

Delrose House Limited

Delrose House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

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.

About the service

Delrose House is a 6 bedded service for people with mental health needs, physical disabilities, learning disabilities or dementia. At the time of our inspection, there were 6 people using the service.

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

Right support

People and staff told us that the service was good and that they could speak with the registered manager as and when they wanted. There were enough staff to meet people's care and support needs. People were protected by appropriate recruitment processes. A system was in place to record accidents and incidents. There were policies and procedures regarding the prevention and control of infection. The registered manager had links with the wider community in order to help ensure a joined-up approach to people's support.

Right care

People received personalised care that was responsive to their needs. Potential risks about people's safety were assessed to ensure they were supported to remain as safe as possible. Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them. 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.

Right culture

There was an open culture within the service, which was focussed on people. The registered manager was approachable and worked with the staff to ensure people were supported appropriately. There were systems in place to monitor the service and address any areas of improvement where needed. People were safeguarded from abuse or harm and staff understood how to keep people safe and report any concerns they had.

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

Rating at last inspection

The last rating for this service was good (published on 13 April 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Delrose House on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Delrose House

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 was carried out by 1 inspector.

Service and service type

Delrose House 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 House 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 a registered manager in post.

Notice of inspection

We gave the service 1 hour notice of the inspection. This was because we needed to be sure that the registered manager would be in to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last 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 looked at notifications we had received from the service. A notification is information about important events, which the provider is required to tell us about by law. We used all this information to plan our inspection.

During our inspection

We spoke with 3 people who used the service, 1 member of staff, the registered manager, the deputy manager, the nominated individual and the deputy manager from the sister service. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included 3 people's care records, 3 staff files, risk assessments and medicine administration records. We also looked at audits and a variety of records relating to the management of the service, including policies and procedures.

We were able to get limited views from people due to their needs. 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 speak with us. People were relaxed in the presence of staff and had built up good relationships with them.

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 remained the good. This meant people were safe and protected from avoidable harm. Systems and processes to safeguard people from the risk of abuse.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and avoidable harm.
- The provider had policies and procedures for dealing with allegations of abuse.
- People told us they felt safe at the service and did not raise any concerns.
- Staff were trained in safeguarding adults and had good understanding of their responsibilities to report concerns. A member of staff told us, "I would inform the manager if I had any concerns."
- A whistle blowing procedure was also in place and staff were confident to use it. A whistle-blower is a person who raises a concern about a wrongdoing in their workplace. A member of staff told us, "I am aware of whistle blowing, I can contact safeguarding team or CQC if I have any concerns about someone."

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed to ensure they were supported to remain as safe as possible.
- Risk assessments gave staff clear guidance on how best to support people in different situations, for example, the management of falls. This helped ensure care and support was delivered in a safe way.
- The registered manager reviewed the risk assessments regularly to reflect any changes in people's care and support needs.
- Staff knew about people's health needs and ensured they were safe when carrying out any tasks. People were complimentary about how staff supported them with their care and support needs.
- Records showed checks on the premises and equipment were carried out to ensure health and safety of people, staff and visitors to the service. We saw checks had been carried out on the electrical hard wiring, fire extinguishers and gas boiler.
- However, we noted 2 fire doors did not close fully against the frames, and the flooring in some places were lifting, these issues were brought to the attention of the registered manager and were resolved on the same day of the inspection.

Using medicines safely

- The provider had suitable arrangements to ensure people were supported with their medicines by staff who had been appropriately trained.
- Medicine administration records were completed correctly and there were no missing signatures.
- Any medicines prescribed to be given 'as necessary' were monitored and protocols were in place to explain when these medicines should be given.
- People received their medicines from weekly blister packs. A weekly blister pack clearly displays all medicines at the times they are to be taken, (morning, midday, teatime, bedtime).

Staffing and recruitment

- There were enough staff to meet people's needs and to provide personalised care and support.
- Some of the staff had worked at the service for a long time. This helped to ensure people received consistent care from staff who knew them well. The provider did not use any agency staff.
- The provider operated safe recruitment processes.
- We looked at staff recruitment files and found that all the pre-employment checks required had been carried out.
- The files contained an application form, references, identity checks and evidence of a criminal record check. This helped to ensure people were not exposed to staff who were not suitable to work with people using care services. □□

Learning lessons when things go wrong

- There was a system for the recording of incidents or accidents, and this helped to ensure people remained as safe as possible and where necessary, measures were put in place to avoid any repeat events.
- Accidents and incidents were recorded in detail and were investigated by the registered manager.
- There was an on-call system where a member of the management team was available to advise staff in the event of an emergency.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- The provider had policies and procedures regarding the prevention and control of infection. Staff ensured the environment was clean and safe for people.
- The registered manager and staff were aware of their roles and responsibilities for the management of infection.

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 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.

We checked whether the service was working within the principles of the MCA, whether appropriate legal

authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager and staff understood the importance of people having the right to make their own decisions. They monitored people's mental capacity to ensure people were able to make appropriate decisions as needed and supported them accordingly.
- Staff received training on the MCA and there were policies and procedures for them to follow.
- People were able to make day to day decisions about their lives. For example, they were supported to choose how they would like to spend their time.
- Staff told us the actions they would take if they felt a person lacked capacity to make certain decisions about their care and support.

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 remained 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

- There was a positive and open culture at the service.
- The registered manager had systems to provide person-centred care that achieved good outcomes for people.
- People as well as staff told us that the registered manager was approachable, and they could contact them at any time. A person told us, "The manager is good."
- Staff told us that it was a good place to work and that they felt valued and supported in their roles.

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 registered manager understood their responsibilities under the duty of candour.
- The registered manager knew they must act in an open and transparent when things go wrong.
- The registered manager was also aware of when the CQC should be informed of events and incidents that happen within the service and the responsibilities of being a registered provider.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- The registered manager kept CQC up to date with any changes that happened at the service and provided us with information promptly when we had requested them.
- Staff knew what their responsibilities were, and culture and values of the service. They understood their roles and felt supported.
- There was a range of policies and procedures governing how the service needed to be run.

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

- People and staff were involved in the running of the service and fully understood and considered people's protected characteristics.
- People were respected and treated equally regardless of their abilities, lifestyle and beliefs. Staff had received training in equality and diversity.

- There were regular staff meetings where there were discussions about the service and about people needs. Staff were encouraged to share ideas and discuss any issues they might have during those meetings.
- Meetings were also held on a regular basis with people who used the service, and this gave them an opportunity to discuss any issues they might have.

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- The provider had systems to assess and monitor the delivery of care and support. These included audits of care records, medicine charts and staff training. The registered manager took actions where shortfall was identified.
- The registered manager sought the views of people using the service and their relatives through satisfaction surveys. We saw the information received was analysed so that the registered manager could use it to improve the quality of the service provided.

Working in partnership with others

- The provider worked in partnership with others.
- The registered manager worked closely with the local authority and other professionals to ensure they improved the care and support they offered to people.
- People were supported to access routine medical support from healthcare professionals such as GPs, to ensure their health and wellbeing was maintained.
- Information about the involvement of healthcare professionals in people's care was recorded so that staff had the necessary information to support people to meet their healthcare needs.