

Hantona Ltd

Delph House Limited

Inspection report

40 Upper Golf Links Road
Broadstone
Dorset
BH18 8BY

Tel: 01202692279

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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

About the service

Delph House is a residential care home providing accommodation and personal care to older people. Delph House also is registered to provide nursing care, but this is in the process of being removed from their regulated activities. At the time of our inspection nursing care was not being provided and so not included in our report findings. Accommodation is provided in an adapted house situated in a residential area. Delph House is registered to provide accommodation for up to 39 people. At the time of our inspection 27 people were living at Delph House.

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

People told us they felt safe. People were cared for by staff who understood their role in identifying and reporting any safeguarding or poor practice issues. People had their risks assessed, monitored and reviewed and any actions needed to mitigate risk was understood and met by the staff team. People had their medicines administered safely. Staff were recruited safely with robust checks including references and criminal record checks. Staffing levels, experience and skills met the needs of people.

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.

The culture of the home was open and honest with a clear focus on person centred care. Staff were clear about their roles and felt confident to share their views and opinions. Communication was effective at ensuring care was responsive and staff felt part of a team. Quality assurance processes were effective at driving improvements and meeting regulatory requirements. Partnerships with other organisations supported best practice and learning.

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 27 September 2017).

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.

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 good based on the findings of this inspection.

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 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Delph House Limited

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 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

The inspection was carried out by two inspectors.

Service and service type

Delph 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. Delph House is a care home currently registered to provide nursing care but are in the process of removing this from their registration. The 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

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 with four people who used the service and two relatives about their experience of the care provided. We spoke with the owner, registered manager and nine members of staff including deputies, team leaders, care staff, housekeeping and the chef.

We reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment and a variety of records relating to the management of the service.

We sought feedback from a district nursing team who had experience of the service.

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. The rating for this key question 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 told us they felt safe. One person told us, "I feel safe, it's the attitude of the staff, they are kind and patient, I'm not put out by anyone." Another said, "I feel safe as staff are always around, they are all very caring."
- People were cared for by staff who had completed safeguarding training and understood their role in reporting abuse or poor practice.
- Information about safeguarding and whistleblowing was displayed in the foyer and accessible to people, staff and visitors to the home.
- Our records demonstrated that safeguarding concerns had been reported and investigated in line with legal requirements and local protocols.

Assessing risk, safety monitoring and management

- People had their risks assessed, monitored and regularly reviewed. This included risks associated with mobility, skin integrity, nutrition and hydration.
- Staff knew people well and understood the actions needed to mitigate risks to people. This included using specialist equipment such as air mattresses correctly, regularly assisting people to change position and following safe swallowing guidance when supporting people with eating and drinking.
- Staff had received fire training which included regular fire drill practice. Fire equipment was well maintained and serviced. People had personal emergency evacuation plans that provided essential information to aid a safe evacuation if needed.
- Environmental risks had been assessed and included access to stairs, storage of chemicals and building security. A refurbishment was being undertaken and an empty room was being used for storage of equipment. During our inspection a lock was fitted to prevent the risk of people entering and tripping.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal

authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- People were supported by enough staff with the appropriate skills to meet their care and support needs. One person told us, "Staff come in good time." Another said, "Staff respond quickly."
- We observed staff responding to people's requests for support and providing care at a person's pace. One person told us, "If I ring my bell, they (staff) always help me."
- Records showed us that staff had been recruited safely. The recruitment process included obtaining a full employment history, references and a Disclosure and Barring Service check. Disclosure and Barring Service (DBS) checks 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

- People had their medicines managed by trained staff that had their competencies regularly checked. One person told us, "I get all my medicines on time."
- Medicines were stored, administered and disposed of safely.
- Some people had medicines that had been prescribed for as required. These medicines had protocols in place providing staff with information to ensure they were administered appropriately.
- When people had topical creams a body map had been completed which indicated where each cream needed to be applied.
- Controlled drugs, (medicines that have additional controls due to their potential for misuse), were managed in accordance with current regulations.

Preventing and controlling infection

- 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 promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- In line with the latest government guidance the home was fully open to visitors who were required to wear a mask whilst inside the building.

Learning lessons when things go wrong

- The registered manager had oversight of accidents and incidents. Information was reviewed within 24 hours to ensure any actions needed had been taken. Information was used to analyse trends, review risk and identify learning.
- Records showed us that information about any accidents or incidents had been shared, where appropriate, with families.
- Learning was shared with staff at daily handovers, supervisions and staff meetings.

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

- People and their families spoke positively about the management team, describing a kind, person centred culture. One person told us, "(Staff) are very safety conscious; I think it's well managed." Another said, "I felt comfortable here straight away; the registered manager is good." A relative explained, "When I see (registered manager) she is very approachable. Staff have a friendly approach with (relative). They are very kind. They treat her like a member of the family the way they talk with her."
- Staff felt supported, were focused on the people they cared for and felt able to share views and ideas with the management team. A staff member told us, "The senior team; I can't fault them." Another said, "We all get on well. I've been to a team meeting; we can speak up."

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 requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records, and conversations with families demonstrated the duty of candour was met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff told us they felt confident in their roles and they felt supported by both management and colleagues. Daily heads of department meetings took place which ensured clear lines of communication and effective, timely responses to issues daily.
- Quality assurance systems and processes were in place that included regular audits of key areas such as medicines, health and safety and management of risks to people. The registered manager had oversight of actions and improvements ensuring regulation was met and people experienced positive outcomes.
- Quality assurance surveys were carried out six monthly and used to gather feedback from people, their families and the staff team. The registered manager told us, "Feedback from relatives led to changes in the foyer, it now has brighter lights, music, and information displayed about activities and menus."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- A range of regular meetings enabled people, families and the staff team to have an opportunity to be involved in the service. Records showed us topics had included the transition from nursing to social care for

some people, COVID-19 guidance, safeguarding and building works.

- Utilising other professional agencies to support best practice and innovation included the registered manager attending a registered manager network, working closely with local authority service improvement teams on a pilot monitoring project, and accessing information from organisations such as Skills for Care and Care Quality Commission.