Care Quality Commission

Delrose House Limited

Delrose House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 26 May 2015 and was unannounced. At our last inspection in December 2013 we found the provider was meeting the regulations we inspected.

Delrose House provides personal care and accommodation for up to six adults with mental health needs.

There was a registered manager in place. 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.

The service had policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and staff understood when an application should be made, and how to submit one. Before people received any care or support they were routinely asked for their consent.

The staff were aware of their responsibilities to ensure that people were protected from the risk or potential risk of harm. Potential risks were assessed and steps taken to reduce them so that people remained safe and well without being restricted.

Summary of findings

The service had suitable arrangements to protect people against the risks associated with the unsafe management of medicines, which included the obtaining, recording, administering, safe keeping and disposal of medication.

People were supported by enough staff and we saw checks had been carried out on staff before they started to work to make sure they were suitable to work with people using the service.

People and relatives we spoke with told us they were satisfied with the care and support provided by staff who worked at the service. People's needs were assessed and care and support was planned and delivered in line with their individual care plan.

People were able to express their views and were involved in making decisions about their care and were supported in promoting their independence and community involvement. Staff understood the need to respect people's privacy and dignity.

The management team welcomed suggestions on how they can develop the services and make improvements. Where shortfalls or concerns were raised these were addressed. The provider took account of complaints and comments to improve the service.

Summary of findings

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. Staff understood their responsibility to safeguard people and the action to take if they were concerned about the person's safety.

People's risks had been identified and managed appropriately.

Staff had been recruited safely and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People's medicines were administered safely and as prescribed.

Is the service effective?

Good

The service was effective. Staff working in the service had received training and support to make sure they were competent.

People's rights were protected because the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were followed when decisions were made about the support provided to people who were not able to make important decisions themselves.

People were supported to maintain a healthy diet.

The management and staff worked with other agencies and services which ensured people received the support they needed to maintain their health.

Is the service caring?

Good

The service was caring. People were supported by staff that promoted independence, respected their dignity and maintained their privacy.

Staff demonstrated a good knowledge about people they were supporting. The staff took time to speak with people and gave them time to express themselves. We saw staff engaged positively with people.

Is the service responsive?

Good

The service was responsive. People living at the service were well supported and cared for. The registered manager and staff knew individuals they supported and the care they needed.

Activities were meaningful and were planned in line with people's interests.

People were supported to maintain relationships with friends and relatives.

There was a system in place to receive and handle complaints or concerns raised.

Is the service well-led?

Good

The service was well led. People and their representatives felt the service was well managed. There was an open and transparent culture.

Staff were motivated to develop and provide quality care for people. Staff felt supported by the management team.

Summary of findings

Systems were in place to monitor the quality of the service and action was taken when it was identified that improvements were required.

Delrose House

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 checked 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.

This was an unannounced inspection carried out on 26 May 2015 by one inspector.

Before our inspection we reviewed the information we held about the service which included statutory notifications we have received in the last 12 months and information we had received from other professionals.

During our inspection we observed how the staff interacted with people and how people were supported. We looked at two care records including people's risk assessments, and records relating to the management of the service such as staff training records, staff duty rosters, policies and procedures and risk assessments.

We spoke with three people who used the service, one member of staff, the area manager and the registered manager. After the inspection we contacted two relatives to obtain their views of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, “I feel safe here.” A relative told us, “It is safe place and I don’t have any concern.” People were protected by staff who knew how to recognise signs of possible abuse. There were policies and procedures for safeguarding people who used the service. We saw people were being treated with respect and kindness. Staff were trained in safeguarding adults and knew how to respond in the event of any allegation of abuse. Staff knew about the policies and procedures with regard to protecting people from harm and understood their roles to protect people. Staff were reminded of their responsibilities to minimise the risk of people who used the service being abused, harmed and/or neglected by the registered manager during their supervision and staff meeting.

The service had also a whistleblowing policy and procedure in place. Whistleblowing is where a member of staff raises a concern about the organisation. Whistle-blowers are protected in law to encourage people to speak out. There were arrangements for staff to contact management support out of hours.

There was a process in place to manage risk to people. Risks were assessed and managed to ensure people were kept safe. Staff had a good knowledge and understanding of each person’s risk. Risk assessments detailed people’s individual early warning signs for staff to observe and gave guidance on how to manage the risks and reduced the likelihood of an incident. We saw risk assessments had been agreed with the person, for example for going out in the community and nutrition. When people had an accident or were involved in an incident this was recorded along with the actions taken to prevent these happening again. The registered manager audited these records to make sure any actions had been completed and people were protected from further harm.

We found regular fire safety checks were carried out, including checking fire safety equipment. A fire safety risk assessment was in place and fire drills had been carried out regularly. We saw that the fire-fighting equipment had been serviced annually. This helped to ensure people would be safe in the event of fire. Risk assessments described how people should be evacuated if needed.

The service had an effective recruitment and selection processes in place. We reviewed two staff files and saw evidence that appropriate checks were undertaken before staff began work. Two professional references were obtained which commented on their previous experience and suitability for the role. We also saw a number of checks had been carried out which included criminal record checks, obtaining proof of their identity and their right to work in the United Kingdom. This helped to ensure people were not exposed to staff who had been barred from working with vulnerable people.

People told us they felt there were enough staff to meet their needs. Staff also confirmed sufficient staff were on duty. We noted that staff turnover was low and this helped to provide continuity of care for people. The registered manager was on call and was available to cover in the case of sickness or an unplanned absence. We sampled the staff duty at random and this indicated that there was the number of staff as mentioned to us by the registered manager. The registered manager always worked as an extra member of staff on duty.

People told us they always received their medicines on time. One person told us, “The staff give me my medicines when I am due to have them.” The service had suitable arrangements to protect the people against the risks associated with the unsafe management of medicines, which included the obtaining, recording, administering, safe keeping and disposal of medication. We saw that each person who required medicines had an individual medication administration record chart (MAR chart) which clearly stated the person's name, date of birth and allergy status. We sampled the medication administration records for all four people living at the service and saw that they were all up to date and staff had signed when medicines had been administered or refused. Any medicines prescribed to be given as necessary were monitored and guidance explained when these medicines should be given. We saw medicines were kept locked and securely in the office.

Good

Is the service effective?

Our findings

People were very happy with the care and support they received from staff. One person told us, “The staff are good”, and “The staff are brilliant”. A relative commented, “The staff are fantastic and very helpful.”

We saw staff received appropriate professional development. All staff completed training in a number of key areas to ensure they were competent to do their job. Staff confirmed they were supported to carry out their roles fully. One member of staff said the training was “Good”. Training needs were monitored through one to one meetings with staff. These were scheduled every four to six weeks. During these meeting staff discussed the support and care they provided to people, reviews of people’s care, health and safety issues and their training needs. However we noted the completion of the records was not always detailed and very limited information were recorded about the discussion that took place. The registered manager agreed that supervision sessions needed to be more detailed in what was discussed. Staff told us they were given opportunities for on-going training and had received individual supervision. One staff told us, “I had my supervision last month.”

During our inspection we saw that before people received any care or support they were asked for their consent and the staff acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. People were assessed in line with the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards (DoLS) as required. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. DoLS provides legal protection for vulnerable people who are, or may become, deprived of their liberty. The registered manager was aware of the recent changes to the law regarding DoLS and had a good knowledge of their responsibilities under the legislation. Staff were aware of when people who lacked capacity could be supported to make everyday decisions. They knew when to involve others who had the legal responsibility to make decisions on people’s behalf and understood the role of advocates in supporting people to make informed decisions. One person had an Independent Mental Capacity Advocacy (IMCA) who visited them on a regular basis. IMCA is a type of advocacy introduced by the Mental Capacity Act 2005. The Act gives some people who lack capacity a right to receive support from an IMCA in relation to important decisions about their care.

People we spoke with were complimentary of the meals served. One person told us, "The food is very nice”. People were supported to be able to eat and drink sufficient amounts to meet their needs. People helped to plan the menu and this was discussed during their weekly meetings. A choice of meals was offered each day and alternatives were provided if people did not like the options available to them. People could chose to eat at a different time and staff supported their preferences and needs where this was required. Staff demonstrated a good understanding and awareness of people’s specific dietary needs. For example, one people ate only soft cooked food. People had their weight monitored on a monthly basis and a record of their daily intake was also kept. Staff encouraged people to eat healthy food.

Records showed people were supported to maintain their health. Prompt referrals were made to relevant healthcare services when changes to people’s mental health or wellbeing had been identified. People accessed a range of healthcare in the community. For example everyone was registered with a dentist, GP and optician. A record of appointments was kept in people’s care records. This was so staff could monitor the outcomes of appointments and also when future appointments were needed. We also noted in people’s care records that they were visited by the health and social care professionals who were involved in monitoring their health and placements for example to community psychiatric nurse.

Good

Is the service caring?

Our findings

People told us that the staff were very good and doing a good job. One person said, “The staff are absolutely amazing” while one relative commented “The staff are nice.” Another relative told us, “The staff are very kind and helpful and the care is very good.” People who were able to share their views told us they felt listened too and well supported by the staff team. People told us their views and choices were respected by staff.

People were able to express their views and were involved in making decisions about their care and support. People told us and we saw that they were respected and that care/ support was delivered in such a way as to maintain their dignity. People had access to their bedrooms at all times if they wished to be alone. Staff we spoke with described the action they took to ensure people’s privacy and dignity was protected during care tasks. These included keeping curtains drawn and closing doors.

Staff were knowledgeable about people’s routines and knew their likes and dislikes. People were encouraged to pursue their hobbies and interests. For example one person liked a particular football team and they were able to follow them on the television.

People’s independence was encouraged where possible. For example, people were encouraged to tidy their own rooms and do their own laundry. For those able to take more responsibility for aspects of their lives, this was supported, for example one person managed their own medicines.

The registered manager told us that people’s friends and family were welcomed and encouraged to visit. This was confirmed by one person we spoke with. They told us that their mother visited them every Friday. The service had areas where people could see relatives and friends in the company of others or privately if they wished. People were supported to maintain relationships with friends outside of the service. One person told us they met their friends for coffee in the nearby town. Where friendships created concern and people were vulnerable, these relationships were monitored and actions were taken as necessary. For example one person was being visited by their friend regularly and asking them for money and spending it on themselves instead of the person who was using the service. The registered manager took appropriate action to stop the friend from visiting the service and all relevant parties involved in the person’s care were informed.

We saw that people were involved in planning their care. This meant that people were included in decisions about their care and support. We saw staff were always seen taking their time to actively listen and find out exactly what people who used the service wanted.

The service had a confidentiality policy in place. Information about people was stored securely and kept confidential. Staff were regularly reminded during meeting of their responsibilities as keeping people information confidential.

Good

Is the service responsive?

Our findings

People and their representatives said they were happy with the care and support that were provided by the staff. One relative said, "I am very happy with the home and I will highly recommend it to others." Another relative said, "The care is very very good."

People were supported by staff to have their needs assessed. Prior to their admission relevant information was obtained from the health and social care professionals involved in their care. People had been involved in the assessment of their care to ensure the service was able to meet their individual needs. We looked at two people's care plans, and found that they gave sufficient instructions for staff to deliver the care each person needed. The care plans included all aspects of care such as the person's mobility, their nutritional needs and personal hygiene. Care records explained what person could do for themselves and what they needed help with for example personal hygiene. Care records also contained people's likes and dislikes, their daily routine and their preferences. We noted that care was provided at times to suit people individual needs. For example staff knew when people wished to get up, go to bed or what time they liked to have their shower or bath.

We saw in people's records regular reviews were held for people with their relevant health and social care professionals. People met with their key-workers to discuss and review their care and support needs on a monthly basis. Records were updated to reflect these meetings. This information was shared with the staff team in handover and in daily records. We saw people were relaxed with staff that were supporting them. Staff took the opportunity to engage and interact with people.

Activities were organised according to people's choices, interests and needs. One person had support staff from external agencies to support them in engaging with community activities. People could choose how they spent their time when they were at the service for example listening to music, watching the television or socialising with each other. People were able to go out with relatives or friends on a risk-assessed basis. People who used this service told us they were able to make choices with regard to their daily lives. One person told us, "I can go out on my own, I always inform the staff when I am going." We saw a record was kept of what time people were leaving and returning to the service. This helped staff to know people whereabouts in case of an emergency for example if the fire alarm sounded.

The service had a policy and procedure for dealing with any concerns or complaints. This was made available to people, their friends and their relatives. People told us they would talk to staff or the managers if they had any concerns. They were confident they would be listened to and action would be taken to address any concerns they may have. One person said, "If I have any concerns I will talk to the manager or my keyworker." There were no written complaints received by the service for us to review. The registered manager told us people were encouraged to raise concerns through informal discussions. These were used for people to share their views and experiences of the care they received. We noted the complaints policy gave information about the timescales for responding to any complaints and details of who to complain to if a person was not satisfied with the initial response from the service. Staff we spoke with were aware of their responsibilities in the event of a complaint.

Good

Is the service well-led?

Our findings

People and relatives who we spoke with told us that the management staff were approachable and they could ask any questions at any time. The registered manager took an active role with the running of the service and had good knowledge of the people who used the service as well as the staff who were working at the service.

There were clear lines of responsibility and accountability within the management structure. The registered manager told us that they operated an open door policy, whereby staff could speak to them about any concerns at any time. One staff member confirmed to us that the registered manager was approachable and that if they had any concerns they were happy to raise this with them. They informed us the management dealt with any issues quickly and effectively. Staff told us they were happy working at the service and understood what was expected of them.

We saw there was regular communication between the registered manager and staff to discuss the quality of the service. Staff meetings were held to provide an opportunity for open communication and enable decisions and any issues arising within the service to be discussed. Staff told us the registered manager encouraged and supported them to question practice and consider ideas for improvement. For example, the registered manager had reviewed the cleaning rota as suggested by the staff.

There was an effective quality assurance system in place. We saw results of a recent quality questionnaires for the people who used the service and their representatives which showed they were happy with the service they received. Comments included "I would highly recommend Delrose House for anyone that needs professional care home. The staff, and particularly the 'management', are very helpful; and I always receive good feedback regards my work with Delrose House. I do hope that care accommodation like Delrose receive recognition that they deserve." and "I like living at Delrose." This showed that people, their relatives and other professionals were given an opportunity to have their say about the service that was provided. Feedback was welcomed to drive continuous improvement within the service.

The registered manager undertook regular audits to monitor the quality of the service they provided. We saw this included regular care plan reviews, health and safety checks, staff training audits and maintenance checks. This helped to ensure that people who used the service benefited from well managed care and support.

We looked at people's personal records including medical records and saw they were accurate and fit for purpose. Staff records and other records relevant to the management of the services were accurate and fit for purpose. Records were kept locked when not in use. This meant the records were accessible to staff only and information was kept confidential.