

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Delrose House

23 The Drive, Ilford, IG1 3EZ

Tel: 02085180926

Date of Inspection: 14 February 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Delrose House Limited
Overview of the service	Delrose House is a 6 bedded care home for people with mental health care needs and/or learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 February 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We carried out a visit on 14 February 2013. We looked at the personal care or treatment records of people who use the service, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, and talked with staff and relevant professionals.

People we spoke with made positive comments about the staff group saying that they were "happy" and "well looked after". Other people we spoke to said that they had no concerns or complaints about the standard of care and said that communication was appropriate and timely. Other health and social care professionals we spoke with made positive comments about the staff and commented that the staff at Delrose House contributed appropriately to the multi disciplinary processes.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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The care and treatment records we looked at showed that individual care plans were completed and were signed by the people who use the service. The records also showed that care plans were reviewed on a regular basis and amendments had been made. People told us that weekly meetings were held with the key workers and that care plans were formally reviewed on a monthly basis. The records we saw confirmed this was the case. People we spoke with confirmed that regular meetings were held in which they could discuss their individual care plans. Relatives we spoke with confirmed that they felt involved in the care planning for their relation and said that the staff had been supportive to all concerned following a recent bereavement.

People we spoke with confirmed that their spiritual needs were met. They had been able to personalise their rooms with pictures and effects. In the rooms seen we noted that people had access to personal computers and TVs. People held keys to their bedrooms and we saw that people's dignity and privacy were being protected in the communal toilets and bathrooms.

During the visit we observed a weekly "service users meeting". We saw that staff treated people respectfully and made an effort to ascertain the views of all attendees. During the meeting we saw that people's preferences in terms of activities both internal and external, as well as menus were discussed. People also had an opportunity to raise concerns related to the property, for example about repairs that may be needed or were outstanding.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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We examined the personal care and treatment records and saw individual assessments of people's needs had been made and care plans developed accordingly. People's individual needs, wishes and preferences had been taken into account in developing the care plans. We saw evidence in one case that individual preference in terms of the gender of the support worker assisting with personal care had been documented.

Risk assessments, including risks from others to the individual for example financial exploitation, were also in place. There was also evidence that the provider was monitoring people's needs on a daily basis.

We saw evidence that the provider had worked with other professionals during the admission process and had information and assessments from other professionals such as care co-ordinators, psychiatrists and community psychiatric nurses (CPN) on file. When we spoke with relevant professionals they told us that the staff had attended and contributed to multi agency meetings appropriately and the provider was working collaboratively within the multi disciplinary processes, for example the care programme approach (CPA). In addition we saw evidence that "best interest meetings" had been held in respect of dental treatment and that advocates had been involved appropriately.

In terms of procedures to deal with emergencies there was evidence that the provider had information in the office available to all staff. This included contact details for the utility companies, the local Police and Fire services respectively. Staff also completed fire drills and there was a business and service continuity plan in place which listed alternative accommodation that could be accessed in the event of an emergency.

## Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

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### Our judgement

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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### Reasons for our judgement

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The accommodation comprises a two storey detached building with bedrooms on the ground and first floors. Outside the building provisions had been made to enable wheelchair access. We noted that access to the premises was secure and that a key pad system was in use on entering and leaving the premises. On the first floor we saw that window restrictors were in place in the rooms seen.

In the bathroom and toilets equipment was in place to assist people with mobility needs to safely complete personal care tasks. Two rooms we saw had ensuite facilities and equipment was in place in these rooms as well. The other four bedrooms had sinks and toilet facilities. In addition measures were in place to ensure that the premises protected individual rights to privacy, dignity and safety. People who use the services had been able to make choices and to personalise their own rooms, for example with use of pictures, effects and personal items of furniture.

We also saw that the provider had taken steps to ensure that any cleaning substances were stored appropriately. Medications were kept in a locked cupboard in the main office area. In addition the provider had a safe in the office for safe keeping of personal monies. The provider was able to show that measures were in place for the safe storage of knives in the kitchen.

Within the building we saw that hand rails were and radiator covers were in place. On the first floor the provider had made provision for a designated "smoking area" for people who use the service

## Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

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### Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

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Staff we spoke with said that there was a minimum of two support workers on duty during the day time shifts, excluding the manager and proprietor. During the night time we were told that one member of staff was on duty on a waking night shift. The rotas we saw confirmed that this was the case. The proprietor who lived locally said that he covered some shifts if for example there were staff shortages. In addition we saw evidence that staff training days were documented on the rotas seen.

People told us that the minimum requirement for members of staff in terms of experience and qualifications was one year relevant experience and a national vocational qualification (NVQ) at level 2. Staff members we spoke to confirmed this and the we saw documents on file that corroborated these requirements. We also saw references on file that confirmed previous work experiences.

People we spoke with made positive comments about the staff group and said that they had been aware that there had been some staff changes. The person went on to say that they felt that there had been consistent level of care at all times. People who use the service were complimentary about the staff and said that the staff always had "time for you".

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately

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### Reasons for our judgement

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The provider had a formal complaints policy on file which outlined the process with time scales. Within the policy and procedure documents we saw that the provider had a "whistle blowing" policy for staff members.

Information about the complaints policy was displayed in the reception area as well as a "visitors feedback form". We also noted that the complaints policy was detailed in the "service user's guide. In the communal lounge area we saw that there was information on display about advocacy services available to people who use the service.

People who use the service told us that they were aware of the complaints policy and said that there were several forums in which they could raise concerns, for example the care plan review meetings and the weekly service user meeting. Other people we spoke to said they had no complaints about the service and one comment made was that the person "couldn't rate the service higher".

The provider said that no formal complaints had been received in the previous 12 months.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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