manager told us there was a complaints procedure, however there had been no formal complaints. They told us that annual satisfaction surveys were sent out and analysed by the provider so that the information returned could be monitored and used to improve the service. Staff told us that people's relatives were fully involved and kept informed of their relatives welfare if they chose to be. A relative confirmed that they were kept informed and attended an annual review of their care.

Good

Is the service well-led?

Our findings

The registered manager had recently left the service. A new manager had been employed and was due to start the week following the inspection. Staff told us that they had continued to be supported whilst there had been no manager by the operations manager and a manager from another service. Standards of care had been maintained throughout the time the manager had been absent. Staff told us they had regular meetings and individual support and supervision sessions where they were able to discuss any concerns and their personal development.

Staff we spoke with told us they knew about the whistle blowing procedure and they would report their concerns to the registered manager who they thought would act upon them. Staff told us that they knew who to contact in the event of an emergency or for advice and support when the manager was not available. The provider had a 'on call' system and contact numbers were available in the office.

When people's needs changed and new care plans had been implemented, staff were made aware at handovers. Staff were asked to sign that they had read the care plan, this was a way the provider could ensure that staff had all the information they needed to fulfil their role

Systems were in place to monitor the quality of the service. Risks to people and staff performance were regularly reviewed to ensure that people were kept safe and the staff were providing quality care. People's health care needs were monitored such as 'epilepsy and falls' and when action was required it was taken. Staff training was kept up to date and there was an effective system in place to ensure that DoLS authorisations were in date and regularly reviewed. Accidents and incidents were reported to the provider and analysed to look for trends. Daily medication audits were undertaken to ensure people had received their medication in a safe manner. A quality and compliance manager conducted an annual quality inspection and left actions if areas for improvement were identified. We saw that if there was any action to be taken that this was followed on and completed.