

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

### About the service

Shamu is a residential care home providing personal care to two people with a learning disability at the time of the inspection. The service accommodates up to six people in one adapted building and there were four additional people residing at the service who were not in receipt of personal care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

We have made a recommendation about End of Life care planning.

People were supported by safely recruited staff, who had the skills and knowledge to provide effective support. Staffing levels were regularly reviewed to ensure there were enough staff available to meet people's needs. People's medicines were managed, and staff followed infection control procedures.

Effective care planning and risk management was in place which guided staff to provide support that met people's needs and in line with their preferences. People were supported to access healthcare professionals and advice received was followed by staff. There were systems in place to ensure people received consistent care and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by caring staff who promoted choices in a way that people understood, this meant people had control and choice over their lives. Staff provided dignified care and respected people's privacy. People's independence was promoted by staff.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were involved in the planning and review of their care. Staff knew people well and followed care plans to ensure they provided support in line with people's wishes and diverse needs. People were supported to access interests that were important to them. People's communication needs were met, and information was provided in a way that promoted people's understanding. People understood how to complain, and actions had been taken to make improvements as a result of complaints received.

Systems were in place to monitor the service, which ensured people's risks were mitigated and lessons were learnt when things went wrong. People and staff could approach the registered manager who listened to feedback to make improvements to the delivery of care. Staff and management were committed to providing a good standard of care, which was focused on positive outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 11 April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

# Shamu

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

Shamu 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. This included notifications the provider had sent to us as required by law. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke

with one member of staff, the registered manager and the locality manager. We observed care and support in communal areas of the service.

We reviewed a range of records. This included two people's care records and one person's medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse because staff and the registered manager were trained to recognise the signs of abuse and understood the reporting procedures.
- Monthly discussions took place with people to ensure they were aware of safe places in the local community they could access if they felt unsafe.
- Staff and the registered manager promoted the 'Stay Safe' scheme to ensure people were safe when using the community.
- The registered manager had notified the local safeguarding authority when suspected abuse had been reported.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People told us staff supported them safely. One person said, "I like it here and I feel safe because the staff help me."
- Staff knew people well and understood how they needed to support people to remain safe. Positive risk-taking strategies were in place which enabled people to increase their independence, whilst ensuring their safety.
- There were detailed risk management plans and care plans, which ensured staff had up to date guidance to follow to support people safely.
- The registered manager had a system in place to learn when things went wrong. For example; incidents and accidents were analysed by the registered manager. Risk management plans were updated to ensure appropriate action had been taken and discussions with staff were held to ensure lessons were learnt.

Staffing and recruitment

- People told us there were enough staff to support them. One person said, "The staff help me when I need them." Another person said, "I like the staff, there is always someone about if I need some help."
- Staff told us they were given enough time to support people with their needs in an unrushed way. One staff member said, "I think there are enough staff. We all pull together and cover shifts so people have the support they need."
- The registered manager had a system in place to ensure people continued to receive a service when staffing levels had changed.
- The provider had safe recruitment practices in place, which ensured people were supported by suitable staff.

Using medicines safely

- Medicine Administration Records (MARs) were used to show when staff had supported people with their

medicines and creams.

- Staff told us they were trained in the administration of medicines, which we saw documented in the training records. Competency assessments were carried out to ensure medicine training received was being used in practice.
- Monitoring systems were in place to ensure people received their medicines as prescribed and where issues were identified action had been taken to rectify these.

#### Preventing and controlling infection

- The service was clean and there were no mal odours present.
- Staff explained how they followed infection control guidance and ensured personal protective equipment (PPE) was used when they supported people such as; gloves and aprons. This meant people were protected from the spread of infection.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care plans had been developed with people and their relatives and contained details of people's diverse needs and preferences. This included the characteristics under the Equality Act 2010, such as age, disability and religion. However, some improvements were needed to ensure all areas of people's diverse needs were considered, such as sexuality.
- We fed this back to the registered manager who told us they would discuss this with people to ensure they were aware of all areas of people's needs and preferences.

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

- The service was designed and decorated to meet people's needs. People told us they had been involved in choosing the way the service was decorated.
- People's bedrooms were personalised, and communal areas were homely.
- Some of the environment needed improvement. For example; the carpets on the hall, landing and stairs were worn and stained. However, the registered manager was aware of this and we saw a maintenance plan, which had been forwarded to the provider.
- The registered manager told us they were awaiting approval from the provider to enable them to order new carpets to ensure the environment was improved for people.

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

- People told us they prepared their meals with support from staff and they had choices that met their preferences.
- We observed people accessing the kitchen independently, making drinks and preparing food with prompts from staff where needed.
- Staff explained how they supported people to manage their nutritional risks and there were detailed plans for staff to follow, which confirmed what staff had told us.

Staff working with other agencies to provide consistent, effective, timely care

- There was a handover system in place, which ensured staff provided consistent support that met people's changing needs. One staff member said, "We have a handover at the change of each shift. We talk about how people have been both emotionally and physically and if there any changes in the way we need to support people."
- Hospital passports were in place, which contained information about people's needs. This ensured people received consistent care when they were being supported by other agencies.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare professionals to ensure their health and wellbeing was maintained. One person said, "I go to the doctors if I feel unwell. I didn't like the dentist, but staff have helped me, and it doesn't bother me as much now."
- Staff followed nationally recognised guidelines to support people with their oral healthcare needs and explained the importance of good oral hygiene.
- The records we viewed confirmed staff worked with other agencies to ensure people's health and wellbeing was monitored and maintained.

Staff support: induction, training, skills and experience

- Staff told us they had an induction before they started to provide care and regularly received training to carry out their role. One staff member said, "The training has been very useful. I have completed lots of training and the registered manager discusses various areas of learning at supervision, which helps me to keep up to date and refresh my knowledge."
- Competency checks, and observations were carried out to ensure staff understood the training received and people were supported effectively.
- Staff felt supported in their role and received supervisions to ensure any issues or areas of development were discussed.

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

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's consent was gained from staff before they provided support. Staff gave people time to answer questions and gave additional explanations if needed. This meant people's consent was gained in a way that met their understanding.
- Staff and the registered manager understood their responsibilities to ensure people were supported in their best interests and in line with the MCA and their authorised DoLS.
- The records in place supported what staff had told us and ensured staff had guidance to follow to support people in their best interests.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff were caring and kind towards them. One person said, "The staff are gorgeous, and I like them a lot. They help me feel better if I'm feeling sad." Another person said, "The staff are all lovely and friendly."
- We observed caring interactions between people and staff. People spoke with staff freely who spent time chatting with people and listened to their plans for the day. Staff complimented one person on the way they were dressed, who responded happily and was proud of their appearance.
- People were supported to establish and maintain relationships with their families and friends. People told us that they regularly met up with friends and family which was important to them.
- Staff understood the importance of respecting people's diverse needs when they provided support and how they promoted equality and anti-discriminatory practice.

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

- People told us they chose how they wished to be supported. One person said, "I do what I like to do and staff help me if I need them too. I can do somethings myself, but I do need help with some things."
- Regular meetings were held with people to ensure their views were gained, which were used to provide support in line with people's wishes.
- People were encouraged to make decisions about their care and staff provided support to ensure people were given information in a format that promoted their decision making.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. One person said, "The staff treat me well and I can spend time in my room when I want. All the staff speak to me in a nice way."
- People's daily living skills were promoted. People prepared their own meals with prompts from staff and were involved in the cleaning of their individual rooms and communal areas.
- People set achievable goals to increase their independence, which were reviewed regularly. We saw people's independence had increased as a result of working with staff to achieve their goals.
- Staff explained the importance of supporting people in a way that met their needs and how they encouraged independence.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

### End of life care and support

- At the time of the inspection there was no one who was receiving end of life care.
- Discussions had been held with people about their wishes after their death. For example, funeral plans and how people wished their services to be carried out which included choices of music etc. However, people's advance wishes in respect of their care during their end of life had not been consistently gained.
- The registered manager told us they would ensure discussions were held with people to seek their wishes at this time of their lives.

We recommend the provider seeks guidance to ensure people's advance wishes are recorded in relation to their end of life care.

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

- People and their relatives were involved in the planning of their care which ensured their preferences were met. One person told us how they liked to be supported, which matched what staff told us and the details recorded in their care plans.
- People made goals, which showed what they wanted to achieve and were supported to achieve these with the support from staff. These goals were reviewed with people and when these had been met, new goals were set.
- Staff told us the importance of person-centred care which was led by people to increase independence. One staff member said, "We set goals together which are achievable with support. We focus on independence and helping people to do more for themselves."
- People were involved in the review of their care on a regular basis, which meant people's needs, preferences and aspirations were discussed and changes implemented when required.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had guidance to follow to enable them to communicate with people effectively. Staff knew people's communication needs well and explained how they ensured information was presented to people both verbally and written to aid their understanding.
- Information was made available in a format that people understood. This ensured people were able to understand all areas of their support and the provider was meeting the requirements of the Accessible

## Information Standard.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they had a varied social life and staff supported them to access interests they enjoyed. One person said, "I enjoy playing my guitar, I'm very good you know. I love music and I go to discos to meet with my friends. The staff come with me and we have a good time."
- Staff knew people well and understood people's preferences and supported people to access interests that were important to them. This included accessing the community to socialise with friends and being involved in daily living activities around their home environment.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place that was accessible to people in a pictorial format to aid their understanding. People told us they knew how to complain if needed. One person said, "I would tell [registered manager's name] if I was unhappy here. I can tell them anything."
- Complaints received at the service were investigated and responded to in line with the provider's policy. Complaints were used to make improvements to the way people were supported.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were positive about the service and the registered manager. One person said, "I love living here. [Registered manager's name] is really nice and she sits with me to have a chat."
- Staff felt supported by the registered manager. One staff member said, "The registered manager is very approachable and supportive. I know I can talk with them about any issues and they act on these."
- The registered manager was passionate about the values of the service and promoting people's independence. Staff followed by example to ensure people's independence increased. The registered manager said, "I am committed to encouraging independence for people and people feeling a sense of achievement in their lives. I am passionate in ensuring people's skills are increased, whilst making sure they are happy and comfortable with the support we provide."
- The registered manager told us the staff were committed to providing good outcomes for people and they had nominated staff for a national award to recognise their achievements. This ensured staff felt valued in their role.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their legal responsibilities in relation to duty of candour. They were open and responsive to feedback and were committed to continually improve the service people received.
- The registered manager had systems in place to monitor the service and mitigate risks to people. Audits had been carried out which showed the actions taken to ensure improvements were made to the way people received their care.
- The registered manager understood their responsibilities of their registration with us. They had notified us of events that had occurred at the service and their rating was on display.
- The provider had systems in place to ensure the service was working in line with regulations. For example; monthly updates were forwarded to the locality manager who analysed these to ensure they had a clear overview of the service provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback was gained from people and their relatives about their experiences at Shamu. Regular reviews were held with people to discuss their care, residents' meetings were held and surveys were completed.

Action was taken to make improvements as a result of the feedback received.

- Staff were encouraged to provide feedback to improve the service during handovers, staff meetings and supervisions. Staff told us the registered manager listened to any suggestions and would act on these to make improvements.

#### Continuous learning and improving care

- Staff told us the registered manager encouraged them to develop their skills and knowledge to assist them to support people effectively. One staff member said, "The registered manager has encouraged me to learn new skills and have faith in my abilities. This has helped me to develop in the organisation."
- Competency assessments and regular knowledge checks were carried out to ensure staff were supporting people in line with their assessed needs and national guidelines.
- The registered manager sought guidance from various sources to ensure they were up to date with changes in health and social care.

#### Working in partnership with others

- The registered manager had developed good working relationships with a range of external organisations and professionals. This ensured people received their support in a consistent way and enabled the plans of care to include a holistic view of people's needs.