

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: 11 December 2013

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

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Records ✓ Met this standard

Details about this location

Registered Provider	Delrose House Limited
Overview of the service	Delrose House provides 24 hour care, accommodation and personal care to people with mental health needs. The service supports people with all aspects of personal care and day to day living activities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 December 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

People expressed their views and were involved in making decisions about their care and treatment. We saw people had signed their plans, consenting to receive the care and treatment they required. One person said "they are top class here. They can't do enough for us. It is really home from home for me." Another person told us "they are really good here, I have no complaints, it's just home for me."

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We observed members of staff speaking to people politely and encouraged social conversations. People spoke positively about the staff team. One person said "we are well looked after."

Health professionals such as the psychiatrist, optical, dental and chiropody services saw people regularly to ensure their health care needs were met.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Staff received appropriate professional development. There was a training programme in place for all staff. Staff were provided with the skills and knowledge to provide a safe and effective service.

The provider took account of complaints and comments to improve the service. Surveys were completed on an annual basis with people using the service. The last survey was completed in November 2013. Comments included, "Delrose House takes good care of my brother very well and I am grateful to them, as he has improved a lot since he went there," and "I have found Delrose House staff very helpful and compassionate. I am so grateful that my son has been given the support to help him in all areas of his life."

Policies and procedures and staff records were kept in a lockable cabinet in the staff office which was also kept locked when not in use. This meant records were kept safe and

confidential.

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

More information about the provider

Please see our website 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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. We looked at the plans of care for three people and each had signed their plans, consenting to receive the care and treatment they required. Each person had an allocated keyworker who they met with on a monthly basis to discuss any concerns they may have. They were also involved in their care plan reviews and their Care Programme Approach meetings, is a process that assesses, plans and reviews people's mental health needs.

Mental capacity assessments, (an assessment to identify whether people have the ability to make decisions), had been completed for two people out of the three files we looked at. There were written records to evidence that mental health services had been contacted to provide support with this. Multi-disciplinary meetings to involve other professionals such as the local authority and health care professionals in the decision making process had taken place. Suitable arrangements were in place to involve people in their care.

Staff met with people using the service on a monthly basis where they all discussed the running of the home. The menu, repairs, maintenance, staffing, and places people would like to visit were discussed at these meetings. This meant people were involved in how they would like their care delivered. One person said "they are top class here. They can't do enough for us. It is really home from home for me." Another person told us "they are really good here, I have no complaints, it's just home for me."

We saw that each person's bedroom had blinds and doors, so that any discussions were held in private, to ensure people's privacy was respected. People told us that they were treated with respect. One person said "The staff are never rude and always respect you here. I feel lucky to be living here."

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. The three plans of care we examined were comprehensive, person centred and clearly set out people's mental health, personal and social care needs. Information was specific to their religious, cultural needs and identified how the service was to meet these needs. We saw one person specified his preference to attend church. This was met by the management organising for them to attend the local church every Sunday and a bible study group during the week. He told us "the staff have been fantastic to me." This person was also unable to climb the stairs due to their mobility. They were allocated a bedroom on the ground floor to ensure their mobility needs were met. A mobility scooter had also been provided to promote their independence. The person said "I am able to go to the shops on my own on the scooter."

The documents included information on peoples' likes and dislikes, what time they preferred to get up and go to bed. One person said "we can do what we like, there are no restrictions here." Another person's plan of care identified their like and skills of painting. We saw this was promoted by the management as the person was able to paint in their room and the management had organised for them to attend a local painting group once a week.

People's mental health needs were identified in detail and their care plan was devised accordingly to ensure they received appropriate care.

We observed that members of staff spoke to people politely and encouraged social conversations. People spoke positively about the staff team. One person said "we are well looked after."

We found health records and risk assessments relating to each person's needs. Risk assessments included the risks presented to people such as challenging behaviour and risk of financial abuse. Care plan records included clear strategies on how to manage the risks and support people. These were reviewed each month. Health professionals such as the psychiatrist, optical, dental and chiropody services saw people regularly to ensure their health care needs were met.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. There was a safeguarding policy in place for the protection of vulnerable adults. This identified the forms of abuse and indicators for staff on how to recognise the signs of abuse and who to contact if they believed a person was being abused. We spoke to two members of staff. One member of staff was able to tell us about the procedure to follow if they suspected abuse of a vulnerable adult. The second member of staff was not aware of what abuse was and could not tell us what they would do in the event of an incident taking place. We discussed this with the management of the home who told us they would be providing further training to this staff member. After our visit, the provider sent us written documentation to evidence the person had completed an online safeguarding training course and received a supervision session on safeguarding.

We saw staff policies and guidance on 'whistleblowing' and 'violence and aggression' to ensure staff were treated with respect and dignity at work. Staff were in the process of receiving refresher training in safeguarding. This was through an online training course and staff were also booked to attend a face to face course on safeguarding in March 2014. We found measures were in place to protect people from the risk of abuse.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. There was a training programme in place for all staff. This included training in health and safety, risk assessments, manual handling, fire safety, food hygiene, infection control, first aid, medication, mental health, equality and diversity and dementia awareness. All staff had received training in non-violent crisis intervention to equip them with the skills and knowledge to manage aggression and challenging behaviour. We saw recording of an incident where a person using the service had become aggressive. Staff had recorded how they dealt with the situation and were able to calm the person, which reflected their knowledge and understanding of the training. Staff training was regularly audited to identify any gaps in the training schedule.

All new staff received a skills for care induction which lasted ten weeks, and included standards for new employees to meet working in adult social care. We spoke to a member of staff who was in the process of completing their induction. They told us "I feel well supported and am being given regular supervision and training by the management." The member of staff had a good understanding of their roles and responsibilities and had built a good rapport with people using the service. Another member of staff said "I completed a skills for care induction when I started work and receive good support from the management."

Staff supervision was completed every month. We saw the supervision records for three staff members which evidenced they were supervised monthly. All staff completed a yearly appraisal to look at their professional development needs. Staff were provided with the skills and knowledge to provide a safe and effective service.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

The provider took account of complaints and comments to improve the service. Surveys were completed on an annual basis with people using the service. The last survey was completed in November 2013. We saw that each survey was looked at by the management and action was taken if there was dissatisfaction expressed. We saw people were happy with the services and they had written positive comments on their surveys. They included, "Delrose House takes good care of my brother very well and I am grateful to them, as he has improved a lot since he went there," and "I have found Delrose House staff very helpful and compassionate. I am so grateful that my son has been given the support to help him in all areas of his life."

There were effective systems in place to monitor the quality of services. We saw a monthly audit of infection control, internal and external maintenance of the building, health and safety, appliances and staff training and supervision. The provider also completed unannounced visits to complete spot checks. We saw the reports for the last three visits and saw the provider spoke to people using the service, checked the environment and ensured the service was meeting the needs of people using the service.

Staff meetings took place on a regular basis or as and when required to discuss the latest guidance and procedures which affected people using the service. We saw the meeting minutes and saw people's care and treatment and ways to improve the service were discussed. This meant effective systems were in place to regularly assess and monitor the quality of service that people received.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

Peoples personal records were accurate and fit for purpose. Health and care records were stored in a locked cabinet when not in use by staff. Records were accurate in respect of each person's needs. They included appropriate information in relation to their care and treatment. Care records were reviewed and updated each month and staff signed and dated the documents to evidence that they had been reviewed.

We saw visits by health professionals were recorded, as well as all hospital appointments. We found that the service adopted accurate record keeping protecting people against the risks of unsafe care and treatment.

Policies and procedures and staff records were kept in a lockable cabinet in the staff office which was also kept locked when not in use.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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