

Annual service review

Name of Service:	Delrose House Ltd
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The quality rating for this care home is:	three star excellent service
The rating was made on:	

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this review a 'key' inspection

We do an annual service review when there has been no key inspection of the service in the last 12 months. It does not involve a visit to the service but is a summary of new information given to us, or collected by us, since the last key inspection or annual service review.

Has this annual service review changed our opinion of the service?	No
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You should **read the last key inspection report for this service** to get a full picture of how well outcomes for the people using the service are being met.

The date by which we will do a key inspection:	
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Name of inspector:	Date of this annual service review:
Sandra Parnell-Hopkinson	2 1 0 8 2 0 0 9

Information about the service

Address of service:	Delrose House Ltd 23 The Drive Ilford Essex IG1 3EZ
Telephone number:	02085180926
Fax number:	02085180925
Email address:	info@delrosehouse.co.uk
Provider web address:	www.delrosehouse.co.uk

Name of registered provider(s):	Delrose House Ltd	
Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	6	0
mental disorder, excluding learning disability or dementia	6	0

Conditions of registration:		
The maximum number of service users who can be accommodated is:	6	
The Registered Person may provide the following category of service only: Care home only - Code PC to service users of the following gender: Either whose primary care needs on admission to the home are within the following categories: Learning disability - Code LD Mental disorder, excluding learning disability or dementia - Code MD		
Have there been any changes in the ownership, management or the service's registration details in the last 12 months?	Yes	
If yes, what have they been:	There have not been any registration changes in the last 12 months.	

Date of last key inspection:									
Date of last annual service review (if applicable):									

Brief description of the service
The home is a residential home for 6 adults with learning disabilities and/or associated mental health problems, providing a 24 hour service with waking night staff. The home is situated off The Drive, Ilford within the London Borough of Redbridge and is within easy access of shops and bus routes. All bedrooms are single and spacious each

with an en suite, and two bedrooms have an en suite shower. There is a large lounge/dining area and a spacious kitchen/diner on the ground floor and a small smoking room on the first floor. All rooms are furnished and decorated to a good standard. There is disabled access to the front of the home. Access to the rear garden is from the lounge/dining room or from the utility room. The rear garden has a patio with a small lawn area and flower beds which are well maintained. Seating for residents to enjoy the garden is available. At the time of this inspection the fees ranged from #750 for mental health, #1047 for learning disabilities and dual diagnosis. These are the minimum fees and will vary in accordance with the assessment of need.

Service update since the last key inspection or annual service review:

What did we do for this annual service review?

We looked at all the information that we have received, or asked for, since the last key inspection and annual service review.

This included:

The annual quality assurance assessment (AQAA) that was sent to us by the service. The AQAA is a self-assessment that focuses on how well outcomes are being met for people using the service. It also gave us some numerical information about the service.

Information we have about how the service has managed any complaints.

What the service has told us about things that have happened in the service, these are called notifications and are a legal requirement.

The previous key inspection and annual service review.

What other people have told us about the service.

What has this told us about the service?

The home sent us their annual quality assurance assessment (AQAA) when we asked for it. The information was comprehensive and identified areas for improvement.

The service is very committed to ensuring that the residents express their views as to the running of the home. Monthly residents' meetings, and residents, relatives and other visitors are also encouraged to express their views, anonymously if they prefer.

Equality and diversity issues are given a high profile within the service with staff training being provided to support this important area. The home has reviewed its assessment processes to make them more understandable and accessible to current and prospective service users. All residents are encouraged to access mainstream community based services for recreation, leisure, education and employment opportunities.

The service does tell us that that have experienced difficulties in a local authority to re-assess a resident whose needs have changed. It is essential that all parties involved in the care of a resident are proactive in ensuring that changing needs are identified and assessed. This will ensure that the care home is providing the right care to the individual in accordance with the needs and the Care Standards Act 2000 and the Health & Social Care Acts.

The service continues to offer value money through excellent staff retention, staff working towards nationally recognised qualifications in health and social care, providing a caring and homely atmosphere for the benefit of all residents, and positive feedback from residents, families, social workers and consultants.

All prospective residents continue to be offered the opportunity to visit the home on several occasions before making a decision to move in, and all of the necessary information is provided to him/her in a format designed to meet the individual's needs.

Residents have a comprehensive care plan, and the home is planning on reviewing the current format to make them more accessible to people by using the essential lifestyle planning format. Each service user has comprehensive risk assessments in place where necessary, and these are reviewed on a regular basis or when changes indicate.

Medication policies and procedures have been reviewed with new guidance being introduced for staff working with service users who have been prescribed clozapine. One service user has now been assessed as able to self-medicate as the service is very committed to ensuring that residents are as independent as is possible, within a risk assessment framework.

There is a clear and effective complaints procedure and concerns and complaints are acted upon quickly. In the past 12 months the home has received 1 complaint and this was resolved within the timescale. The home has comprehensive safeguarding procedures, and currently there are no safeguarding issues within this service.

The environment is maintained to a high standard with any repairs and general maintenance being completed quickly. The home has retained its 5 star rating for good hygiene awarded by the local environmental health department.

The service is committed to staff training and supervision, and recognises that the keeping of minutes from staff meetings is important and has identified this as an area for improvement, together with ensuring that all staff have an updated training and development plan.

The management of the service continues to ensure that quality assurance procedures are in place and that the outcomes of audits are implemented to ensure that the service retains its excellent status. Policies and procedures are regularly reviewed to ensure that they remain in accordance with changing legal requirements.

The service is aware of those areas which still require improvement such as giving more information to residents on community activities, documentation on the outcomes of healthcare appointments and ensuring that service users understand these and advice given regarding healthcare.

The service continues to work well with the Commission and keeps us informed of any concerns and all incidents - as required under Regulation 37 of the Care Homes Regulations. We have contacted several social care professionals who have told us that they are very satisfied with the service being provided at Delrose House.

What are we going to do as a result of this annual service review?

We are not going to change our inspection plan, and will do a key inspection by the 8th September 2010.

However, we can inspect the service at any time if we have any concerns about the quality of the service or the safety of the people using the service.

Reader Information

Document Purpose:	Annual service review
Author:	CQC
Audience:	General Public
Further copies from:	0870 240 7535 (national contact centre)

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