

Landona House Limited

# Delamere 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

### About the service

Delamere Lodge provides care and accommodation for up to 41 people who require personal and nursing care, some of whom are living with dementia. At the time of the inspection the service supported 29 people.

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

People were kept safe. Risks were well managed. The provider learned from previous accidents and incidents to reduce future risks. The registered manager understood their responsibilities about safeguarding and staff received appropriate training. Arrangements were in place for the safe administration of medicines. Staff were recruited in a safe way and there were enough staff deployed to meet people's needs.

People's needs were assessed before they started using the service and on an ongoing basis. Staff were suitably trained and received regular supervisions. People were supported with their nutritional needs and to access a range of health care professionals. People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Staff treated people with dignity and respect. Staff promoted and maintained people's independence by encouraging them to care for themselves, where possible. People were supported to access advocacy services.

Care plans were adequately detailed and person-centred. People's communication needs were detailed within care records and staff knew how to communicate with them effectively. People knew how to complain, and any complaints received were fully investigated and subsequent action was taken.

People and staff spoke highly of the registered manager and were complimentary about the service. Staff were involved in the ongoing development and improvement of the service through regular meetings. An effective quality assurance process was in place. People and relatives were regularly consulted about the quality of the service through surveys and meetings.

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 requires improvement (published 28 August 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Delamere Lodge

## **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 was made up of one inspector, a specialist professional advisor (nurse) and 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.

#### Service and service type

Delamere Lodge 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection-

We spoke with seven people and one relative about their experience of the care provided. We spoke with six members of staff including the managing director, the registered manager, the clinical lead, two care workers and the admin worker. 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 reviewed documentation, inspected the safety of the premises and carried out observations in communal areas. 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 reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

This is the first inspection for this service following the change in registered provider. This key question has been rated safe. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living in the home and receiving support from staff. Comments included, "It's very safe" and "I do feel safe living here. The staff are quite nice, they chat with you."
- Staff were knowledgeable about people and felt confident protecting them from abuse. Staff received regular safeguarding training. One staff member told us, "I've never had to report a safeguarding. I'd document it and go straight to [Registered manager] (if they did suspect abuse). If it was out of hours I'd phone safeguarding."
- Safeguarding alerts were raised with the local authority in a timely way, when required.
- A whistle blowing helpline was on display in the home and staff told us they would use it if necessary.

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

- Risks to people's health, safety and wellbeing were assessed and managed. Staff understood potential risks and how to mitigate them.
- The premises were safe. There were environmental risk assessments in place including fire, and regular checks and testing of the premises and equipment were carried out.
- Accidents and incidents were appropriately recorded and analysed to identify any trends or lessons learned.

Staffing and recruitment

- There were enough staff to meet people's needs. One person said, "They (staff) come quickly if you press the buzzer."
- Staffing levels were determined in line with people's needs. The registered manager had recruited more bank nurses and care workers to cover staff absence. We observed staff present around the home and call bells were answered quickly.
- Staff were recruited in a safe way. All appropriate checks were carried out prior to members of staff commencing work for the service.

Using medicines safely

- People told us staff gave them their medicines at specific times throughout the day. One person said, "They give me paracetamol four times a day for pain."
- Medicines were administered by trained staff. Their competencies were regularly checked to ensure they were fit and able to do so.
- Regular medicine checks and audits were carried out to identify any errors and take appropriate action.

Preventing and controlling infection

- Domestic staff maintained the cleanliness of the premises. Comments from people included, "It's clean, it's tidy and it has a nice garden", "It's clean, smart, efficient" and "It's homely."
- The service had an infection control policy in place. Staff were observed wearing appropriate personal protective equipment (PPE) such as aprons and gloves, when supporting people. Hand hygiene guidance was on display in the home.

# 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.

This is the first inspection for this service following the change in registered provider. This key question has been rated good. 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

- People's needs were assessed prior to moving into the home and on an ongoing basis to ensure the service could effectively support them. The registered manager told us, "I assess every new person prior to them coming here. I create the initial care plans and risk assessments then handover (to senior staff)."
- People's choices were included in their assessments and associated care plans. These were regularly reviewed and updated.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction appropriate to their role.
- Staff received regular training to ensure they had the correct skills and knowledge to support people. They also received training specific to people's needs. One staff member said, "They (management) keep track of certificates. I've had verification of death and syringe driver training. I (also) do e-learning and they (management) organise refreshers."
- Staff were supported in their roles and received regular supervisions. One staff member told us, "I sit with [registered manager] regularly." Appraisals were scheduled to take place in early 2020 (when the provider would have held responsibility of the service for a year).

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

- People were supported with their nutritional needs. People told us, "The food is reasonable, it's not bad, the cook is alright", "I would say some of the food is exceptional" and "The food is very good I think, they do a very nice braised steak."
- People chose what to eat and drink and were encouraged to do so. Comments from people included, "I always get plenty of food and there's always plenty of cups of tea", "There's a good choice of food" and "They change the menu every two to three weeks. There's snacks and drinks regularly."
- People had eating and drinking care plans in place which included their preferences and any special dietary requirements. Staff knew people's needs and supported people to eat their meals in a gentle, patient manner.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health. One person said, "Staff will see to you if you're unwell."
- People were supported to access a range of health professionals. Comments from people included, "The GP visits me, he was here this morning" and "The optician comes here to see me."

- Care records documented engagement with health professionals to ensure people received appropriate care and support to meet their needs.

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

- The service was appropriately designed and adapted for people living there. Halls and doorways were wide and communal areas were spacious and there was pictorial signage displayed around the home.
- There were murals on walls of shop windows. There were also sensory items on walls around the home such as textures and fidget activities including locks, chains and switches.

#### 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 capacity to make specific decisions were assessed and best interest decisions were made on their behalf if they lacked capacity.
- Care records included details of people's capacity and if they were subject to a DoLS authorisation.
- Staff understood the principles of MCA, they had received up to date training and encouraged people to make decisions.

# 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.

This is the first inspection for this service following the change in registered provider. This key question has been rated good. 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 felt cared for and supported. Comments from people included, "They're (staff) all very helpful", "The staff are very caring", "They care. You get different staff on, but they do know what I like" and "Staff are very good. They help you." A relative told us, "The staff are very nice, caring."
- People were supported to maintain relationships that were meaningful to them. One person said, "My nephew and his son visit me and also my niece." We observed relatives visiting people in the home throughout the inspection.
- People received a birthday cake, card and present on their birthdays. The service also hosted small parties for people to enjoy with their relatives if they wished to celebrate their day.

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

- People and their relatives were involved in the care planning process and care plan reviews.
- People's communication needs were recorded in care plans including appropriate methods to use to help people understand and express their choices and preferences.
- Some people received regular support from advocacy services to support making decisions about their care and support. An advocate helps people to access information and to be involved in decisions about their lives. Information about advocacy services was on display around the home. The registered manager informed us they would assist people to access advocacy services if they required support to do so.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect when receiving support from staff. When asked about this, people told us, "Yes, staff are good like that" and "Yes of course."
- Staff approached people gently and supported them with patience. Staff knocked on people's doors prior to entering their rooms.
- Staff promoted people's independence when supporting them. We observed staff encouraging people to complete specific tasks themselves. Care plans reflected this approach.
- People's confidential information was stored securely in lockable filing cabinets and password protected computers. Records could be located and were accessible to authorised staff when required.

# Is the service responsive?

## Our findings

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

This is the first inspection for this service following the change in registered provider. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were in place for people's needs and included their preferences. They would benefit from further detail around the support to be provided. We spoke with the registered manager about this and they confirmed this would be actioned.
- People's plans of care were regularly reviewed and updated when their needs changed.

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.

- People were given information in a way they could understand and care plans described appropriate methods of communication such as using pictures.

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

- Some people enjoyed and took part in activities in the home but other's told us they preferred to do other this such as watching sport on TV. One person said, "Sometimes we have a singer that comes in. They sing all the old songs." Activities observed during the inspection included a visiting entertainer, arts and crafts and walks in the community.
- The service had two part time activities co-ordinators in place and had just recruited a third. There was a plan to introduce a wider range of activities in the home as well as more trips out in the community.
- Staff supported some people to access the local community for appointments, socialising and exercise. Some people were able to access the community independently and often went out with relatives.

Improving care quality in response to complaints or concerns

- People had no complaints about the service but knew how to raise concerns if needed. Comments included, "If I had any problems, I'd see the manager", "If I had a problem I'd see one of the staff", "I've never had to complain about anything here" and "No complaints."
- Complaints received had been investigated, action and the outcome communicated to appropriate people.

End of life care and support

- Staff received regular training in end of life care. One staff member said, "We do this really well to ensure

people have a (comfortable end of life). We make sure they are clean and comfortable and (carry out) regular positional changes. We liaise with the Macmillan team."

- Care records contained people's wishes in relation to their end of life care, including if they did not wish to discuss it at that point. People's spiritual faith was recorded in care plans as well as if they had a DNACPR and, where appropriate emergency health care plan in place.
- At the time of the inspection no one received end of life care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The registered manager was open and approachable to all. They told us, "My door is always open, and relatives come in to see me." People's comments included, "[Registered manager] is a nice lady. I think she's approachable" and "The management is approachable."
- We received similar feedback from staff. Comments included, "(The registered manager is) supportive, approachable, knowledgeable and I know they're available at all times" and "I'll give [Registered manager] her due, she is really supportive of all the staff. If anyone has any problems, they go in to see her."
- People and relatives were complimentary about the service. They told us, "There's nothing to fault here. There's nothing I would change", "It's a nice place to live" and "It's very good here."

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 conducted themselves in an open and honest way. They submitted statutory notifications in a timely manner for significant events that had occurred, such as safeguarding concerns.
- The registered manager and staff understood their roles and responsibilities.
- The provider monitored the quality of the service to make sure they delivered a high standard of care. This included the completion of regular audits and a daily walk around of the service.

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

- People and relatives were asked for their views of the service through surveys. All feedback received was analysed and any identified actions were completed. Results and actions were fed back to people and relatives through a 'You say, we did' notice that was displayed in the home.
- Staff were kept updated about the service and any improvements by attending regular meetings

Working in partnership with others; Continuous learning and improving care

- Staff were working in partnership with key stakeholders to achieve positive outcomes for people.
- Staff were assigned 'champion' responsibilities for different elements of the service, such as nutrition and hydration.
- The service had developed good links with the local community. People regularly visited a local cathedral to take part in music for the mind. External services visited the home regularly to do activities with people

such as art classes.