

365 Care Homes Limited

Delph House

Inspection report

Wisbech Road
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Delph House is a residential care home providing personal care and accommodation to 19 people aged 65 and over at the time of the inspection. The service can support up to 22 people.

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

People's care plans were not robust to ensure that people would be kept safe, and receive consistent support.

People's care record keeping had not been completed in full in all areas, to demonstrate the level of support the person had received. This did not ensure their individual needs had been met. The provider had not identified this prior to the inspection.

People were not consistently kept safe. The provider lacked an awareness in relation to which safeguarding's had been raised by external bodies and what actions had been completed, this caused a risk that appropriate steps had not been taken.

People continued not to receive a good standards of care. Oversight and governance by the provider remained insufficient to ensure all areas of concern following our last inspection had been actioned.

People's care environment had improved, ensuring the service was homely and damaged equipment had been removed.

The environment appeared visibly clean and the provider was taking appropriate steps to ensure they were meeting the requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

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 1 June 2021). The service remains rated requires improvement as an outcome of this inspection. 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 some improvements had been made. However, the provider remained in breach of regulation 12 for failing to assess the risks to people and regulation 17 due to a lack of oversight and governance of the service affecting the quality of record keeping, including care plans and ensuring people were engaged and involved in their support.

Why we inspected

We carried out an unannounced, focussed inspection of this service on 1 June 2021. Breaches of regulatory legal requirements continued to be found.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Delph House on our website at www.cqc.org.uk.

Follow up

We have identified a repeated breach of regulation 12 for failing to assess the risks to people and a repeated breach of regulation 17 in relation to the oversight of the care records used within the service and further deterioration for not ensuring people were engaged and involved in their support.

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Please see the action we have told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Delph 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.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors and one 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

Delph House 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

The service did not have a manager registered with the Care Quality Commission. The service was currently being managed by the regional manager and a registered manager from another service. The provider is legally responsible for how the service is run and for the quality and safety of the care provided in the absence of a registered manager.

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 sought feedback

from the local authority and professionals who work with the service. 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 all this information to plan our inspection.

During the inspection

We spoke to four people living at the service and nine relatives about their experience of the care provided. We spoke with nine members of staff including care staff and members of the management team.

We looked at two staff files in relation to recruitment and a variety of records relating to the management of the service. We looked at two people's care records including their medication records. We also carried out observations of people receiving care and support in communal areas of the home.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a further three people's care records, policies and procedures and quality assurance records electronically. We spoke with a health care professional who regularly visited the service, by telephone.

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 requires improvement. At this inspection the rating for this key question has remained the same. 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.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of this aspect of regulation 12.

- During the inspection multiple rooms were identified that had been mopped and the floor being left wet. However no signage had been put in place to highlight the slip hazard to people who were already at risk of falls and could lead to injury to themselves and others. This was highlighted to the regional manager and rectified during the inspection.
- Repositioning charts were not completed in line with the care plan. The care plan for a person who mobilised independently stated they were to be repositioned every two hours. The repositioning chart did not detail this therefore we were not assured that the condition of the person's skin was being maintained.
- Care plans did not all detail how to support a person to mobilise between different floors of the service to maintain people's safety. One person who had an upstairs bedroom, their care plan stated they were, "Unsteady on their feet." The care plan lacked sufficient detail to safely support this person between floors.
- Daily records had not clearly evidenced people's support. It was not clear what oral care people had been supported with.; or what steps were taken when support was declined. We were not assured that people were being supported appropriately based on their support needs. We raised concerns relating to record keeping at our last inspection.
- When asked, staff were not clear on who required bed rails to keep them safe. A staff member told us that no one required bed rails, but care plans we reviewed stated that a person did require them. We were not assured that staff knew how to keep people safe.
- There was a lack of awareness by the provider, in relation to ongoing safeguarding concerns that had been raised by external parties. The safeguarding log had not been fully completed and we were not assured all safeguarding's had been appropriately acted upon to keep people safe. Following the inspection the provider contacted the local authority to discuss open safeguarding's to source outcomes.
- We were not assured appropriate action had taken place after someone had experienced a fall. One person had three falls within one month but there was no evidence the falls team had been updated to keep this person safe following any of these falls.

The provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection the regional manager had contacted healthcare professionals for confirmation whether people still required regularly repositioning.

- People's families told us they felt their loved ones were safe at the service and that their loved ones were happy there.
- Following our last inspection we raised a number of concerns relating to unsafe consumable items being accessible and stairs being left unsecured. At this inspection we did not identify any risks in these areas.
- At our last inspection we highlighted there was no secure outside space for people to access. At this inspection we found the service has begun to establish a secure garden space.
- Staff were able to understand examples of abuse and what action they would take to raise any concerns both internally to the management and provider and externally to the local authority and CQC.

Preventing and controlling infection

At our last inspection the provider had failed to robustly assess the risks relating to infection, prevention and control. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has now been made at his inspection and the provider was no longer in breach of this aspect of regulation 12.

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- The environment had received many improvements since our last inspection. This included new carpets, redecoration and some furniture had been replaced. The environmental changes were ongoing at the time of the inspection but well under way.
- We highlighted gaps within the cleaning records being used within the service. Although the service did appear visibly clean throughout, we could not be fully assured that cleaning was taking place regularly as this had not been recorded.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.

Visiting in care homes

- The provider was supporting people to receive visitors from their loved ones in line with current government guidance.

Care homes (Vaccinations as Condition of Deployment)

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

Staffing and recruitment

- Staffing levels were determined by dependency assessments completed by the provider. On the day of the inspection enough staff were deployed to meet the needs of the people, however staff were offering task based support and there was a lack of meaningful activity. People were observed to be sat with their heads in their hands. Staff did engage with the people singing; however this was brief and the only activity observed. The regional manager confirmed that activities regularly take place and an activity plan would be implemented immediately to ensure these are forward planned.
- Staff were safely recruited, and checks were made on their character from previous employers and on their suitability through the Disclosure and Barring Service (DBS).
- Regular training competencies were completed for staff in relation to moving and handling and medication to ensure staff had the correct skills to keep people safe.
- Family members were positive about the staff. A family member told us, "The carers treat my loved one very well."

Using medicines safely

- Medicated patches were not being applied as per manufactures instructions causing a risk of potential harm to the person. At our request, the regional manager amended the patch application record to ensure this was highlighted to staff.
- Previously we found the temperature for medicine storage areas had not been monitored, to ensure it did not spoil and lose effectiveness. We found this to no longer be the case and an electronic thermometer was now in place which recorded live results.
- Staff were able to clearly describe the correct process for administering medicines and received appropriate training to do so.
- Alongside individual's medication there was a clear photograph of the individual, known allergies listed and their GPs information to reduce risk when administering medication.

Learning lessons when things go wrong

- The service had made some progress following our last inspection and actions had been taken following the previous report being published. This had a positive impact on standards of care provided. A person told us, "The environment is much better."
- Incident forms were completed by the staff when required. This data was reviewed by the management team to ensure action was taken. Examples were shared by the regional manager where external professionals had been contacted following incidents to support a person's wellbeing.

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 deteriorated to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Continuous learning and improving care, 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; Working in partnership with others

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- At our previous inspection on 1 June 2021, we highlighted the service had a high turnover of managers which had effected the oversight and direction the service had taken. Since our last inspection a quality manager and registered manager had both been hired and now left the organisation, further delaying improvements becoming imbedded.
- External health care professionals told us they were not always clear on who to approach within the staffing team when they had information to discuss due to regular changes in the internal management team.
- Regular auditing of care plans and daily records had been taking place but had failed to identify and improve the quality of the record keeping in place. They continued to give inconsistent direction to safely support the people and not accurately document the support people were receiving on a daily basis.
- Gaps in recording of cleaning records had not been identified by the provider or timely action taken to ensure the cleaning that had taken place was documented.
- The provider had a lack of oversight in relation to complaints and safeguarding concerns raised by external bodies. Audits were completed regularly by the management team, however, were not effective as they did not list any safeguarding concerns or complaints as being raised.
- There was a lack of oversight in relation to falls and actions taken. When asked, the management team were not clear on all actions taken following a person falling.
- This is the second inspection where the domains of Safe and Well Led have not been rated Good. Inspection findings do not support that sufficient levels of service improvement have been implemented or achieved.

Sufficient oversight had not been maintained by the provider to ensure accurate recording and robust care

plans had been implemented. This was a continued breach of regulation 17 (good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider arranged a meeting with local safeguarding team following this inspection to ensure they were clear on what safeguarding concerns were currently active and implemented a digitised safeguarding log to improve oversight.
- Electronic devices arrived following our inspection to be fitted in the service. The provider told us these devices would record live cleaning data to give greater oversight to the management team.
- The regional manager told us that care plans were reviewed following our inspection to improve the quality and consistency of these documents. Care plan training had also been booked to further develop this area.
- Following our last inspection some positive changes had taken effect in a number of areas. Policies we had previously highlighted had been reviewed and updated.
- Health and safety checks were now imbedded and appropriate actions taken when areas of risk had been highlighted.
- Refurbishment of the care environment had begun to take place, with clear timescales for the remainder of these works to be completed. One person who used the service, told us they were pleased with the changes to the environment.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were not engaged or informed what support the staff were completing. Staff were observed supporting people with repositioning and medicines but little communication was observed to explain what was happening at these times
- People spent a lot of time in the lounge on the day of inspection. On numerous occasions, unsupervised by staff. Staff were observed in the office completing records together leaving the lounge unsupervised. Following our inspection a sign has now been placed on the office door and the door is now locked to ensure staff remain with the people.
- Staff communications with people was not always engaging. Staff were observed to turn the music off and the television on without asking the people what their preference was in relation to listening to music or watching television in the communal lounge.
- Care plans did not detail people's gender preference, a staff member told us, "I don't think people mind". This could lead to people not being supported by those who they would choose and removing this choice.
- Regular meetings with the people had not been maintained to give them the opportunity to give their feedback on the running of the service.

Sufficient oversight had not been maintained by the provider to ensure people were engaged and involved in their support. This was a breach of regulation 17 (good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The regional manager told us they would implement regular meetings for the people, in addition to one to one keyworker sessions being reintroduced with all people. At this time the person's next of kin would also be contacted to seek their input.
- Surveys were sent to people and their families during the inspection to gather their views and feedback of the service. The provider was awaiting the results to review and analyse.
- Feedback regarding communication to the relatives of people supported was mixed. Some family members told us they felt well informed about their loved one's care whilst others felt they had not been consistently updated on changes in their support needs.
- People's family members had continued to visit their loved ones during the COVID-19 pandemic. One

family member told us the visits had, "Made a big difference to my loved one."

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

- Staff told us they felt clear in their job role and felt they had suitable training to work effectively, however staff appeared task focussed in their support. Additional training had been completed for staff since our last inspection but this has not become imbedded into practice.
- The regional manager confirmed that they planned to introduce more robust compliance audits to monitor the improvement at the service. The overall monitoring of the service had been split into different areas with different members of the management team responsible for key areas. Going forward, this approach was intended to ensure improvements can be closely monitored and quickly imbedded.
- During our inspection a new experienced manager had been hired and began employment at the service. This person was planning to register with CQC.