

Integra Care Homes Limited

Delrose

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out this unannounced inspection on the 25 and 26 April 2017. Delrose provides accommodation and support with personal care to a maximum of nine adults with learning disabilities or who have autism spectrum disorder. At the time of our inspection there were seven people living at the home.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Relevant recruitment checks were conducted before staff started working at Delrose to make sure they were of good character and had the necessary skills. However, for some staff unexplained gaps in employment history had not been challenged by the provider.

People and their families told us they felt safe and secure when receiving care. Risk assessments were in place which minimised risks to people living at the home and fire safety checks were carried out.

Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

Staff were trained and assessed as competent to support people with medicines. Medication administration records (MAR) confirmed people had received their medicines as prescribed.

Staff sought consent from people before providing care or support. The ability of people to make decisions was assessed in line with legal requirements to ensure their liberty was not restricted unlawfully. Decisions were taken in the best interests of people.

New staff completed an induction designed to ensure staff understood their new role before being permitted to work unsupervised. Staff told us they felt supported and received regular supervision and support to discuss areas of development.

People were cared for with kindness, compassion and sensitivity. Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

People were supported and encouraged to make choices and had access to a range of activities. Staff knew what was important to people and encouraged them to be as independent as possible.

People received varied meals, including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes.

Staff were responsive to people's needs which were detailed in people's care plans. Care plans were regularly reviewed to ensure people received personalised care. A complaints procedure was in place.

Staff felt supported by the manager and staff meetings took place.

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.

Recruiting practices were not always safe; there were gaps on staff's employment history.

People felt safe and secure when receiving support from staff members. Staff received training in safeguarding adults and knew how to report concerns.

Staffing levels were sufficient to meet people's needs.

Staff were trained and assessed as competent to support people with medicines and risks were managed appropriately.

Is the service effective?

Good 

The service was effective.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

Staff told us they felt supported, had regular sessions of supervision and received training.

People were supported to access health professionals and treatments.

Is the service caring?

Good 

The service was caring.

People and their families felt staff treated them with kindness and compassion.

People were treated with dignity and respect and were encouraged to remain independent.

Is the service responsive?

Good 

The service was responsive.

People received personalised care from staff that understood, and were able to meet, their needs. Care plans provided comprehensive information and were reviewed regularly.

People had access to activities which they could choose to attend.

Is the service well-led?

Good ●

The service was well-led.

Staff spoke highly of the registered manager, who was approachable and supportive. Staff felt there was an open and transparent culture within the home.

There were systems in place to monitor the quality and safety of the service provided. There was a whistle blowing policy in place and staff knew how to report concerns.

Staff had regular meetings and were asked for ideas on the running of the home.

Delrose

Detailed findings

Background to this 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 was planned to check whether the provider is 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.

The inspection took place on the 25 and 26 April 2017 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information when planning and undertaking the inspection. We reviewed information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with one person living at the home and three family members. We also spoke with the registered manager, deputy manager, two team leaders and two support staff. We looked at care plans and associated records for three people, four members of staff's recruitment files, accidents and incidents records, policies and procedures and quality assurance records. We observed care and support being delivered in communal areas. We also received feedback from three health care professionals.

Is the service safe?

Our findings

People and their families told us, and indicated they felt safe living at Delrose. A family member said, "Happy to leave him here." Another family member told us they felt their relative was safe and said, "I don't worry about leaving the home everything seems fine."

Recruitment processes were followed that ensured staff were checked for suitability before being employed by the home. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The application form requested a full employment history; however, some staff had only put the year they were employed from and left their employment instead of actual dates. Therefore it was not possible to identify whether there were any gaps between jobs and ensure these were followed up in interview. We spoke to the registered manager who informed us they were in the process of updating their recruitment procedures and would take action immediately to address our concerns.

There were sufficient numbers of staff deployed to meet people's care needs and keep them safe. During the inspection we saw that staff were not rushed and responded promptly and compassionately to people's requests for support. Staffing levels were determined by the number of people using the service and their needs. The registered manager told us they are in the process of recruiting staff at present to replace staff that had left the service. In the interim, an agency provided staff to ensure there were sufficient staff on all shifts. A family member told us, they were happy with the regular staff and agency staff and said, "Regular agency staff were being used." This meant that people still received support from staff that they were familiar with and who were knowledgeable about their needs.

People were protected against the risks of potential abuse. A safeguarding policy was available and support staff were required to read this and complete safeguarding training as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One staff member told us they would, "Report to a manager, if nothing gets done I would report to CQC."

People were supported to receive their medicines safely. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Medicine administration records (MAR) confirmed people had received their medicines as prescribed. Training records showed staff were suitably trained and had been assessed as competent to administer medicines. Care plans included specific information to direct care staff as to how people should be supported with their medicines. Staff supporting people to take their medicine did so in a gentle and unhurried way. They explained the medicines they were given in a way the person could understand and sought their consent before giving it to them. Monthly audits were carried out of medicines and MAR charts and weekly medicine stock checks were conducted to make sure they were properly accounted for.

Risks and harm to people were minimised through individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm. Staff showed that they

understood people's risks and people's health and wellbeing risks were assessed, monitored and reviewed every month. These included environmental risks and any risks due to health and support needs of the person. Risk assessments were also available for choice and control, health and wellbeing, everyday tasks, living safely, behaviours, family and relationships. For example for one person, there was a risk they may become anxious or challenging should their family member not be able to contact them.

Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. People had individualised evacuation plans in case of an emergency. A fire risk assessment was in place and staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately. The home had a business continuity plan in case of emergencies. This covered eventualities in case people had to leave the home due to an emergency.

Is the service effective?

Our findings

People and their families told us they felt the service was effective and staff understood people's needs and had the skills to meet them. One family member told us, "I'm very happy with the placement." Another family member said, "[person's name] anxieties are managed well, staff have the ability to be aware and support them so they do not escalate." A health professional told us, "Staff are professional in the way they support [person's name] and their mum and dad."

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff told us their training included moving and handling, safeguarding, health and safety, medication administration and first aid. This ensured staff were competent and had the skills and knowledge to safely deliver care. One staff member told us, "Training is really good. Really informative and lots and lots to learn." Staff had received additional training in supporting people who posed a risk to themselves or others. This meant staff were aware of the management and intervention techniques to positively support people with escalating behaviour. Staff also received additional specific training to ensure they had the skills necessary to meet people's needs such as autism awareness, and epilepsy awareness.

New staff to Delrose completed an induction programme. Arrangements were in place for staff who were new to care to complete, The Care Certificate. The Care Certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people. One staff member told us, "Induction training was excellent, with hands on as well as paper work and role playing." Another staff member said, "Induction really good. We had two weeks of training and then were able to shadow shifts."

People were supported by staff who had supervisions (one to one meeting) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they may have. One staff member told us, "Supervision once a month, feel very supported in these. If I have any concerns I can talk it through."

Staff had received training in the Mental Capacity Act, 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of guest's who may lack the mental capacity to do so for themselves. The Act 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. Staff showed an understanding of the legislation in relation to people with mental health needs. Before providing care, they sought verbal consent from people and gave them time to respond. Where people had capacity to make certain decisions, these were recorded and signed by the person.

We saw that mental capacity assessments were in place when it had been identified that a person was unable to make specific decisions regarding their health care. The information in people's assessments and support plans reflected their capacity when they needed support to make decisions. People were involved

in discussions about their care and staff gained people's consent before they supported them. For example for one person their care plan stated they can visit a doctor or dentist when their anxieties are more stable. However a best interest meeting may be needed around taking bloods.

Staff were clear about the need to seek verbal consent before providing care or support and we heard them doing this throughout our inspection. People's consent to care and treatment was sought in line with legislation. One staff member told us, "I ask them for consent [persons' name] can say yes or no so always give choice." Another staff member said, "I always ask for consent first. One person says yes or no by hand gestures."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS had been authorised for three people and applications had been made for a further three people to the local authority. We talked with the registered manager who fully understood what action they needed to take when there was a risk that someone may have been deprived of their liberty.

People were supported to have a meal of their choice, for some people this was done by pointing to pictures. People's plan of care included information about their dietary needs, which included information as to their likes and dislikes. Staff knew how people liked their food. For example, for one person when they had spaghetti bolognaise they liked to have the pasta in one bowl and the meat in the other bowl. People were supported to eat and drink and maintain a balanced diet. Staff told us they sat with some people at meal times that required assistance. For example, one person would eat their food too fast and staff would sit with them and encourage them to eat slowly. Staff told us people could go out for a pub lunch or have fish and chips as well as the choice of meals at the home.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professional. Information about people's health needs was included within their care files and health plans including information as to what support people may need in relation to these. Health plans were comprehensive and covered people's vision, hearing, dental, falls, epilepsy, mental health, weight, and skin care. People also had a 'Hospital passport' in their care files. A hospital passport is a document providing information about a person's health, medication, care and communication needs. It is taken to hospital if a person is admitted to help medical staff understand more about the person.

Is the service caring?

Our findings

People were cared for with kindness and compassion. One person told us, "I like the staff." A family member said, "I know the staff they are lovely, no problem at all." Another family member told us, "The staff have been really helpful. Can't fault them." As well as, "Treat with privacy and dignity and staff always knock on his door." A health professional told us, "Staff are really pleasant and receptive."

Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. They demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were, showing how they had got to know people in their care. Staff showed respect for people by addressing them using their chosen name and maintaining eye contact. For Example, when staff spoke to one person who could not express themselves verbally they appeared to understand and often responded with smiles or sounds which indicated they were happy. One staff member told us, "It's excellent I love the job I'm doing. The way the residents are being cared for now is how I would like to be cared for when I'm older." Another staff member said, "Love the job it's like a second home. I love coming to work, I'm happy they are happy. Come in on my day off to help, as like being here."

Staff understood the importance of respecting people's choice, dignity and privacy. We observed care was offered discretely in order to maintain personal dignity. Staff knocked on doors and waited for a response before entering people's rooms. Staff explained how they respected people's privacy and dignity, particularly when supporting them with personal care. Staff told us they would knock on people's doors and identified themselves before entering. They ensured doors were closed and people were covered when they were delivering personal care. Staff spoke with us about how they cared for people and we observed that people were offered choices. Choices were offered in line with people's care plans and preferred communication style. For example for one person they were to be offered two choices separately then allow them time to decide, walk away and think about it. Where people declined to take part in an activity or wanted an alternative this was respected.

People were encouraged to be as independent as possible. Support staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely. One staff member gave us example and told us, "I promote independence, for [person's name] prompt them to get their breakfast and [person's name] to shower themselves, I assist where needed."

People were supported to maintain friendships and important relationships; their care records included details of their circle of support. This identified people who are important to the person. People and their families confirmed that the registered manager and staff supported their relatives to maintain their relationships. One family member told us, "Extremely professional and willing to listen and as a parent it's vital. Communication is really good."

Confidential information, such as care records, were kept securely and only assessed by staff authorised to

view them. When staff discussed people's care and treatment they were discreet and ensured conversations could not be overheard.

Is the service responsive?

Our findings

People received individualised care from staff who understood their needs. A family member told us, "Works well as they work with what [person's name] wants and not what suits them." Another family member said, "[person's name] is very relaxed and doesn't seem to be having fits." A Health professional told us, "Staff are willing to try anything and everything for a positive outcome." Another health professional said, "Staff never stop trying to engage with [person's name.]" As well as, "Staff have come a long way in supporting [person's name.]"

Care plans provided information about how people wished to receive care and support. Assessments were undertaken to identify people's individual support needs and their care plans were developed, outlining how these needs were to be met. Care plans were comprehensive and detailed, including physical health needs and people's mental health needs.

People were involved in their care planning and care plans were reviewed every month by their keyworker. All the people living at the home had a keyworker. A keyworker is a member of staff who is responsible for working with certain people, taking responsibility for planning that person's care and liaising with family members. Staff told us they reviewed care plans with people. Records of keyworkers monthly meetings showed that everyday life and the home were discussed. We spoke to a keyworker who told us this involved keeping up to date with doctor appointments and any health concerns, contact with family members, finances and personal hygiene. They told us about a communication board that had been introduced for one person which held small objects for example a cup, car key, wash cloth. They told us it was going well and they were going to introduce more items. For example if the person wanted a cup of tea they would grab the cup and staff would support them to make a cup of tea. If they wanted to go out in the community they would grab the car key sign.

Staff were aware of people's interests and how people liked to spend their time. A family member told us, "Activities they try to get him out every day." An activities club visited the home once a week and provided arts and crafts. Other activities included going swimming once a week, and going out for walks in the community. One staff member told us, "I just made chocolate fudge cakes with [person's name] which he enjoys." They also said, "In the process of making a picture TV guide with [person's name.] On the day of our inspection the registered manager had arranged for a trampoline to be delivered as one person had requested this. The registered told us they had just set up a regular disco with two of the other homes and the first disco was planned for the following week.

The provider sought feedback from people or their families through the use of a quality assurance survey questionnaire. This was sent out every year seeking their views. The registered manager told us, "Due to people's communication needs we sent out surveys with staff assisting in filling them out which didn't seem right." As a result the registered manager has worked with the speech and language therapist in compiling a pictorial survey and questions for people to get more honest opinion, which is being trailed next month. The quality assurance questionnaire sent to peoples families had recently been sent out and the home were still awaiting results at the time of our inspection.

Where people could not complain themselves, staff were encouraged to complain on their behalf if they witnessed any bad practice. However, there was no information available for people in an easy read format, which was suitable for the needs of people living at the home. The registered manager told us they would arrange for information to be made available for people's needs. The home had received two formal complaints in the last year. Records showed these had been dealt with promptly and investigated in accordance with the provider's policy.

Is the service well-led?

Our findings

People and their families thought the home was well led. One family member told us, "[manager's name] will drop everything to talk to me if needed." As well as, "[managers name] is brilliant so willing to listen." Another family member told us they thought they were well led, "Because they lead well and staff respond to that." A health professional told us, "Management and the whole team are really helpful and accommodating."

There was an open and transparent culture within the home. Visitors were welcomed and there were good working relationships with external providers. However, the provider did not notify us about all incidents as required. A notification is information about important events which the service is required to send us by law. The provider had sent us notifications relating to most incident's, including, serious injuries, and safeguarding. However, they did not tell us about an incident where three people had a Deprivation of Liberty Safeguarding authorisation in place. We spoke to the registered manager who send them through to us, straight away. Following the inspection the provider had submitted them.

Staff felt supported by the management at the home. One staff member told us, "Really good supportive managers always check that I'm all right which is really good." Another staff member said, "Management really friendly, you can talk to them about any concerns."

There were regular staff meetings and minutes we viewed showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly. Staff were involved in the running of the home and were asked for ideas. A yearly questionnaire was send to all staff. The home had introduced a 'Carer of the month' scheme. Staff voted each month for a staff member they believed had gone above and beyond. Staff were then presented with a small gift token as a reward for their hard work and dedication. We spoke to a staff member who had just recently been presented with the 'carer of the month'. They said, "I got the employee of the month. Never had before really something. I do my job as I would anyway, so that's really good."

The registered manager used a system of audits to monitor and assess the quality of the service provided. These included finances, safeguarding, complaints, health and safety, care plans, training, fire, and risk assessments. The registered manager told us that in addition to the audits they walk round the home daily. They told us, "I walk round the home daily to check people are being cared for with dignity and if people have any concerns."

There were processes in place to enable the manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

There was a whistleblowing policy in place and people benefited from staff who understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report

concerns to a senior manager in the organisation, or directly to external organisations. The provider had appropriate policies in place, which were updated regularly.