

# 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?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

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 up to 9 people. The service provides support to people with a learning disability and autistic people. At the time of our inspection there were 9 people using the service.

### People's experience of the service and what we found:

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence, and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people, and providers must have regard to it.

At the time of the inspection, the provider was working to improve the quality of service people received. Visiting professionals from the local authority and local NHS services (ICB) had identified widespread examples of poor and unsafe care. The provider had agreed standards had slipped at Delrose and was cooperating fully with the ICB's large scale safeguarding enquiry. The provider was working to a thorough, credible improvement plan at the time of inspection.

### Right Support

The service did not always support people to have as much choice, control and independence as they could. The service did not always plan care so people's freedoms were restricted only if there was no alternative. The service did not always support people in a safe, clean, and well-maintained environment. The provider had measures in place to improve people's support.

### Right Care

People did not always receive kind and compassionate care. Staff did not always protect and respect people's privacy and dignity. Staff did not always respond to people's individual needs. The service did not always have enough suitably skilled staff to meet people's needs and keep them safe. The provider had measures in place to improve people's care.

### Right Culture

Staff were not always responsive in supporting people's needs. Staff did not take all necessary steps to ensure risks of a closed culture were minimised so people received support based on transparency, respect, and inclusivity. The provider had measures in place to improve the culture at Delrose. This included introducing new staff and management who were experienced but did not know the people living at Delrose as well as staff who had worked there for some time.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; policies and systems in

the service supported least restrictive practice.

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 9 December 2022).

#### Why we inspected

The inspection was prompted in part due to concerns received about a decline in service quality at Delrose. We decided to inspect and examine those risks and measures in place to reduce them.

#### Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next assess the service quality.

## 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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of two inspectors 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 and/or personal care as a single package under one contractual agreement dependent on their registration with us. Delrose is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and

improvements they plan to make.

We reviewed all the information we received about Delrose since the last inspection. This included reports by local authority and NHS professionals to a large scale safeguarding enquiry. We joined meetings of the enquiry team.

We used all this information to plan our inspection.

During the inspection

We observed people's care and support in the shared areas of the home. We spoke with managers, staff and people they supported. We spoke by telephone with people's relatives. We reviewed records relating to people's care and the running of the service. These included care records and staff recruitment records. We reviewed information the provider sent after the inspection. This included regular updates on progress on their improvement plan.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to 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.

Systems and processes to safeguard people from the risk of abuse and avoidable harm  
People were not always safeguarded from abuse and avoidable harm. In the absence of a registered manager, staff at Delrose did not always follow the provider's processes for protecting people from safeguarding risks. The provider's improvement project included deploying 2 interim support managers. They had identified examples where safeguarding incidents were not reported to the local authority or to us. We subsequently received notifications of past incidents. At the time of inspection these improvements were not yet embedded in staff practice.

### Assessing risk, safety monitoring and management

The provider did not always assess risks to ensure people were safe. Staff did not always take action to mitigate any identified risks. The provider had not maintained risk assessments intended to manage risks affecting people's safety and well-being. Staff were not always aware how to support people safely. For example, people identified as at risk of choking did not receive appropriate support to eat and drink. The provider had started a review of all risk assessments, which included additional staff training and competency checks.

### Staffing and recruitment

The provider did not always ensure there were sufficient numbers of suitable staff. At the time of our inspection, the provider had deployed staff and managers from other locations to support the employed staff at Delrose. This was not a sustainable solution as it impacted the continuity of care and support for people who needed consistency in their care. The provider's improvement plan included recruiting new staff to fill gaps identified in staff skills and knowledge.

The provider operated safe recruitment processes. Staff recruitment processes continued to promote people's safety. There was a robust recruitment process which included retention of the necessary records to show evidence of safe recruitment. These included Disclosure and Barring Service checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

People were supported to receive their medicines in a way that was not always safe. People did not always receive their medicines at the right time, particularly where care plans stated medicines should be taken with food. Staff were unsure about the reasons behind time critical medicines. The provider had started an improvement project which included reviewing protocols and guidance, updating staff training, and

competency checks.

#### Preventing and controlling infection

People were not always protected from the risk of infection as staff were not consistently following safe infection prevention and control practices. Staff did not always follow cleaning rotas which meant cleaning was not done regularly or effectively. Visiting professionals had recommended a deep clean of the environment was needed. The provider arranged this, but the appointed contractor did not meet the required standard, and had to be engaged to return. This meant people were exposed to risks associated with poor hygiene standards for an extended period.

#### Visiting in Care Homes

People were able to receive visitors without restrictions in line with best practice guidance.

#### Learning lessons when things go wrong

The provider did not always learn lessons when things had gone wrong. Staff did not always follow the provider's processes for reporting incidents, accidents and near misses. This meant there were not always opportunities to learn lessons and improve people's care and support. The provider's improvement plan included improving staff awareness of the reporting process and ensuring management systems monitored compliance in this area.



# 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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law  
People's needs were not always assessed, care and support was not always delivered in line with current standards. People did not always achieve effective outcomes. People's support plans did not show that people were supported to achieve realistic, personal goals. This led to a lack of ambition amongst some staff to support people to achieve their potential. There was a lack of awareness among some staff of the principles of 'Right support, right care, right culture', which is our published guidance we use to assess services supporting people with a learning disability and autistic people. The provider's improvement plan included better staff training in this guidance.

Staff support: induction, training, skills and experience

The service did not always make sure staff had the skills, knowledge and experience to deliver effective care and support. The provider's improvement plan had identified some staff had not been supported to keep up to date with the training necessary to support people according to their needs. This included training in areas such as safeguarding, medication, mental capacity and person-centred care. The provider had carried out a staff skills audit, and requested training to address gaps in staff skills and knowledge.

The provider's processes for supporting staff by supervisions and appraisals had not been effective. A programme of repeat supervisions was included in the provider's improvement plan.

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

People were not always supported to eat and drink enough to maintain a balanced diet. There had been examples where the provider had failed to arrange timely deliveries of fresh food to support people to have a balanced, healthy diet. There had been examples where the provider had failed to make adequate arrangements for people who had specialised diets or recommendations around diet from speech and language therapists. The provider had made improvements in this area at the time of our inspection.

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

The provider did not always ensure the service worked effectively within and across organisations to deliver effective care, support and treatment. We found little evidence of working with other organisations to help deliver effective care and support before audits by local authority and NHS (ICB) professionals identified concerns with the service at Delrose. However, staff and the provider had cooperated with these bodies to develop and execute a credible improvement plan. This included taking advantage of training offered by the ICB.

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

People were not always supported to live healthier lives, and access healthcare services and support. People had received an annual health check in March 2023. However, some people had not had regular dental checks, eye tests and hearing checks. The provider's improvement plan included arranging these.

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

People's individual needs were not always met by the adaption, design and decoration of the premises. There were insufficient storage facilities which meant items were not stored safely, such as impeding a fire escape route. Some furniture and equipment was in need of replacement. The provider's improvement plan included replacing damaged and worn-out items, such as fire doors, flooring, and cookers. The provider planned to redecorate most of the home in January 2024.

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 MCA 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 with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

The provider was not always working in line with the Mental Capacity Act.

The provider worked largely in line with the requirements of the MCA and its associated code of practice. However, some staff were identified as needing more training in mental capacity and a small number of DoLS authorisations were found to be out of date. The provider had actions in place to provide the necessary training and apply for DoLS renewals.

# 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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

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

People were not always well supported and treated with respect by staff. Interactions between staff and people they supported were mixed. We saw examples of staff engaging actively with people and supporting them in a person-centred way. We also saw examples where staff showed little or no engagement with people. One staff member was seen to be standing in the doorway with their arms folded while the person they supported was left to their own devices. The provider's improvement plan included 9 actions intended to improve staff culture at Delrose.

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

People were not always supported to express their views and make decisions about their care. People's experience around being able to make choices varied. We saw examples of people being offered different games to play, and staff making a genuine effort to understand the person's preference. We also saw staff not offering a genuine choice. For instance, at lunchtime a number of people had the same pasta meal. We asked if they had all chosen it, and staff said they had "recommended" the meal, and people had "agreed". Staff did not always support people to express their views taking into account their complex communication needs.

Respecting and promoting people's privacy, dignity and independence

People's privacy, dignity and independence were not always respected and promoted. People's experience of having their dignity and independence respected was mixed. Some staff were careful to take people's privacy and dignity into account while supporting them. We saw other staff ignore or react slowly to incidents which were detrimental to people's dignity. When staff handed over to colleagues for breaks or at the end of shifts, they did not always explain to the person what was happening. We saw one staff member leave a person alone with a visiting professional with no explanation to either the person or the visitor. The provider had plans to improve the service and make sure people were treated with respect.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant people's needs were not always met.

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

People were not always supported as individuals, or in line with their needs and preferences. The provider had identified improvements required to people's care and support plans, staff training and competency to make sure people's support met their needs and preferences. The provider's improvement plan had identified 6 actions required to improve people's positive behaviour support (PBS) plans. PBS is designed to improve the quality of life for people with a learning disability and autistic people by ensuring they receive support which meets their needs, particularly if they are distressed or people around them do not understand what they are trying to communicate.

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. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

The provider was not always meeting the Accessible Information Standard. People's support plans included guidance for staff about how to communicate with people with a disability or sensory loss. However, we did not see this guidance followed in day to day interactions between staff and people they supported. Staff told us they found it "difficult" to offer choices where a person was living with sensory loss. Where a person's communication support plan recommended certain communication tools and techniques, these were not always used by staff.

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 were not always supported to maintain relationships, follow their interests or take part in activities that were relevant to them. There had been a period where people had not been able to take part in activities that reflected their interests and background. The provider had recognised this. At the time of the inspection staff had produced individual plans and timetables for people to spend their time in a meaningful or enjoyable way both inside and outside the home. These plans had not yet been embedded in staff practice. The provider's overarching plan included a further 6 actions to improve people's individual access to socially and culturally relevant activities.

Improving care quality in response to complaints or concerns

People's concerns and complaints were not always listened to, responded to and used to improve the quality of care. The provider had a suitable complaints process. There had been no recent formal complaints. One person's relative told us they had "limited" confidence any complaints would be dealt with.

#### End of life care and support

People were supported at the end of their life to have a comfortable, dignified and pain free death. Nobody living at Delrose was receiving end of life care at the time of our inspection. Staff had started trying to understand people's advance care decisions by engaging with their families where possible.



# 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 our last inspection we rated this key question Good. At this inspection the rating has changed to 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

The provider did not have a fully supported management structure. The provider's system did not always effectively monitor the quality of care provided to drive improvements. The previous registered manager had left in December 2022. The provider had attempted but failed to recruit a replacement registered manager by the time of our inspection. The provider had put arrangements in place in May 2023 to make sure the service at Delrose was covered by a team of experienced managers from other locations.

The provider had a system of governance to monitor the quality of care at Delrose. However, this had failed to detect the decline in service between December 2022 and April 2023. The provider was alerted to this decline by visiting professionals from the local authority. Once alerted, the provider took immediate steps to ensure the safety of people living at Delrose. The provider developed a plan to drive further necessary improvements.

The provider shared this plan with us and have continued to share regular progress reports. The plan included 69 high priority and 24 medium priority actions. By October 2023, 82 actions were reported as completed with 33 started and under way. This showed the provider continued to focus on improving the quality of service at Delrose.

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

There was not always a positive and open culture at the service. The provider did not always have effective systems to provide person-centred care that achieved good outcomes for people.

People's relatives gave us mixed feedback about whether they received open communications about people's care and support, and whether the service achieved good outcomes for people. Two relatives described communication as "poor" and, "We would like more communication." Others were satisfied with the communication they received.

Some people's relatives were satisfied with people's outcomes. One told us, "It is running very well at the moment. We are more than happy." Another person's relative in contrast was very unhappy about an incident involving the person which they felt had not been dealt with well by the provider. They were unhappy that the same staff were supporting the person. They had appealed to other agencies to try and get

action from the provider.

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 provider understood their responsibilities under the duty of candour. Interim managers working at Delrose understood their responsibilities to be honest with people and their families. They had improved communications at the time of our inspection.

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

People and staff were not always involved in the running of the service and their protected characteristics were not always well understood. The provider had processes in place to involve staff, but these had not always been followed effectively. Where concerns had been raised by these routes, this had not always led to effective action to improve people's experience. The provider had identified that more training was needed to improve staff's understanding of how to support people with a learning disability and autistic people.

Continuous learning and improving care

The provider had created a learning culture at the service which improved the care people received. The provider had restored a culture which focused on learning and continuous improvement. They had undertaken a staff skills audit to identify training needs, introduced quality workshops to improve the quality of people's service, and improved the supervision and support for night staff.

Working in partnership with others

The provider worked in partnership with others. The provider had cooperated openly with the large scale safeguarding enquiry established by local authority and NHS professionals. Staff had listened to advice from those professionals and benefitted from training offered in mental capacity, safeguarding and managing medicines. As a consequence the risk level for Delrose had been reduced, showing that improvements were being made.