

Integra Care Homes Limited

Delrose

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

About the service

Delrose is a residential care home providing accommodation and personal care to younger adults with a learning disability or autism. At the time of the inspection there were five people living at Delrose, some with complex needs. The service can support up to nine people.

Within limitations caused by the internal layout of the building, 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 was appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties but consistent with other properties in the same road. It was registered for the support of up to nine people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were no identifying signs, intercom, or cameras outside, but industrial bins and formal car parking indicated it was not a domestic home. Staff did not wear anything that suggested they were care staff when coming and going with people.

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

The provider had made improvements since our last inspection towards making sure people's service met the minimum standards required. People received a service which met minimum standards in effective, caring, and responsive. However, there were still areas for improvement in safe and well led.

The provider's management and quality assurance systems did not proactively identify concerns and put measures in place to improve the service people received. Management did not always follow up promptly when external circumstances affected people's care and support. For 10 months before our inspection there had been no registered manager in post.

There had been recent actions to improve how the service protected people from the risk of the spread of infection. However, some of these were yet to complete and others were not sustained and fully embedded in the service. There were sufficient numbers of suitable staff to support people safely.

People's care and support was based on thorough, detailed and person-centred assessments and care plans. The provider had made improvements to how staff performance was based on training, supervision and appraisal. People had support to maintain a healthy diet and access to other healthcare services.

There were positive, caring relationships between staff and people they supported. The service promoted

and respected people's dignity, privacy and independence.

People had care and support which met their needs and respected their choices and preferences. The provider complied with the legal standard for supporting people with communication needs arising from a disability or sensory impairment. People had access to a range of appropriate activities which sustained their wellbeing.

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.

The service did not always apply 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. However, people's support was not always focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection and update

The last rating for this service was requires improvement (published 9 January 2019) and there were four breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made, but the provider was still in breach of two regulations. Delrose has been rated requires improvement for the last three consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches of regulation in relation to the effectiveness of the provider's management and quality assurance systems, and to the protection of people against risks associated with the control and spread of infection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will take appropriate action in line with our protocol for services which are repeatedly rated requires improvement. We will work with the local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Delrose

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 comprised an inspector 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

Delrose 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 did not have a manager registered with CQC. Registered managers and providers are legally responsible for how the service is run and for the quality and safety of the care provided. The manager in post had applied to register for Delrose.

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 received feedback from the local authority and other 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 one person who used the service and observed the care and support people received in the shared areas of the home. We spoke with the manager, the area manager, the regional quality manager and five members of staff.

We reviewed a range of records. These included two people's care records and medicines records. We looked at two staff files in relation to recruitment and staff supervision. We looked at a variety of records relating to the management of the service including policies and procedures.

After the inspection

We reviewed further records sent to us by the manager.

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 requires improvement. At this inspection this key question remained requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

At our last inspection the provider had failed to operate effective systems to identify and manage risks to people's safety and welfare. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvement had been made but there was a continuing breach of Regulation 12 where it applies to protecting people against the risk of the spread of infections.

- Arrangements for keeping the home clean and hygienic did not protect people from the risk of infection. A recent audit by the local authority had identified examples of poor practice in relation to hygiene and cleanliness. Arrangements for storing and drying mops were not in line with good practice. The provider had resolved concerns raised about a faulty dishwasher and safe storage of cleaning materials.
- Staff roles and responsibilities with respect to hygiene and infection control were not clearly communicated. The manager had started to compile an infection control file based on government guidance in this area but this had yet to be shared with staff. There had been no designated staff member for infection control as required by guidance, and consequently no annual statement to identify any issues in this area.
- Staff could not always give enough attention to keeping the shared areas of the home clean and hygienic. The provider did not employ a dedicated cleaner. Support workers' priority was the safety of people with complex needs who often behaved unpredictably and were supported one to one. Staff job descriptions did not include cleaning duties. New cleaning schedules had been in place for three days but did not include guidance about the standard of cleaning required in different areas of the home.

Assessing risk, safety monitoring and management

- The provider had systems to identify and manage individual risks to people's safety and welfare. Staff used a risk screening checklist to identify risks, and risk assessments informed people's support plans. Staff were aware of risks which might affect people and how to deal with them.
- The provider had systems to monitor and manage the safety of people's environment. Routine risk assessments, such as for fire and legionella infection, were in date. The new manager had completed actions arising from the legionella risk assessment where there were no records to show these had been done at the time.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from the risks of abuse and poor care. Training in safeguarding and information about how to report concerns were available to staff. Staff we spoke with were informed about safeguarding issues and confident any concerns would be dealt with appropriately.
- Where concerns were raised, the provider investigated in cooperation with other agencies. The manager had notified us and the local safeguarding authority about allegations of abuse. Notifications to us included detailed information about the providers own investigations.

Staffing and recruitment

- There were sufficient numbers of suitable staff to support people safely. Where the provider used agency staff, these were regular workers at Delrose who knew people and their needs. The provider had started to recruit agency staff as permanent employees.
- The provider's processes supported safe recruitment. The provider made sure the necessary checks were complete before new staff started work. Staff files contained the necessary records to show staff were suitable to work in the care sector.

Using medicines safely

- Arrangements were in place for the safe ordering, storage, administration and recording of medicines. Medicines were stored securely with daily checks that the temperature did not exceed the manufacturer's recommendations. Medicines administration records were complete and up to date.
- Where a person attended an external day service, arrangements were in place for them to take their rescue medicine to be taken in the event of a seizure with them. Staff signed the medicine in and out of the home. The manager had confirmed with the management at the day service that staff there were competent to support the person if they needed their rescue medicine.

Learning lessons when things go wrong

- The provider had made improvements to how accidents and incidents were reported and followed up. Records of accidents and incidents were completed and showed they had been reviewed by the manager for follow up and to identify any specific learning. The manager told us they would use the provider's computer-based manager's workbook to identify and report if there were any patterns or trends.
- One person's care records referred to a "near miss" where there had been no accident or incident, but there might be scope to learn lessons to avoid future incidents. We discussed this with the manager who agreed to include "near misses" in the accidents and incidents process in future.

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 requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and what we saw confirmed this.

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

- People's assessments and support plans provided for their physical, mental and social needs. People's support plans were detailed and thorough with information about their choices, preferences, health and wellbeing, and daily activities. Information and guidance from healthcare professionals was included in people's support plans.
- The provider was mindful of relevant legislation, standards and guidance. Policies and procedures were based on a range of guidance from relevant organisations. These included organisations promoting personalized and community-based care, and services based on personal outcomes.

Staff support: induction, training, skills and experience

At our last inspection the provider could not show that staff were supported by an effective programme of training, supervision and appraisal. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 18.

- People had their needs met by staff with appropriate skills and knowledge. The manager had brought training for both directly employed and agency staff up to date. This included training in individual positive behaviour support, that is techniques to manage behaviours that challenged. There was an effective system in place to track when training updates were due.
- People had their needs met by staff who were supported by a system of regular supervisions and appraisal. Staff told us they felt supported by the new management team. The manager had introduced a system of supervision meetings, some of which they delegated to team leads. The manager had an effective system in place to track that supervisions took place on time.

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

- Staff involved people in decisions about what they ate and drank. This included planning shopping lists, and choices about what and when people ate. Staff supported people to prepare their food, and people appeared happy and positive at mealtimes.

- People had support to maintain a healthy diet. At the time of our inspection nobody had individual dietary needs or preferences. When required, the provider worked with relevant professionals to help people manage their weight.

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

- Staff supported people to attend regular appointments with healthcare services. This included a yearly health check with their GP. Other healthcare professionals, such as opticians and dentists carried out home visits. We found one example where it was not clear from the person's notes whether mouth care advice from their dentist had changed or not, which we discussed with the manager.

- Staff supported people to live healthier lives. One person regularly attended a day service where they could go swimming. The manager had made sure arrangements were in place for them to receive consistent care and support when at their day service.

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

- People had access to appropriate space to meet their needs. There was a small enclosed rear garden where people could feed the birds or use a trampoline for recreational exercise. People had a private space in their rooms which were individually decorated to reflect people's preferences.
- Signs and other decoration in the shared parts of the home helped promote people's independence. There were personal signs outside people's rooms. People had taken part in making some of the decorative artwork which softened the rather institutional layout and design of the home.

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 this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.

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.

- Where people lacked capacity, staff followed the best interests decision process according to the MCA guidance. Capacity assessments were in place for individual decisions. These included a decision for a person to use a safety harness while travelling by car.
- Where people were deprived of their liberty to keep them safe, the provider made timely applications for authorisations under the safeguards. People's support took notice of any conditions imposed by the local authority. Staff supported one person's close family to visit where a condition required them to do so.

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 remained 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

- Staff treated people with kindness and compassion. We saw interactions between staff and people that showed a high level of understanding of people's needs. One staff member used signs, gestures and distraction to keep a person calm and happy. People responded positively to staff.
- Staff responded quickly to support people according to their needs. One person suddenly stopped what they were doing and went quickly towards the staff office to ask about a family visit. The staff member supporting them was immediately by their side, and kept pace with them while engaging them in conversation. Staff were always on hand to support people in a caring manner.

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

- Staff supported people to be involved in their day to day care. People chose what they wore, when they ate, and where they wanted to be in the home. Where people's family were able to, the provider involved them in decisions about their care, such as where to go on holiday.

Respecting and promoting people's privacy, dignity and independence

- Staff understood and respected people's privacy and dignity. Staff treated people as individuals. People's appearance and clothing were clean and cared for. The provider had appointed a staff dignity champion to promote people's dignity throughout the service.
- Staff understood and respected people's independence. Staff supported people to be independent in activities of daily living, such as laundering their own clothes. Where possible people took the lead in their other activities. One staff member told us how they went for a long walk with a person, and they knew their own way back to the home.

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 remained 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

- People's care plans were detailed, thorough and personalised. Care plans included information about people's preferences and things that were important to them. Where appropriate there were details about people's preferred routines.
- The provider reviewed and updated people's care plans regularly. This included reviews of people's medicines to make sure their prescriptions were still appropriate to their needs. The care and support people received reflected their changing needs.

Meeting people's communication needs

Since 2016 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.

- The provider had identified and assessed people's communication needs arising from their learning disability. Most people living in the home at the time of our inspection did not express themselves verbally. Staff had a range of strategies to communicate with people. These included signs, gestures, body language and pictures. The service met the AIS standards in helping people to understand information.

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

- Staff encouraged and supported people to maintain relationships with their family members. People had regular visits from their families where this was possible. One person regularly went into the community with a family member, including holidays away from the home supported by staff. The manager had made improvements to communications between the service and people's families.
- Staff encouraged and supported people to take part in activities that reflected their interests. Excursions included trips to the countryside, cafes and restaurants, and shopping. People's care plans included arrangements for them to keep safe while outside the home, such as if they needed the support of two staff. One person had recently celebrated their birthday, and there were cards and balloons in their room.

Improving care quality in response to complaints or concerns

- The provider had a suitable complaints process. There had been one complaint logged since our last inspection. Records showed this had been resolved to the complainant's satisfaction. There were also two compliments from family members and two from other professionals. Recent feedback had been positive.

End of life care and support

- There was nobody receiving end of life care at Delrose when we inspected. The provider had started to engage with people's families to understand what their preferences were in this area.

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 requires improvement. At this inspection this key question has remained requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider had failed to make sure there was consistent, robust leadership and effective processes to monitor, assess and improve the quality of the service people received. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvement had been made but the provider was still in breach of Regulation 17.

At our last inspection the provider had failed to display their ratings in the home. This was a breach of Regulation 20A (Display of performance assessments) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider was no longer in breach of Regulation 20A.

- The provider's processes were not effective in monitoring, assessing and improving the quality and safety of the service. Since our last inspection the provider had a regulatory action plan in place designed to bring the service into compliance with the minimum standards and improve the overall rating to good by April 2019. The plan was still active in June 2019. Although improvements had been made they were not sufficient to achieve an overall rating of good.
- The provider's processes had not proactively identified concerns raised in a local authority audit in March 2019. These included failure to label opened food packages with the date opened, failure of staff to wear appropriate protective clothing when handling dirty laundry, and unsafe storage of cleaning products. A new action plan had been put in place and some of the actions completed. However, new infection control processes and procedures had not been fully implemented and communicated to staff at the time of our visit. It was a concern that the provider's own processes had not identified areas where the service failed to comply with government guidance on infection prevention and control.
- The provider's quality assurance processes did not always reflect the quality of service people received. At

the time of our inspection the provider's own processes gave the service a compliance score of 78% which met the provider's threshold to describe the service as "good". However, both our inspections and audits by the local authority continued to identify serious concerns.

- The provider's management system did not always achieve timely results with respect to regulatory requirements. The service had been without a registered manager since August 2018. The provider had made arrangements for temporary management cover during this period. However, failure to appoint a registered manager meant the provider had been in breach of a condition of their registration. We received a valid application for the new manager to register on 4 June 2019.
- The provider's management system did not always achieve timely results with respect to achieving good outcomes for people. One person's care plan specified they should go for a drive every morning. Records showed they had not gone out since 4 May 2019, a period of over eight weeks. The manager told us this was because an individual safety harness required for the person to ride safely in a car had mistakenly been removed from the premises and they were waiting for it to be returned. Records suggested this had not had a major impact on the person's wellbeing. However, when we raised this with the manager they arranged both for the harness to be returned the next day and ordered a new one as backup.

Failure to operate effective processes to assess, monitor and improve the quality and safety of the service was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The manager was fully aware of the duty of candour and had made appropriate communications and apologies on occasion when things had gone wrong.

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

- The manager had improved engagement with people's families. One person's family had given good feedback about recent changes that had been made.
- The manager had improved engagement with staff. There was a regular programme of team meetings. Staff had responded positively to the manager's openness and availability. One staff member said, "I feel like I have a voice now."

Continuous learning and improving care

- Although the provider's formal processes were not effective in identifying areas for improvement, there was good communication between staff and management about people's day to day care. All staff we spoke with felt there had been improvements under the new manager. One staff member said, "We have gelled as a team."

Working in partnership with others

- The manager was receptive to advice and input from other organisations and agencies. They had responded positively to findings reported by the local authority commissioners and safeguarding team. There had been partnership working with a specialist learning disability nurse to improve people's care and support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure care and treatment were provided in a safe way for service users by assessing the risk of, and preventing, and controlling the spread of infections.</p> <p>Regulation 12(1) and (2)(h)</p>