

# Integra Care Homes Limited

# Delrose

## Inspection report

99 Portsmouth Road  
Southampton  
Hampshire  
SO19 9BE

Tel: 02380437673  
Website: [www.lifeways.co.uk](http://www.lifeways.co.uk)

Date of inspection visit:  
06 December 2018

Date of publication:  
09 January 2019

## Ratings

### Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Requires Improvement</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

About the service:

Delrose is a care home that provided personal care to five people with a learning disability or autism at the time of this inspection.

People's experience of using this service:

Since our last inspection the registered manager and other managers had left the service. The provider had made arrangements to cover their absence. However, they had not made all the improvements identified at our last inspection. There had been no registered manager in post since August 2018.

The provider had made improvements to people's individual risk assessments and had improved the process for keeping people safe from unwanted intruders in the home. However, there was still a risk that people might receive unsafe or inappropriate care and support because the provider's processes to learn from accidents and incidents were not followed. Processes were in place to protect people from risks associated with medicines, the spread of infection, and risks arising from insufficient numbers of suitable staff.

The provider had made improvements to how they supported staff to deliver effective care and support in line with people's needs, and staff felt supported. However, records in place did not show that all staff had received all the training they needed, particularly around managing people's behaviours. There had been no formal process of supervision and appraisal, although the interim manager had taken steps to restart this.

The atmosphere in the home had improved, and staff were more motivated and empowered. There were systems in place to monitor and assess the quality of service, but these had not been effective in delivering all the improvements needed to comply with regulations in a timely fashion. The provider had not met all their regulatory requirements.

People were well treated and supported. Staff helped them to be as involved as possible in decisions about their care. Staff treated people with respect.

People received care and support which met their individual needs and reflected their preferences. The provider took complaints and concerns seriously as opportunities for improvement.

People's assessments and care plans were detailed and individual to the person. People's care and support included effective plans to support them to have a healthy diet, and to access other healthcare services. Where people lacked capacity to make decisions the provider acted in line with legal requirements to support people to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible, and the policies and systems in the service supported this practice.

### Rating at last inspection:

At our last inspection (report published 29 June 2018) we rated the service requires improvement. This is the second consecutive rating of requires improvement.

### Why we inspected:

We carried out an announced comprehensive inspection of this service on 12 and 16 April 2018. We found breaches of legal requirements. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the "all reports" link for Delrose on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

The comprehensive inspection in April 2018 identified concerns in all five key areas. We therefore covered all five key areas in this inspection.

### Enforcement:

We found three continuing breaches and one new breach of regulations. You can see the action the provider needs to take at the end of our full report.

### Follow up:

Until the provider can show they are compliant with the fundamental standards in the regulations, we will continue to monitor the provider's progress in line with our procedures for services that are repeatedly rated requires improvement. These procedures will include proportionate enforcement action, requesting an agreed improvement plan with timescales, and meeting with the provider to monitor progress.

## 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 findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our 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 as part of our regulatory functions. This inspection checked 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.

#### 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. The Expert by Experience for this inspection had experience of services for people with a diagnosis of autism and mental health needs.

#### Service and service type

Delrose is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection the service did not have a manager registered with CQC. A registered manager is legally responsible with the provider for how the service is run and for the quality and safety of the care provided. The last registered manager cancelled their registration on 7 August 2018. The provider had appointed an interim manager who was registered for a different location. They had been in post three weeks when we inspected.

#### Notice of inspection

This inspection was unannounced.

## What we did

### Before the inspection:

- We reviewed information we had about the service, including the last inspection report and the provider's plan of action for improvements.

### During the inspection:

- We observed the care and support people received in shared areas of the home,
- We spoke with the interim manager and other staff,
- We reviewed records relating to three people's care and support including records of medicines administered,
- We looked at records relating to the management of the service including the latest version of the provider's regulatory action plan,
- We reviewed training and recruitment records,
- We checked accident and incident reports, and records of complaints.

### After the inspection:

- We spoke on the phone with the area manager and the regional quality manager.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe and there was limited assurance about safety. There was a continuing risk that people could be harmed.

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

At our last inspection in April 2018 the provider had failed to operate effective systems to assess and manage risks to people's safety and welfare. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider had made improvements, but there was a continued breach of Regulation 12.

- There was an effective system to control access to the home.
- Individual risk assessments were detailed and informed people's support plans, however records did not always show who had assessed and reviewed people's risks and when.
- The provider's system to follow up and learn lessons from accidents and incidents was not effective. The interim manager did not always see records of accidents and incidents, and these records were not always completed to show follow up actions and lessons learned.
- Where follow up actions were identified, these were not always carried forward into people's support plans. Examples of this included a recommendation to assess a person's risk of choking which was not followed up, a recommendation to review another person's support plan which was not followed up, and body maps showing unexplained bruising which were not followed up.

### Staffing levels

At our last inspection in April 2018 the provider had failed to make sure new staff had completed their induction and were signed off as suitable to work in a care setting. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider had made improvements and was no longer in breach of this regulation where it applies to deploying sufficient numbers of suitable staff.

- Records showed staff deployed had completed their induction.
- Agency staff deployed were familiar with the service and the people they supported.
- Experienced staff from the provider's other home supplemented staff at Delrose.
- Staff carried out their responsibilities in a calm, professional manner.

### Systems and processes

- Systems and processes to safeguard people from abuse continued to be effective.
- Staff were aware of their responsibilities and how to report concerns.
- Where concerns about people were raised, the provider followed up, investigated and took appropriate action.

#### Using medicines safely

- Arrangements to protect people from risks associated with their medicines continued to be effective.
- Medicines were stored securely.
- People received their medicines as prescribed.
- Records relating to people's medicines were complete.

#### Preventing and controlling infection

- Arrangements to protect people from the risk of the spread of infection continued to be effective.
- Shared areas of the home, kitchens and people's rooms were clean.
- Staff training included food hygiene and infection control.



# Is the service effective?

## Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff skills, knowledge and experience

At our last inspection in April 2018 the provider had failed to make sure staff received appropriate training and support, supervision and appraisal. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider had made some improvements, but there was a continued breach of Regulation 18.

- Staff told us they felt supported and that training had prepared them to support people effectively.
- However, training records were still incomplete and did not show staff had received all training required by the provider.
- Some records for staff training in positive behaviour support and physical restraint techniques were missing.
- There had been no system of formal supervision and appraisal since our last inspection.
- The interim manager had restarted a formal system of supervision but this was not fully embedded or sustained in practice.

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

- People's support plans were detailed and thorough, covering personal information, choices and preferences, health and wellbeing, and day to day tasks.
- People's care files contained information and guidance from relevant healthcare professionals.
- This information was not always carried forward into people's support plans. Examples of this included suggestions on calming strategies for one person in a discharge letter.

Supporting people to eat and drink enough with choice in a balanced diet

- People had a choice of menus, and staff had guidance how to support them to communicate their choice.
- People could choose how they had their meals. One person had their own dining table because they preferred to eat alone.

Staff providing consistent, effective, timely care within and across organisations

- At the time of our inspection there was active sharing of knowledge and experience by staff employed at Delrose and another home owned by the provider.
- People living at Delrose had the benefit of car trips driven by staff from the other home when there was no driver available at Delrose.

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

- Signs to help people orientate themselves in the home included pictures and easy read symbols.
- There was decorative art work in shared areas of the home which gave a more homely and less institutional appearance.

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

- Staff supported people to attend routine and other appointments with healthcare professionals.

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

The Mental Capacity Act 2005 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 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 Act. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the Act and whether any conditions on authorisations to deprive a person of their liberty were being met.

- The provider had applied for renewed authorisations under the Deprivation of Liberty Safeguards in a timely fashion.
- Where the supervising authority had imposed conditions, the provider had met them.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect, and involved as partners in their care.

At our last inspection in April 2018 the provider met the fundamental standards in this area, but we found improvements could still be made. At this inspection we found the provider had made enough improvement for the service to be rated good in this area.

Ensuring people are well treated and supported

- Staff were aware of people's needs and preferences, and situations they might find stressful.
- People appeared to be comfortable with their care workers, and responded positively to staff interventions.

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

- People were supported to express their views where they could.
- People's communication needs were included in their care and support plans.
- One person could communicate with signs, gestures and significant objects.
- Another person had an "opportunities board" which helped them choose their daily activities. As a consequence they were more involved in activities and access to the community.

Respecting and promoting people's privacy, dignity and independence

- Staff used respectful language and spoke about people in a way that preserved their dignity.
- Staff made sure people were appropriately dressed in the home and when they went out.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

At our last inspection in April 2018 the provider had failed to make sure people received individual care and support that met their needs and reflected their preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider had made improvements and was no longer in breach of Regulation 9.

- People's care and support plans were detailed and individual to the person.
- Where people required one or two support workers to help them keep safe, the right number of staff accompanied them.
- People had access to community activities in line with their support plans.
- One person went to a day centre. Another person went to a community farm.
- One person liked to watch birds and was supported to do this in the garden of the home and in nearby countryside.
- People could take car trips for enjoyment, shopping and to visit cafes and restaurants.
- In fine weather people could use the enclosed garden for games and activities. There was a trampoline and an inflatable pool for hot weather.
- When people had medical appointments these were included with a more enjoyable activity, such as shopping afterwards.

Improving care quality in response to complaints or concerns

- There continued to be an effective complaints process in place.
- No new complaints had been received since our last inspection.

# Is the service well-led?

## Our findings

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high quality, person-centred care. Some regulations were not met.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

At our last inspection in April 2018 the provider had failed to make sure there was robust leadership, effective processes and an inclusive, empowering culture at the home. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection there was a continued breach of Regulation 17, although there had been improvements to the culture and atmosphere of the home.

- Staff were positive, and felt supported and empowered .
- The recently appointed interim manager had started to make changes, but these were not yet embedded and sustained.
- Three members of the local management team had recently left the service.
- There had been no registered manager for Delrose since 7 August 2018.
- The provider had sent us the required plan of action following our inspection in April 2018 but had not completed all the actions to become compliant with regulations by the planned date.
- The provider's own quality assurance audit score had declined from 79% in April 2018 to 72% in October 2018. An internal audit in October 2018 had found some improvements made had not been sustained.
- Systems to monitor and assess the quality of service were in place but had not been effective in delivering timely improvements.
- Staff did not always complete all sections of the provider's forms to record people's daily care and support and actions taken in response to accidents and incidents. Records of people's care were therefore not complete and accurate.
- The provider had arranged for the service's ratings to be displayed on their website, but they were not displayed in the home. This was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong; Engaging and involving people using the service, the public and staff

- In April 2018 the provider had recently started to provide monthly key worker reports which gave a monthly

written status of people's care and support for families. This practice had not been sustained.

- The interim manager had identified that communication with people's families and local authority commissioners needed improvement.

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>Service users did not receive care and support in a safe way. The registered person did not do all that was reasonably practicable to mitigate risks to the health and safety of service users.</p> <p>Regulation 12 (1) and (2) (b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes to ensure compliance with requirements were not operated effectively. Systems and processes to assess and monitor the quality and safety of services did not enable the registered person to improve the quality and safety of services. The registered person did not maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.</p> <p>Regulation 17 (1) and (2) (a) and (c)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments</p> <p>At least one sign showing the most recent rating by the Commission that relates to the</p>

service provider's performance at the premises was not displayed.

Regulation 20A (1) and (3)

## Regulated activity

Accommodation for persons who require nursing or personal care

## Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Persons employed did not receive appropriate support, training, supervision and appraisal to enable them to carry out the duties they were employed to perform.

Regulation 18 (2) (a)