

Delrose House Limited

Delrose House

Inspection report

23 The Drive
Ilford
Essex
IG1 3EZ

Tel: 02085180926

Website: www.delrosehouse.co.uk

Date of inspection visit:
21 February 2018

Date of publication:
12 April 2018

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 ●

Summary of findings

Overall summary

Delrose House is a 'care home' for six men with mental health needs. Delrose House supports people with their personal care needs and accompanies people to activities and appointments on their request. People in care homes receive accommodation and nursing or personal care as 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 supports people with all aspects of personal care and day to day living activities.

At our last inspection on 26 May 2015 we rated the service good.

At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from abuse. Staff had received safeguarding training and understood their responsibilities to report any concerns. People's medicines were managed safely by staff who had been trained and assessed as competent in administering medicines. People received their medicines as prescribed. Sufficient staff were deployed to meet people's needs and keep them safe. Robust recruitment procedures ensured only suitable staff were employed. We looked around the premises and found it had been maintained, was clean and hygienic and a safe place for people to live.

We observed during the inspection visit friendly interactions between the owner and people who lived at the home. We saw that care workers and the registered manager related well with people they supported and cared for. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People who lived at Delrose House said meals were of a good standard. They said alternatives were available if they did not like what was being offered. People had access to healthcare professionals and records were kept of outcomes of visits and what action was taken to meet their healthcare needs.

People were cared for by an enthusiastic staff team, who spoke highly of people and told us they enjoyed working at Delrose House. People said that staff were kind and they were treated with dignity and respect.

Care staff were familiar with what support and care people who lived at the home required. People were supported to lead full and varied lives and were supported to form relationships within the local community. One person who lived at the home said, "I can meet friends if I want to." Another person said, "I regularly visit my relatives." The service had a complaints procedure which was made available to people on their admission to the home and their relatives. The people we spoke with told us they were happy with the service and had no complaints.

People and visitors told us that the service was well managed. The provider had a quality assurance system in place which enabled them to monitor the quality of care provided to people and drive improvement. There was a person-centred culture within the service.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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 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.

This comprehensive inspection took place on 21 February 2018 and was unannounced.

The inspection was carried out by one adult social care inspector.

Before we visited the home we checked the information that we held about the service and the service provider including notifications about significant incidents affecting the safety and wellbeing of people who used the service.

During this inspection we observed how staff interacted with and supported people who used the service. We reviewed three care plans, five staff files, training records and records relating to the management of the service such as audits, policies and procedures. We spoke with three people who used the service, one relative, the registered manager, the deputy manager, two care workers and one visiting professional.

Is the service safe?

Our findings

People who used the service told us that they were safe. One person said, "I am very well looked after here. I feel safe and receive good quality of care." One care worker told us, "We make sure people are safe. We ensure that risk assessments are current." Another care worker said, "If I have any concerns about abuse, I would report it to the manager, but I can also go to the police or CQC."

Delrose House had up to date safeguarding procedures in place. The service demonstrated in the past that they had cooperated with safeguarding investigations and made the relevant improvements to reduce the risk of similar incidents reoccurring. Staff had received safeguarding training and demonstrated an understanding of what to do if people who used the service raised concerns or they observed inappropriate behaviours which constituted abusive behaviours.

Risks to people had been assessed and appropriate risk management plans formed part of the overall care planning process. We observed one of the people being at a particular risk during lunch time and discussed this with the registered manager. The registered manager advised us that they had discussed the risk with the person, who had capacity to make their own decision and was aware of the risk, but refused any support. Since our inspection the service undertook further investigation to find ways of how to minimise this particular risk. The service reviewed the risk assessment of this person; however the person refused any further clinical support. The registered manager advised us they would continue to monitor and seek further assistance from other agencies as needed.

The rota showed that sufficient staff were deployed to meet people's needs. We saw that additional staff were supplied if people required assistance to be accompanied to health appointments or activities. One person said, "There is always enough staff around." Care workers said that enough staff were available and that the registered manager or deputy manager was available to provide support out of office hours.

The service followed safe recruitment practices and we saw that appropriate checks were undertaken to ensure people who used the service were protected from staff unsuitable to work at Delrose House. The checks seen included, proof of identification and address, two references, the right to work in the United Kingdom and a disclosure and barring service check. This meant appropriate measures were taken to ensure people were protected from unsuitable staff.

Medicines were safely stored in a lockable metal medicines cupboard in the office. Only staff had access to the medicines. One of the people was self-medicating and appropriate risk assessments were put into place and the person told us that he was clear of his role in regards to his medicines. Staff supporting people in the administration of medicine had received training and observations made showed that they followed the appropriate procedures. Medicines administration records (MARs) checked as part of this inspection had no gaps and omissions. This meant people could be confident to receive their medicines as prescribed.

We observed staff wearing gloves when cleaning and supporting people who used the service. Training records showed that staff received training in hand hygiene, health and safety and food hygiene. We saw that staff undertook cleaning and the home was generally clean.

Accidents and incidents were recorded and included detailed information of the action taken by staff, the injury sustained as well as follow up information. This information was then reviewed by the registered manager to help prevent incidents and accidents from reoccurring and to encourage staff and management to learn from these.

Is the service effective?

Our findings

People who used the service told us that they liked the food and that staff was supporting them appropriately. One relative told us, "[Name] really likes the food here" A person who used the service said, "The staff are very good. They know me very well. I have been in many services, but Delrose House is by far the best."

People's needs were assessed prior to admission to Delrose House. The assessed information formed part of people's care plans. We noted that assessments had been reviewed and care plans had been regularly updated, which meant Delrose House responded to people's changing needs to ensure these were met. One person told us, "I have meetings with the manager to discuss what support I need."

Staff had the knowledge and skills to enable them to support people effectively. They had undertaken an induction when they started working at Delrose House. Staff received training to ensure that they had the skills and knowledge to effectively meet people's needs. Training included basic life support, fire, food hygiene and equality and diversity. Staff spoke positively about the training they had received.

There was documented evidence that staff had received regular supervision sessions and this was confirmed by staff we spoke with. Supervision sessions enabled staff to discuss their personal development objectives and goals. Staff had received appraisals to discuss their individual performance and had an opportunity to review their personal development and progress.

People who used the service told us that they liked the food. One person said, "I like the food staff cook but I can also choose what I want." and another person said, "I chose to cook for myself, which I can." Delrose House had a menu which reflected people's choice and cultural background. All meals were freshly cooked and we saw that the fridge and freezer was stocked with good quality ingredients. This meant that people could choose a healthy, well-balanced and nutritious diet.

People were supported to maintain good health. They had access to healthcare services and received ongoing healthcare support. Care plans detailed records of appointments with health and social care professionals. A visiting professional confirmed that they had a positive experience of working together with Delrose House to achieve positive health outcomes for people who used the service.

Delrose House was currently undergoing refurbishment work. The registered manager told us that a number of improvements had been made including replacing windows, rendering the outside wall of the building and repainting of some parts of the building. People who used the service told us, "I like the home, it's clean and I have no problems." This meant people who used the service lived in a well maintained and decorated home.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The majority of people who used the service had capacity to make their own decisions.

The provider was clear of their role in the principles of the MCA 2005 and had obtained appropriate DoLS authorisations where required. The registered provider and registered manager were aware of their responsibilities under the principles of the MCA 2005 and had obtained a standards DoLS authorisation for one of the people, who struggled to make decisions in one particular area due to underlying health care conditions.

Is the service caring?

Our findings

When asked about the home and how they felt about living and one person told us, "I like living here. We all get on very well and staff are good." Another person said, "Staff show interest in what I am doing and will always help me if I ask."

We observed that care workers showed interest in people and were attentive and spoke with people in a relaxed manner. We saw good interaction between people and care workers and people told us that they felt comfortable in the presence of staff. People were moving around freely and spent the time the way they wanted to. Some people chose to spend time in the communal lounge; their bedroom and some people were out.

Care workers had a good understanding of the needs of people and their preferences. Care plans included information about people's interests and their background and the service used this information to ensure that equality and diversity was promoted and people's individual needs met. For example; care plans included detailed information about people's individual cultural and spiritual needs. Care workers told us that they treated all people the same and would welcome people with different sexual orientation or gender identity.

People were supported to express their views and be actively involved in making decisions about their care, treatment and support and this was confirmed by people we spoke with. We saw documented evidence that people had monthly meetings with staff to discuss their care needs and progress. These meetings enabled people to discuss their progress and review their action plan.

People told us that care workers and the manager treated them with dignity and respect and felt that they were encouraged to maintain their independence.

Is the service responsive?

Our findings

People told us that they met with staff on a regular basis to discuss their care. One person told us, "Staff discuss my care with me and this is recorded in my care plan."

People's care plans included information about a range of each person's needs including; health, care, social skills, community living, finances and communication. Care plans were person-centred. They clearly detailed how each person would like to be supported. We noted that care plans were written in the first person so that it was clear what the individual person wanted. Care plans contained personal profiles, personal preferences and routines and focused on individual needs. We also saw documented evidence in care plans that people had individual goals and a plan detailing how they were going to try and meet these goals.

Care plans were reviewed during one to one meetings and updated accordingly. This enabled care staff to keep up to date with people's changing needs and ensured that such information was communicated with all staff.

People told us that there are some activities available, most people that we spoke with liked to do their own thing. A lot of people came and went from the home as they pleased throughout the day. One person told us, "I like spending time in my room to listen to music or on my computer." Another person said, "I go to the day centre some days, but I also like to walk to the park or buy the paper." Another person said, "I can come and go when I want, I just have to sign in and out." This meant people could take part in stimulating activities.

We asked people if they had raised a complaint. Whilst people told us they may have mentioned something they were not happy about, nobody told us they had felt the need to raise a complaint. We saw records that showed that complaints had been recorded and responded to.

The home did not provide end of life care.

Is the service well-led?

Our findings

People said they knew who the registered manager was and that they got on well with him and the staff. One person told us, "[Registered managers' name] spends a lot of time at the home. He is very involved and easy to talk to." A relative told us, "If I have any issues I can always talk to [registered manager name]." A health professional told us, "The manager is great. He will always listen for any advice I make. We work very well hand in hand."

Our observations confirmed that the registered manager had a visible presence at the home and knew people well and was fully involved with people's care and support. 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 registered manager understood their responsibilities under the Health and Social Care Act 2008. For example, the registered manager submitted relevant notifications of events to the commission when required.

Staff felt supported by the registered manager. Staff told us they all worked well as a team and supported each other. One staff member told us, "The manager is very helpful and supportive. I can go to him with any problems and he has time for me."

There were systems in place to monitor the quality and safety of the home and to drive improvement. Staff completed on-going checks as part of their daily tasks to ensure people received the care they needed. Delrose House carried out a range of audits to ensure they were providing safe and good quality care. Any actions were identified and completed. Policies and procedures were in place and these were periodically reviewed to ensure staff had up to date guidance which was in line with national guidance and good practice.

Care workers told us that they were kept informed of changes occurring within the home through staff meetings. They told us they received up to date information and had an opportunity to share good practice and any concerns they had at staff meetings. Staff also said they did not wait for the team meeting to raise queries and concerns. Instead, they told us they discussed issues daily with the registered manager and colleagues.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.