

Delta Homecare and Training Services Ltd

Delta Homecare

Inspection report

Network Business Centre
329-339 Putney Bridge Road
London
SW15 2PG

Tel: 07532812505
Website: deltahomecareandtraining.co.uk

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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 ●

Summary of findings

Overall summary

About the service

Delta Homecare is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection there were two people using the service.

Everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

There were safe systems in place to safeguard people from the risk of abuse. A system was also in place to ensure that any incidents, accidents and feedback was used as a learning opportunity to reflect on staff practice. Risks to people's safety were assessed and managed. Staff understood how to support each person safely. People were supported by consistent staff who had been safely recruited and knew them well.

The registered manager undertook assessments before agreeing to support people to ensure that their individual needs and preferences could be met. People's care plans were developed in partnership with the person and/or their family. Staff received a structured induction before supporting people and had their competency checked by the registered manager. Staff were trained in areas that were relevant to the people they were supporting. Staff worked in partnership with other health professionals involved in people's care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who were kind and caring. Staff understood and respected each person's individual characteristics, likes, dislikes and preferences. People were supported to express their views and be involved in decisions about their care. People and family members told us staff respected their or their relatives' privacy and dignity.

The registered manager was committed to providing people with the best support possible. The management team consistently reviewed the service through their governance systems and identified ways to improve things for people. People, their relatives and staff were given regular opportunities to be involved in how the service was run by being asked for feedback on all aspects of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This service was registered with us in March 2020 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Delta Homecare

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 19 May 2022 and ended on 21 June 2022. We visited the location's office on 19 May 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make.

We reviewed information we had received about the service since the service was registered. We sought feedback from the local authority. We used this information to plan our inspection.

During the inspection

We spoke with one person who used the service and one family member about their experience of the care provided. We spoke with the registered manager and received written feedback from two care staff via email.

We reviewed a range of records. This included two people's care records and two staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service and quality monitoring

After the inspection

We continued to seek clarification from the provider to validate the evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place, which were communicated to staff and outlined everyone's responsibilities in reporting safeguarding concerns.
- Staff had been trained in safeguarding and whistleblowing procedures and knew what action to take to protect people from harm and abuse. This included who to report concerns to, both internally and to external agencies. One staff member commented, "[Registered Manager] will definitely take the relevant and immediate action needed...She reminds us about safeguarding and whistleblowing in our meetings and one to one quarterly supervisions so I am very confident in her as manager to deal with any allegations of abuse."

Assessing risk, safety monitoring and management

- Any risks to the safety of people using the service and staff were identified and assessed. For example, environmental risks linked to people's homes were considered as part of the assessment process. These included any potential trip hazards, the lighting and domestic appliances in use.
- Any other potential risks were assessed. The person and/or their family members were involved in any decisions to minimise potential risk. For example, by identifying any required equipment and its safe use to support people with their mobility.
- Areas of risk were kept under review by staff who documented their observations within people's records. For example, people who were at risk of developing pressure sores were monitored to ensure their skin remained intact and any areas of concern were documented and reported. A relative told us they had been alerted by staff to two areas of potential risk around their family members health.

Staffing and recruitment

- People were protected from the risk of being supported by staff who were not suitable to work with them. The service carried out recruitment checks on care staff to ensure they were suitable to work in people's homes. This included Disclosure and Barring Service (DBS) and identity checks along with references to confirm they were of good character. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- There were sufficient staff to meet people's needs. People and their relatives told us they received timely support from consistent care staff. They said staff were usually on time and, on the rare occasion they were running late, they were kept informed. A staff member told us, "There is no rush, I have time to travel and time to finish my shift without rushing myself or the people I care for. Shifts are well coordinated by management."

Using medicines safely

- People's needs around medicine were considered as part of the assessment process. People were encouraged to maintain independence in managing their own medicine. No support was being given with medicines at the time of this inspection.
- Staff undertook medicines training with systems in place to have their competency regularly checked to ensure they could support people safely.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff told us the managers had ensured they had appropriate protective equipment, such as face masks, disposable gloves and aprons throughout the pandemic. One staff member commented, "[Registered Manager] did a very good job during COVID as we could call her any time to speak about our concerns specially about childcare or if we had any questions. We were always provided with all the PPE that we needed, Full PPE, hand sanitisers, goggles and we even had the hazmat type suits."
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The service learnt lessons by maintaining accident and incident records that were signed off by the registered manager documenting any required actions. For example, updating risk assessments and/or care plans.
- Staff supervisions and meetings were used to share information to promote good practice. The small size of the service meant that the registered manager was in regular contact with each staff member.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed when they started using the service and then regularly reviewed. Care plans were updated to reflect any changes in people's support needs. People and their relatives said they were invited to participate in the assessment process to help staff to further understand their or their family member's needs.
- The care plans we looked at addressed the support people required in detail and were personalised to the individual. They included, for example, peoples' preferred foods, their routines and what they could do for themselves.

Staff support: induction, training, skills and experience

- Staff undertook training in key areas to promote people's safety, health and well-being, which was regularly updated to ensure they had the appropriate knowledge.
- People spoke of their confidence in staff when providing their care. A person told us, "They do a very good job."
- Staff were regularly supervised and their practice reviewed through 'spot checks' where their interactions with people were observed by the registered manager. A staff member told us, "We get spot checked every three months as well as our one to one quarterly supervisions and yearly appraisals."

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were considered as part of the assessment process. Where people required support in the preparation and consumption of drinks and food this was detailed within their care plan. This included people's individual preferences for meals, snacks and refreshments.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care plans provided information as to their health care needs, which included any current health care support required.
- A family member spoke of the advice and support the staff had given them in promoting skin care and monitoring for any deterioration.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People, and where appropriate family members were involved in all decisions related to people's care. Care records included details of any Lasting Power of Attorney.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by a small team of staff who they had developed positive and supportive relationships with. People spoke positively about the support and care they received. One person told us, "They do a very good job. Extremely polite." A relative commented, "They help me enormously."
- Where people had any religious or cultural needs staff supported them with these. A staff member told us about how they respected a person's religious beliefs in their interactions with them. Care plans addressed people's needs and provided clear guidance for staff around this important area.

Supporting people to express their views and be involved in making decisions about their care

- People and family members told us they were fully involved in all decisions related to their care, both on a day to day basis and when their care package was reviewed. One person told us, "I can ask them to do things." A staff member commented, "In each aspect of the care I provide I always ask first [person's] consent and what their preferences are."
- People and, where appropriate, their family members had access to their care records, which provided key information about their care, including a record of the support provided at each visit.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff treated them with respect and promoted their independence.
- Staff told us how they promoted people's dignity by ensuring curtains and doors in the home were closed when providing personal care. A staff member told us, "An example of respecting their privacy is I always ask consent before doing personal care, making sure there are curtains or shields in place so that no one can possibly see."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. This is the first inspection for this newly registered service.

This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People and relatives were involved in creating and reviewing the package of support provided. People's care plans provided clear guidance as to their needs, and the role of staff in promoting their safety, independence, choices and decisions. Each person's plan included information about their life, their personal interests and background which helped staff know them as an individual. We noted that some care plans were written in the first person including, for example, statements such as 'I would like you to...' that helped these records feel more personal to the individual.
- People and their relatives were regularly asked for their opinion of the care provided during spot checks, telephone calls and reviews.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Any health conditions which impacted on people's ability to communicate were documented. The registered manager assessed each person's communication needs to ensure they were able to fully support them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The assessment and care planning process considered people's needs in relation to social inclusion. For example, support by staff to access local amenities, shopping and taking walks in their local area.

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to raise any concerns or complaints. None had been received at the time of this inspection.
- Systems were in place to document any concerns and complaints. These records included the detail of the concern, the action taken, and the outcome with any learning for the service.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had systems in place to review practice and support staff in promoting a positive culture which delivered good outcomes for people. Staff told us they were well supported with one commenting, "Our manager is very approachable and kind. She always makes time for me if I just drop by the office and need to discuss something she takes action very quickly which I really appreciate about her and is a very good manager to have."
- People and relatives told us they would recommend the service and spoke of the kind and caring approach of staff and consistency of service. A person told us. "I am well satisfied."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their role and responsibilities including their obligations under the duty of candour. No incidents had met this criterion. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, and providing truthful information and a written apology.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People and their family members spoke positively about the registered manager. The registered manager also provided some personal care to people, which meant they had got to know them well.
- Staff were positive about the registered manager. They told us they were always available for guidance and support. One staff member told us, "Management is approachable and encouraging, I have been encouraged to take more courses to build my knowledge which I am grateful for. I have had appraisal and one to one sit downs, we have meetings and continued training."
- Staff attendance at calls was monitored to ensure staff arrived at the agreed time and stayed the duration of the call.
- The registered manager understood their legal obligations. CQC had been informed about events they were required to by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views about their quality of the service, and the care they received were sought. Records of spot

checks and reviews by the registered manager showed people were satisfied with the quality of care they received from care staff.