

Integra Care Homes Limited

Delrose

Inspection report

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Date of inspection visit:
05 January 2021

Date of publication:
09 February 2021

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

Delrose is a residential care home providing accommodation and personal care for younger adults with a learning disability and younger autistic adults. At the time of the inspection there were six people living at Delrose, some with complex needs. The service can support up to nine people.

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

The provider had made improvements in areas we found needed improvement at the last inspection. The provider had consolidated improvements in the area of infection prevention and control. The service had maintained standards in other areas such as the management of medicines and protecting people from abuse. We were assured that the provider used personal protective equipment (PPE) in line with government recommendations during the COVID-19 pandemic, and we were assured by the provider's practice in other areas of infection prevention and control we looked at.

Staff told us they had seen improvements in how the service was managed. There was an improved focus on following up actions. A system of audits, checks and processes was in place to embed improvements already made and drive further improvements.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 15 August 2019). We found breaches of two regulations. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 26 June 2019. We found two breaches of legal requirements. The provider completed an action plan after that inspection to show what they would do and by when to improve in the areas of good governance and safe care and treatment.

We undertook this focused inspection to check the provider 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.

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 coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this

occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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 until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

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 Care Act 2014.

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

The team comprised one inspector.

Service and service type

Delrose 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 CQC at the time of this inspection. The provider had arranged for interim cover and support while they recruited a new manager.

Notice of inspection

We did not announce this inspection. We had received information before the inspection which made an unannounced inspection necessary.

What we did before the inspection

We reviewed the last inspection report, the provider's action plan, and other information received from the provider. We reviewed other information we received about the provider. We used the information the provider had sent us in the provider information return since the last inspection. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two members of staff as well as the interim manager, area manager and regional director. We contacted the local authority for the latest information they had about Delrose. We observed people's care and support in the shared areas of the home.

We reviewed a range of records sent to us by the interim manager. These included care records for three people, records of checks and audits, and other records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection on 26 June 2019 we found the provider had not taken all necessary measures to protect people from the risk of infection. This was a continuing breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

- The provider had made improvements to arrangements intended to maintain high standards of hygiene and cleanliness. These improvements, and other improvements made before our last inspection, had been embedded and sustained. All areas of the home were visibly clean. The provider had made sure staff responsibilities were clear, and had appointed a team leader as infection control lead.
- The provider had adapted their infection prevention and control processes in line with COVID-19 guidance and recommendations.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to protect people from the risk of abuse. Staff we spoke with were aware of how to respond to safeguarding issues.
- The provider had suitable processes to follow when concerns were raised about people's safety. Staff had confidence that the manager would follow up any concerns they raised. The provider followed up concerns raised with the local authority and other agencies, and notified us where required to do so.

Assessing risk, safety monitoring and management

- The provider had processes in place to make sure people were supported in a safe environment. Formal risk assessments for fire and legionella were completed regularly. The provider carried out remedial actions

promptly and in line with the urgency identified in the risk assessments.

- The provider had processes in place to assess risks to individual people's safety. These included a risk screening checklist to identify risks, and risk assessments which informed people's support plans. Records showed these had been reviewed to take into account new and changed risks arising from the COVID-19 pandemic. Staff had the required information to make them aware of risks and how to avoid and reduce risks.

Staffing and recruitment

- There were enough numbers of staff to support people safely and according to their needs. We saw staff went about their duties in a calm, professional manner. Where people were assessed as needing one to one support, this was in place. The provider had reduced their dependency on agency staff since our last inspection. Where they employed agency staff, they made sure they only worked at Delrose to reduce the risk of spreading COVID-19 between homes.
- The provider had maintained suitable recruitment processes during the pandemic. They carried out the necessary checks to make sure staff were suitable to work in the care sector. There were regular audits to check the necessary records were kept in staff files.

Using medicines safely

- The provider had suitable processes in place to make sure people received their medicines safely and according to their prescriptions. There were suitable arrangements in place to store medicines securely and according to the manufacturers' guidance. There were regular audits to check people received their medicines correctly.
- Staff confirmed they had appropriate training and competency checks in medicines administration. Guidance and protocols for administering medicines were individual to the person.

Learning lessons when things go wrong

- There were processes and procedures in place to learn from accidents and incidents. These included learning from accidents, incidents and near misses.
- Reports of these incidents were reviewed and analysed each month for patterns, trends, and individual follow up actions. Reviews of incidents took into account if there had been a need for physical intervention techniques or emergency medicines. In the records we saw these techniques had not been used.

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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection on 26 June 2019 we found the provider did not have high standards of governance. Audits and other checks were not effective in identifying necessary improvements in people's care and the service they received. Action plans were not effective in bringing about the necessary change. The provider had not acted promptly when a registered manager had left, which was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

- There was a system of audits and checks designed to monitor and improve the quality of service people received. This included overall quality assurance audits, specific and targeted checks, for instance on medicines and infection prevention and control, and manager's spot checks. Where necessary prompt actions were taken to address any concerns found by these checks.
- The provider had an ongoing improvement plan which they used to track progress on items with longer completion dates. Where actions were identified, for instance in external fire and legionella risk assessments, records showed these were monitored and progress checked. The provider used an online manager's workbook to report on progress.
- Although the registered manager had left the service in the month before our visit, the provider had acted promptly to make sure there was continuity of leadership at Delrose. The team leaders were supported by the registered manager at a nearby home and had been supported by a deputy manager from another of the provider's services. The provider had started the process to recruit a new, permanent manager.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive, person-centred culture. Staff told us they felt empowered and supported to delivery high quality care. The provider had supported staff to keep themselves and people using the service safe during the COVID-19 pandemic.
- Staff had found ways to make sure people using the service continued to have meaningful activities during the pandemic. To make it easier for people to maintain social distance when outside the home, staff drove them to less populated areas in the countryside. People's care and support had been adapted in line with their goals to achieve good outcomes.

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 manager was aware of their responsibilities under the duty of candour.

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

- The provider engaged with the families of people who used the service. They used teleconference technology to maintain contact when families could not visit the home in person.
- Staff told us that communication had improved. The provider had introduced a social media style application which had made a positive difference to internal communications and staff engagement.

Continuous learning and improving care

- There was a strong focus on continuous improvement and learning. Staff told us managers listened if they had suggestions about how to improve people's experience of the service. For example, they had identified that a different style of vehicle would help them support a person more safely when travelling. This had been agreed by the provider, and the service was working to find a vehicle which met the specification.
- The provider investigated concerns sensitively and with regard to confidentiality. We discussed recent examples of concerns raised with the manager. They had not been able to corroborate all of these concerns, but where they did, appropriate action had been taken with regard to people's rights to privacy.

Working in partnership with others

- The provider worked openly with other agencies to meet people's care and wellbeing needs. These included the local authority and local clinical commissioning group. The provider had worked with advice and guidance from these partners to improve standards of infection prevention and control at Delrose.