

Integra Care Homes Limited

Delrose

Inspection report

99 Portsmouth Road
Southampton
Hampshire
SO19 9BE

Tel: 02380437673
Website: www.lifeways.co.uk

Date of inspection visit:
26 September 2022
28 September 2022

Date of publication:
09 December 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

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 using this service and what we found

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.

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.

Right Support:

The service supported people to have as much choice, control and independence as they could. The service planned for when people experienced periods of distress so their freedoms were restricted only if there was no alternative. The service supported people in a safe, clean, and well-maintained environment.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. The service had enough suitably skilled staff to meet people's needs and keep them safe.

Right Culture:

Staff knew and understood people, and were responsive, supporting people's needs. Staff turnover was low, which supported people to receive consistent care. Staff ensured risks of a closed culture were minimised so people received support based on transparency, respect, and inclusivity.

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 10 February 2021).

Why we inspected

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

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We received concerns in relation to how the service supported people safely. As a result, we undertook a focused inspection to review the key questions of safe, effective, and well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating of good.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective, and well-led sections of this full report.

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.

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.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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.

As part of this inspection we looked at the infection control and prevention measures in place. We did this to understand how prepared the service was to prevent or manage an infection outbreak, and to identify good practice we could share with other services.

Inspection team

One inspector carried out this inspection.

Service and service type

Delrose is a 'care home'. People in care homes receive accommodation and 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 CQC 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

This 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 used information gathered as part of monitoring activity that took place on 4 February 2022 to help plan the inspection and inform our judgements. We reviewed other information we had received about the service since its last inspection. 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 the registered manager, 2 members of staff and a person they supported.

We reviewed records relating to people's care and the running of the service. These included care records for 2 people and 2 staff recruitment files.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked with other agencies to do this.
- The provider had appropriate policies, procedures and practices to support people safely and respond to concerns. Staff were confident these would be followed correctly if needed.

Assessing risk, safety monitoring and management

- People lived safely and free from unwanted restrictions because the service assessed, monitored and managed risks to their safety. This included risks where people's behaviours might cause a danger to themselves or others. The provider had screening processes to identify and assess other risks, such as risks associated with eating and drinking, bathing and hot surfaces, and management of medicines. People, including those assessed as not able to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- Staff managed the safety of the living environment and equipment through checks and action to minimise risk. People had individual evacuation plans in the case of emergencies. External consultants had carried out a fire risk assessment in December 2021. All actions identified in their report were signed off as completed. The provider carried out two practice evacuations a year, and records showed lessons from these were identified and communicated. There were records of routine checks on emergency lighting and fire alarms.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people. The provider had recruited permanent staff to reduce their use of agency staff and overtime since our last inspection. The numbers and skills of staff matched the needs of people using the service. Staff knew how to take into account people's individual needs and wishes.
- Staff recruitment and induction training promoted safety. Staff files included the records providers are required to keep 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

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. The provider ensured people's medicines were reviewed by prescribers in line with these principles. Recent reviews had resulted in reductions in people's prescriptions. The provider took steps to make sure people's prescriptions were appropriate.

- Staff followed effective processes to support people to take their medicines safely. This included where there were difficulties in communicating, and when assessing risks associated with people's medicines. Where people had medicines prescribed to be taken "as required", there were suitable protocols and guidance in place. People were supported by staff who followed systems and processes to administer, record and store medicines safely.

Preventing and controlling infection

- The service used effective infection prevention and control measures to keep people safe, and staff supported people to follow them. The service had arrangements to keep premises clean and hygienic.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using personal protective equipment effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- The provider understood and complied with government guidance around visits from friends, families, and other advocates.

Learning lessons when things go wrong

- People received safe care because staff learned from incidents. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned.

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. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had support plans that were personalised, strength-based and reflected their needs and aspirations, including physical and mental health needs. Staff reviewed plans regularly. Support plans reflected good understanding of people's needs, including assessments of their communication and sensory needs. Staff used a variety of techniques to support people's communication, such as signs and objects of reference. Staff took time to understand people's needs and behaviours.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training. This included training in supporting people with a learning disability and autistic people. Staff received training in positive behaviour support and deploying techniques that promoted reduction in restrictive practice.
- The service checked staff competency to ensure they understood and applied training and best practice. Staff received support in the form of supervision, appraisal and recognition of good practice.

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

- People received support to eat and drink enough to maintain a balanced diet. Staff supported people to be involved in preparing and cooking their meals, and encouraged people to try new things. People with complex needs received support to eat and drink in a way that met their preferences as much as possible.

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

- Staff supported people to move between services in a way that maintained continuity of support. Staff had moved with people when they transferred between the provider's services. When a person moved to a new supported living placement the provider involved the person's family, and facilitated visits to their new flat before they moved. Staff from their new service came to Delrose to get to know the person, and Delrose staff supported them in their new flat during the service transition.

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

- People's care and support was provided in a safe, clean, well-maintained environment which met people's needs. The provider had redecorated and refurbished the home since our last inspection. There was a kitchen on each floor where people could be supported to prepare meals. The provider had installed a lift so that wheelchair users could access the first floor. Where people wanted to they had personalised their rooms and were involved in decisions relating to the decoration and furnishing of their rooms.

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

- People were supported to attend annual health checks and primary care services when needed. Staff worked with other healthcare professionals, such as speech and language therapists, to improve people's care and support.

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, 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, 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.

- For people assessed as lacking mental capacity for certain decisions staff recorded assessments and any best interests decisions. Staff demonstrated good practice around assessing mental capacity, supporting decision-making and best interests decision-making.
- Where people were at risk of being deprived of their liberty, the provider applied for the necessary legal authorisation under the MCA.

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. The rating for this key question 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

- Management were visible in the service, approachable and took a genuine interest in people, and what staff and other professionals had to say. The registered manager had moved their office to the ground floor to be closer and more available to staff and people. Senior management visited the home regularly and were accessible to staff. The provider promoted a positive, inclusive culture.
- Management and staff put people's needs at the heart of everything they did, and achieved good outcomes. People had been supported to have more control over their health and diagnosed conditions, and to reduce examples of where they communicated through behaviours. People were also supported to participate more in shared activities in the home, such as barbecues.

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 the duty of candour. They had open communications where people had family or other advocates who were interested in their care and support.

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

- The registered manager had the skills, knowledge and experience to perform their role. They had a clear understanding of people's needs and oversight of the service. They communicated the provider's vision and values to staff who knew how to apply them in the day to day work of the team. Staff were clear about their roles and how to deliver a high quality service.
- Management understood and demonstrated compliance with regulatory and legislative requirements. There was an internal audit system to verify the service met the fundamental standards required by regulation. The provider notified us as required when certain events occurred. The provider cooperated with and listened to advice from the local authority quality team. At the time of our inspection they were reviewing and updating printed support plans following a quality review.

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

- The registered manager and senior staff worked closely with people so they could understand how people with complex communication needs responded to their care and support. Staff had understood people's preferences through observation of how they responded to different options and choices.

- The provider engaged with staff through a staff survey, a "colleague council" where staff could share experiences with colleagues from other services in the provider's portfolio, and through regular meetings, particularly with new staff. The registered manager had made changes based on feedback from staff. These included changes to inductions, how probations were managed and removing duplicate paperwork.

Continuous learning and improving care

- The registered manager had a clear vision for the direction of the service which demonstrated a desire for people to achieve the best outcomes possible. Improvement plans based on quality audits included moving from paper support plans to a computer-based system, and expanding staff training so they had more options for communicating with people who did not express themselves verbally.

Working in partnership with others

- The service worked in partnership with other health and social care organisations. These included the local GP practice, opticians, dentists, and local authority professionals. Partnership working helped improve people's wellbeing.