Hantona Ltd

# Delph House Limited

## 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

Delph House provides accommodation, nursing and personal care for up to 39 people. At the time of this inspection there were 26 people living at the home.

This was an unannounced comprehensive inspection carried out by two inspectors on 3 August 2017, with an Expert by Experience and a Specialist Advisor. This was first inspection of this location since a change of provider and registration in November 2016.

There was a registered manager employed at the home at the time of the inspection, although they were absent on the day of the 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.

Overall, people were satisfied with the nursing and care provided at Delph House.

People felt safe and there were systems in place make sure that the environment and way people were looked after were also safe.

Staff had been trained in safeguarding adults and were knowledgeable in this field.

Risk assessments had been completed to make sure that care and nursing was delivered safely with action taken to minimise identified hazards.

The premises had also been risk assessed to make sure that hazards to people living at the home minimised.

Accidents and incidents were monitored to look for any trends where action could be taken to reduce the chance of such accidents recurring.

There were sufficient staff employed at the home to meet the needs of people accommodated.

There were recruitment systems in place to make sure that suitable, qualified staff were employed at the home.

Medicines were ordered, stored, administered and disposed of safely. Overall, there was good management of people's medicines ensuring people had medicines as prescribed by their doctor. We recommend the provider puts a system in place that ensures the date creams are opened be recorded.

The staff team were knowledgeable and well trained and there were induction systems in place for any new

staff.

Staff were well-supported through supervision sessions with a line manager and an annual performance review.

Staff and the registered manager were aware of the requirements of the Mental Capacity Act 2005 and acted in people's best interest where people lacked capacity to consent. The home was compliant with the Deprivation of Liberty Safeguards with appropriate referrals being made to the local authority.

People were provided with a good standard of food, appropriate to their needs.

Relatives, staff and people were very positive about the standards of care provided at Delph House. People were treated compassionately as individuals with staff knowing people's needs.

People's care and nursing needs had been thoroughly assessed and care plans put in place to inform staff of how to care for people. The plans were person centred and covered people's needs. The plans we looked at in depth were up to date and accurate.

There was good evidence of the staff and registered manager taking action when people's needs changed or responding to newly assessed needs.

Communal and individual activities were organised with people to keep them occupied.

There were complaint systems in place and people were aware of how to make a complaint.

Should people need to transfer to another service, systems were in place to make sure that important information would be passed on.

The home was well-led. There was a very positive, open culture with staff proud of how they supported people.

There were systems in place to audit and monitor the quality of service provided to people.
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## 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.

There were systems in place to make sure people were both cared for and nursed safely.

Staffing levels were pitched at a level that allowed for people's needs to be well met.

Medicines were managed safely making sure people were administered medicines as prescribed by their doctor.

### Is the service effective?

Good

The service was effective.

The staff team were knowledgeable and well trained.

People's consent was sought about how they were cared for and the home was compliant with the requirements of the Mental Capacity Act 2005.

People enjoyed a good standard of food that was appropriate to their needs.

### Is the service caring?

Good

The service was caring.

There was a staff team who demonstrated compassion and a commitment to providing good care to people.

People's privacy and independence was respected.

### Is the service responsive?

Good

The service was responsive.

People's care and nursing needs had been assessed.

Individual care plans had been developed for people that were accurate and up to date.

Activities were arranged to keep people occupied and to develop interests and hobbies.

There was a complaints procedure in place and people felt confident their complaints would be listened to.

## Is the service well-led?

Good

The service was well-led.

The home was well led and managed with an open and transparent culture.

People's and relative's views were sought about the quality of service provided.

There were systems in place to monitor and audit the quality of service provided.

# Delph House Limited

**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.

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 reviewed the notifications the service had sent us since we carried out our last inspection. These had not included any substantiated safeguarding allegations. A notification is information about important events which the service is required to send us by law.

This was an unannounced comprehensive inspection carried out by two inspectors on 3 August 2017, an Expert by Experience (an Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service) and a Specialist Advisor. We met with the majority of people living at the home and spoke with eight people who told us about their experience of living at Delph House.

The deputy manager assisted us throughout the inspection. We also met and spoke with seven members of staff and two relatives.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked in depth at three people's care and support records, people's medication administration records and records relating to the management of the service. These including staffing rotas, staff recruitment and training records, premises maintenance records, a selection of the provider's audits, policies and quality assurance surveys.

Good

# Is the service safe?

## Our findings

People told us they felt safe at Delph House. They also felt there were enough staff available so that when they used their alarm call button, staff responded appropriately. One person said, "Yes, I feel safe, I enjoy it here, there are enough staff and my bell is always answered quickly unless they have a real emergency but they always come as soon as they can". Another person told us, "I feel as safe as houses", and another person said, "Yes, I feel safe although the girls do attack me at times!!(Only joking) they look after me well and the bell is answered quickly but it does depend where they are coming from obviously! There are enough staff".

People were protected from bullying, harassment and avoidable harm as staff had completed training in adult safeguarding that included knowledge about the types of abuse and how to refer allegations. The staff we spoke with were aware of the provider's policy for safeguarding people. Training records confirmed staff had completed their adult safeguarding training courses and received refresher training when required.

We discussed recent safeguarding investigations with the deputy manager. They had reflected on the outcomes and their procedures to keep people safe.

Risks in the delivery of people's care had been assessed and management plans put in place to mitigate the risk. For example, where people had been assessed as at risk because of their skin, specialist equipment such as pressure mattresses and pressure cushions were made available for them. People's records showed that when they moved into the home, assessments had been carried out. These included risk of falls, nutritional risks, mobility and risks associated with specific illness such as diabetes. Care plans had been developed from the risk assessments to provide staff with clear instructions on how to care for and support people. For example, clear guidance was available for people with diabetes, which told staff what signs a person may display if they were becoming hypo or hyperglycaemic and what action to take to support the person.

On being shown around the premises we saw radiators were covered to protect people from the risks from hot surfaces. Thermostatic mixer valves were fitted to hot water outlets to protect people from accidental scalding and wardrobes were secured to the wall to prevent them toppling onto people.

Other steps had been taken to make the premises as safe for people as possible. Portable electrical equipment had been tested to make sure equipment was safe to use. Where bed rails were in use to prevent people from falling from bed, a risk assessment was in place to make sure people were safe from harm. Equipment used in the home, such as hoists, stair lift and bath hoist, had been serviced at required intervals to make sure it was safe to use. Personal emergency evacuation plans had been developed for each person, which provided staff with guidance in how to support people to safety if necessary. There were also contingency plans in place for various emergency situations.

Medicines were stored correctly and managed safely. The stock of medicines recorded in the medicine stock book accurately reflected the stock of medicines held at the home, showing returned medicines were

accounted for accurately. There was a system in place for recording the daily temperature of the medicine room and medicine fridge. This included guidance on the temperature records for staff on what the minimum and maximum temperature range should be.

One person had one medicine recorded under two different names. The deputy matron explained the medicine had come with the person from the hospital. When the person arrived at Delph House they preferred to be called by a different name. The deputy matron confirmed they would ensure all medicines would be recorded using one preferred name for people, to avoid confusion.

People's creams were not always dated when they were opened. We recommend the provider puts a system in place that ensures the date creams are opened be recorded, to ensure creams remain effective when in use. Cream records were signed to show when they were applied and there was a system of body maps in people's care plans to ensure people had their prescribed creams applied at the correct frequency.

One person had transdermal patches prescribed for pain relief. A transdermal patch is a medicated adhesive patch that is placed on people's skin to deliver a specific dose of medicine through the skin and into the bloodstream. A clear system of body maps was in use to record the sites where the patch had been placed, which would reduce the risk of skin irritation.

Medication administration records (MARs) had generally been fully completed with staff signing when medicine was administered. MARs included photographs of people to ensure medicines were administered to the correct person and their allergies were clearly recorded. There were clear 'PRN' as needed, protocols for all people who had medicines administered 'as needed'. Staff told us if people were unable to verbalise they were in pain, they used an independent pain assessment tool to check if people needed their medicine.

Staff told us that all staff who had responsibility for administering medicines had received medicine training. We observed staff administering medicine wore red 'do not disturb' tabards when administering medicines to people.

A medicine audit had been completed during July 2017.

Good

# Is the service effective?

## Our findings

People were positive about the staff when we asked about their competency and effectiveness. "Staff are very good, I love them all; they understand me and I understand them! They really look after me well"; and, "Yes they give me choices, I choose my own clothes and brush my hair myself. I can go in the lounge if I want to or I can eat in my room if I want to, they always ask me if I want a wash".

There was a system in place to make sure staff received training appropriate to their role. This was confirmed by the staff and by records that detailed courses staff had attended and when they were due for update training. Training courses staff had attended included: food and hygiene, the Mental Capacity Act 2005, dementia awareness, moving and handling, infection control, adult safeguarding and health and safety training.

New members of staff were enrolled on the Care Certificate, which is the recognised induction standard.

Staff told us they felt very supported by the registered manager as well as by other colleagues. They told us they received regular one to one supervision sessions in line with the home's policy in addition to an annual appraisal to look at their career development and review their year's performance.

Staff were knowledgeable about the needs of individuals we discussed with them. They told us there was good communication through staff handovers, the daily diary and a communication book.

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. We checked whether the service was working within the principles of the MCA.

We checked whether the service was working within the principles of the Mental Capacity Act. Where people lacked capacity to make specific decisions mental capacity assessments and' best interests' decisions were in place. We saw 'best interests' decisions were undertaken following an assessment of the person's mental capacity and consultation with those people or representatives who knew them best. For example, a 'best interest' decision had been made for one person in relation to staff carrying out their personal care. Consent to care and treatment were signed by people where they were able; if they were unable to sign a relative or representative had signed for them if they had the appropriate legal authority.

There was a system in place to manage the Deprivation of Liberty Safeguards (DoLS) process. The system ensured staff would know when people's DoLS were applied for, the date they were due to expire and by what date they needed to make any new applications. DoLS applications were correctly completed and submitted to the local authority. During our inspection we reviewed the DoLS for three people two of whom

had conditions placed on their DoLS. The conditions in place were being met and there were systems in place to record and evidence this. For example, one person had a condition that stated they needed to spend time in communal areas of the home each day to limit the risk of social isolation. This person spent time in the lounge with others each day and during our inspection visit ate their dinner in the lounge seated at the main dining table with others.

Staff showed a good understanding of people's capacity to consent to their care and support and the choices they could make each day. We observed staff offered choice to people and encouraged them to be as independent as possible. For example, staff asked people where they would like to sit for their meal and what drinks they would like.

People were positive about the standards of food provided at the home. The following were some of the comments people made about the food provided. "The food is very good, I don't always have a mid-morning snack but can have a hot drink but there is always a bowl of fruit for us to choose something from if we want or biscuits and cake". "They show me 2 plates at lunchtime of different food and I make my own choice".

We observed the main dinner time meal in the dining room. The meal was relaxed with people and staff chatting with each other. Before the meal was served people were showed a plate of each of the meal choices. People then chose what meal they wanted and a list was given to the Chef, who served the meals in the dining room. People were supported to the dining tables just before the meal so they weren't sat waiting for a long time before their meal arrived. Staff sat with people whilst they supported them to eat and drink. They explained to the person what they were eating and drinking and supported them at a relaxed pace. They ensured people had eaten the previous mouthful before offering them any more to eat.

People were offered a choice of food, if they wanted something that was not on that days menu such as an omelette or sandwiches , these were made for them. We observed two people had different meal choices during our inspection. We spoke with both of them and they told us they had enjoyed their meal.

Records showed people were supported to access the healthcare they needed. Records confirmed people had been supported to see their optician, chiropodist, dentist, occupational therapist, GP and district nurse when required.

Good

# Is the service caring?

## Our findings

People were positive about the standards of care they received in the home, making comments such as: "They show respect, I have nothing bad to say about any of them", and, "Yes I feel very well cared for".

These views were also reflected by comments received from relatives. One relative said," I feel they know [person] well, they always put as at ease." Another relative told us, "The care is very good, they are all very nice." Another relative told us the staff put balloons around the bedroom and made a real effort when it was their relative's birthday, they said, "The staff are very caring, they really made an effort when it was [persons] birthday, there were balloons and cards…it was really nice."
Relatives told us that they could visit at any time and were always made welcome and kept informed of any changes. A person living at the home also told us, "My husband comes in most days and he is made very welcome and can have a hot meal as well if he wants one".

Throughout the inspection we observed interactions between staff and people. Staff were seen to be respectful of people's dignity and respect. One person told us, "Yes they do respect my dignity, I like to stay in my room, they always knock before they come into my room". Another person told us, "They place a towel over me if I need a bed bath to preserve dignity".

Call bells were available throughout the premises, and in reach of people, so that they could call for assistance from the staff when needed.

People were supported with their spiritual needs. One person told us, "Sometimes on a Sunday we have a church service and someone sings lots of lovely songs".

Good

# Is the service responsive?

## Our findings

People received personalised care. Care plans in place to inform staff of people's needs and how they wished to be cared for and supported. No one had concerns about the way care was planned and delivered.

There were thorough assessment procedures in place to make sure that the home could meet people's needs. Before a person was accepted for a placement at the home, a preadmission assessment of their needs had been carried out.

Care planswere up to date and reflected people's needs, being person centred in the way they were written. Overall, they provided a picture of each person's abilities and how staff should assist people to maintain their independence. For example, one person, in respect of their oral hygiene plan who was unable to tolerate a toothbrush, the care plan informed, "Use disposable finger guards to clean teeth and tongue. To prevent dry lips, these can be moisturised with yellow white soft petroleum. Use a clean gloved finger."

Where people had specific care needs resulting from various health conditions, individual care plans were in place to address these; examples being, for conditions such as diabetes and epilepsy and for one person who had been prescribed 'as required' oxygen. In this case there was a detailed explanation in the oxygen care plan of symptoms of exacerbation of their lung condition.

People had been provided with specialist equipment where this was needed, such as air mattresses and there was a system to make sure mattress settings corresponded to people's weight. People who required the use of a hoist for their moving and handling needs had their own slings to minimize risk of cross infection.
The home provided a range of communal and individual activities to keep people meaningfully occupied. Activities for the month ahead were displayed on the home's notice board. Generally, people were satisfied with the levels of activities provided. One person told us, "Sometimes we go to a pantomime or the cinema, we have quite a lot of activities here".

People knew how to make a complaint if they needed, with the complaints procedure being detailed within the home's Terms and Conditions. In respect of complaints, people made the following comments. "I wouldn't know who or how to complain but have never had to, I love it here". "No, never complained, never had to", "I have never complained but would go to the manager and would feel okay doing that".

Good

# Is the service well-led?

## Our findings

At the time of the inspection the registered manager was not available. Although some people did not know the manager, everyone was positive about the way the home was managed. People made comments, such as: "I don't know who the manager is but I think he is very nice and I would tell all my friends to come here, it's so nice", "Yes I do know who the manager is and I would recommend this home", and , "I have met the manager and he does as he is told. I would recommend this home".

Positive views about the culture and management were also reflected in conversations with staff. They told us they found the manager to be approachable they to have an honest, open door culture. One member of staff said, "I love working with them, they are so approachable and get things done." Another member of staff said, "The manager is approachable and a nice person who respects views of the nursing staff".

Records showed that both residents' and relatives' meetings were held regularly. These enabled people to put forward their views and feel involved with aspects of the running of the service, such as menu choices and places to visit for outings. There was also a suggestion box available in the communal area of the home for people to write any suggestions they may have.

There were a range of audits to assess the quality of the service that was provided for people. These included, medication, pressure care, infection control, staff files, monies and valuable and care plans. Where actions needed to be carried out these were noted and acted on following the audit.

There was a system for monitoring accidents and incidents that sought to learn and make improvements where necessary.

The registered manager was aware of the issues that required notification to CQC and had submitted notifications as required.

Records we reviewed during the inspection were up to date, accurate and were stored confidentially.