

Delivering Care Direct Ltd

Delivering Care Direct

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 ●

Summary of findings

Overall summary

Delivering Care Direct provides personal care to up to three people who live within three separate supported living flats. The service provides support for older people and younger adults and those with physical disability, mental health needs, dementia or learning disabilities or autism. At the time of the inspection there were three people using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People felt they were safe and relatives raised no concerns over how staff supported their family member. Staff knew how to escalate issues and concerns and were aware of potential risks when providing support. People received their medicines appropriately, as required. Staff used correct equipment, such as gloves and aprons when assisting people. Accidents and incidents were managed appropriately.

Staff received an effective induction and an appraisal. Staff had received training and felt able to support people confidently. People felt that staff supported their individual needs and requirements. People received food and drinks as required and attended any medical appointments. People were supported in the least restrictive way possible and in their best interests.

People felt staff were kind and caring towards them. People were given choices and were able to make their own decisions as far as possible. Staff supported people to be independent and ensured that people's privacy and dignity was maintained.

People and relatives felt involved in the development of care plans and daily support. Care plans provided staff with information about people's needs and preferences and how they would like these to be met. A complaints procedure was in place and people and their relatives knew how to raise concerns and felt confident these would be addressed.

People, relatives and staff thought the service was managed well. The registered manager was described as visible, approachable, open and transparent in the way they managed the service. Systems were in place to monitor the delivery of the service.

The service applied the principles and values of Registering the Right Support and other best practice guidance.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Delivering Care Direct

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 Care Act 2014.

Inspection team

The inspection was undertaken by one Inspector.

Service and service type

This service provides care and support to three people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

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 provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke with two care staff, the administration officer, the registered manager and the provider.

We reviewed a range of documents and records including the care records for two people, two medicine records and two staff files and training records. We also looked at records that related to the management and quality assurance of the service.

After the inspection

We spoke with one person who used the service and three relatives about their experience of the care provided. We spoke with one professional who supported people outside of the service. We continued to seek clarification from the provider to validate evidence found. We looked at updated PRN protocols, personal evacuation plans and meetings from staff team meetings.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us staff provided safe support. One person told us, "I feel safe in my flat" A relative said, "The staff keep [person] safe, I think they work hard to do so".
- Staff were aware of their responsibilities to report safeguarding concerns. One staff member told us, "I would pass any concerns onto the manager and then she will send them to the local authority or CQC".
- Staff were able to describe what they would do in the event of an emergency situation and said that they would contact the emergency services in the first instance.
- We saw that safeguarding concerns had been reported appropriately.

Assessing risk, safety monitoring and management

- People and relatives felt that staff understood any risks associated with their care and wellbeing and one person said, "They staff do things to keep me safe". A relative told us, "I would say that risks are managed, I don't worry about [person] being at risk".
- Risks to people were assessed and these included, but were not limited to personal hygiene, safety within the home and community and finances. We saw that risk assessments included actions taken to maintain the safety of people using the service.
- Checks were carried out on the facilities and equipment, to ensure they were safe. This included fire safety systems, and electrical equipment and the registered manager told us of how they took advice from the fire service. Personal Emergency Evacuation Plans [PEEP] were not in place in a written form, but staff were able to tell us how they would support people to leave their home safely in the event of an emergency. Written plans were sent to us following the inspection.

Staffing and recruitment

- People and relatives told us there was enough staff on duty to meet their needs. A person said, "There are enough staff, I know them all". A relative told us, "As far as I know there are enough staff, I haven't known it to be a problem".
- We saw that the staffing rota for previous weeks reflected the levels of staff that we were told about during the inspection.
- Staff members told of how they were able to cover shifts for absent members of staff rather than use agency workers to ensure continuity for people using the service.
- Records confirmed required recruitment checks had been completed before staff commenced work, these included references, a work history and a police check which ensured potential staff were suitable to work with vulnerable people.

Using medicines safely

- People told us they received their medicines when they required them and without any undue delay.
- There was no clear written guidelines for staff to follow for people who required medication 'as and when required'. However, staff were able to tell us how they would administer these medicines. Following the inspection the registered manager advised us that these protocols were now in place.
- Medicines were stored safely.

Preventing and controlling infection

- People and relatives told us the home was clean and hygienic. One person said, "The staff help to keep my flat tidy and they make sure everything is clean". A relative shared, "[Person's] home is kept clean and fresh".
- We saw that individual flats were clean and tidy and that they smelt fresh.
- Staff told us they had access to protective personal equipment such as gloves and aprons to prevent the spread of infections.
- We found that regular checks were made of the environment by the registered manager.

Learning lessons when things go wrong

- There had been limited accidents and incidents, however those which had occurred had been recorded and the registered manager was aware of any emerging patterns and trends in order to mitigate future risk.
- The registered manager discussed how lessons had been learned and gave the example of how on a daily basis staff learnt from people using the service and made records when they discovered any new likes or dislikes.
- Staff were aware of how to support people in relation to health and safety.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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.

- Information was taken on people's needs prior to them using the service. The administration officer and registered manager told us how they visited people to ensure that they could meet their needs effectively.
- One person told us, "The staff ask me what I want, I can make decisions".
- We saw people's protected characteristics, as identified in the Equality Act 2010, were considered within their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.

Staff support: induction, training, skills and experience

- People and relatives told us they felt that staff were knowledgeable and able to meet their needs. One person said, "The staff know all about me".
- Staff told us they received an effective induction. The registered manager told us that staff employed usually had previous care experience, but where this wasn't the case they would implement the Care Certificate. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of people working in the care sector.
- Staff told us they received regular supervision and had an annual appraisal. One staff member said, "I have supervision every three months, it is useful and gives me an opportunity to say what I want. I have an annual appraisal, it is a chance to focus on the next year ahead".
- We saw that comprehensive training was in place and staff were up to date with training. Recent training included, Health and Safety, End of Life Care, MCA and DoLS and Moving and Handling. Staff had also received training in relation to people's specific health conditions or care needs.

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

- People told us they enjoyed the food they received, one person said, "I can choose what I want to eat".
- Staff told us how people were supported to choose their own food and were encouraged to eat healthily. People also enjoyed choosing their own weekly takeaway meal.
- Risk assessments were in place for people who may be at risk of weight loss or dehydration. Staff told us how food and fluid intake would be recorded if required.

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

- One person told us, "They [staff] would get help if I was poorly". A relative said, "I am always kept informed of any medical appointments and care that [person] requires". A staff member said, "I ask how people are feeling and I know them enough to know if they aren't well. I would get the GP or call 999 if it was an

emergency".

- We found that people attended all healthcare appointments as required and that visiting health professionals were part of their care. People also visited the dentist, orthotist and opticians and staff arranged appointments and supported them to attend.
- People's oral hygiene was included as part of their care plan with a specific dental support plan in place. This was in a pictorial format for people to follow where required.
- Hospital passports were in place to support people's transition to hospital which provided key information about the person and to support the continuation of their care.

Adapting service, design, decoration to meet people's needs

- People lived in flats, which were personal to their own needs and preferences. One person told us, "I like my flat, the staff do help me in it, I have my own things". We saw that people had their own belongings around them in their home.
- The properties people lived in were owned by the local authority, but we saw that the registered manager was in contact with them regularly to ensure any issues with the building were resolved quickly.
- A professional told us, I have visited people's homes for meetings and found them very comfortable, welcoming, modern, clean and suitable for each person.

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 Act 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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA

- Staff had a good understanding of mental capacity and the impact this legislation had on their role. Staff had handover sessions which kept them updated on people's related needs.
- People and their relatives confirmed staff asked their permission before providing support. One person told us, "The staff ask me first [before providing support]".
- We found in some circumstances a family member held court of protection in regard to people's finances. We saw that the registered manager worked well with families to ensure that people's money was managed effectively.
- Staff gave us examples how they would seek consent from people. One staff member said, "I would always ask if I could help someone and wait for their reply. I can tell if they aren't in the mood or not wanting assistance, by their actions and gestures."

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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 and relatives told us they were respected and treated well by the staff. A person said, "I like the staff, they treat me well". A relative told us, "I have never had any concerns about how the staff treat [person]".
- Staff told us about their positive relationships with people and we found that the registered manager welcomed a person to their home for Christmas Day last year, as they were only recently settling into their new environment and there are plans for the same event to take place this year.
- Staff told us how they had time to spend with people and were able to speak with us about people's likes and dislikes and how they met these requirements, such as helping to support friendships and researching activities people might enjoy participating in.

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

- People, relatives and staff told us how they were supported to make choices regarding their daily life, this included clothing, meals, personal belongings and how people wanted their care to be delivered.
- Relatives told us they felt involved and were kept up to date with their relative's wellbeing. One relative told us, "They [staff] do contact me or other family members to keep us updated. We know how [person] has been keeping or if they have had any medical appointments".
- A professional told us, "I know they [people] have a lot of choices and their independence is always key to whatever they do to live a safe happy life".
- The registered manager had an understanding of when advocacy services would be required and how to access these services for people.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff provided respectful and dignified support. One person said, "The staff give me privacy". A relative told us, "The staff have supported [person] for a long time now, they know how to care for them well and that includes maintaining privacy and dignity. I have never been aware of any issues".
- We found that people were encouraged to be independent and were supported by staff to prepare their own meals and tidy their home. A relative told us, "[Person] can be happy to sit back and let others to everything for them. Staff actively encourage person to do things for themselves and they are so much better for it".
- People were supported to maintain and develop relationships with those close to them. The registered manager showed us photographs of how they had taken one person abroad, so that they were able to

spend time with family who had moved out of the country.

- Relatives told us they were made welcome when visiting.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- We found that the registered manager had taken detailed historical information prior to people moving into their property to ensure that the service was fully able to meet the person's needs.
- People and relatives told us they were involved in discussing what care they required and that they were invited to reviews of care.
- People were supported by consistent staff who knew them well and were knowledgeable about their support needs. One person told us, "I know the staff very well".

We saw that staff acknowledged people's cultural and religious backgrounds and although there were no particular requirements, staff remained aware of the importance of people's identity.

- A relative told us, "I can really see the change for the better in [person], the staff have worked hard with them."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). Information could be made available in large print or alternative languages if required. The registered manager showed us pictorial and semi-pictorial information that people using the service had been included in developing.
- Where people required specific information, such as the complaints policy the registered manager told us this would be given in a manner to suit the person's understanding.
- Information on people's communication needs was identified in initial assessments and care plans.

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

- People told us they enjoyed being supported by staff to achieve meaningful participation in their chosen activities, with one person telling us, "I am never bored". We saw that people were supported by staff to attend centres they were familiar with and staff were aware of places they liked to visit.
- Staff spoke with us about how they helped people to celebrate birthdays and special days.
- We saw that where one person preferred not to go out to busy shops, they were supported by staff to purchase items they wanted for home delivery.
- People were encouraged to have goals in life and one person was being assisted by staff to find a job, as

this was something they had expressed a desire to do.

- Relatives told us that they were welcomed by staff when they visited their loved ones and had positive relationships with staff members.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise concerns and felt that staff would be responsive. One person said, "If I was unhappy I would speak to staff". A relative told us, "I haven't had to complain, but am confident that I would get a response from the manager".
- We saw that there was a robust complaints process in place and any concerns or complaints were dealt with effectively.

End of life care and support

- No one using the service was receiving end of life care, however the registered manager informed us that staff knew people well enough to be able to put a specific plan together anytime one may be needed.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- We found that people found the registered manager supportive and one person said, "I know the manager and I like her". A relative told us, "I think the manager does her best for people". A second relative shared, "With regards to the care that my relative receives I could not give [registered manager] and her team any higher praise. The care and respect [person] receives is of the highest quality. I know that [person] is treated like a member of their own family. A staff member told us, "The registered manager couldn't do anymore for people, other than adopt them and have them live with her".
- Staff told us they felt the registered manager was responsive and open to them and provided support where it was needed.
- One person told us, "I like where I live". A relative shared, "[Person] feels happy and safe. [Person] certainly seems to be enjoying their life in their new flat and I hope that this will continue for a long time". A second relative said, "This place has changed my life in how they care for [person]. It has changed all our lives for the better". A staff member told us, "It is a good atmosphere, everyone gets on well".
- A professional told us, "The staff have always been very approachable. I have a very good relationship with [registered manager] who is always available to speak to if needed and wants the best for her service users. I would recommend Delivering Care to other people who would be looking to live independently".
- The registered manager told us they were able to speak passionately about their drive to continue to provide a positive service and to seek out opportunities for improvement.
- The registered manager told us how they received support from the provider and that the provider showed an interest in the service provided to people. The registered manager told us, "I am in daily contact with the provider and he knows everything that goes on and gives his input". The provider visited during the inspection and told us about the positive staff team in place.

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

- We saw that feedback was sought from people, their relatives and professionals involved in their care. One professional had commented, 'I am really impressed with [person's] life today and the support given to them'. The registered manager discussed with us how they considered the feedback given and used the information to improve on the service, for example encouraging people to use the local community.
- We saw that meetings for staff occurred periodically and staff told us they found such meetings an opportunity to voice any issues or opinions they may have. Staff informed us that the registered manager was responsive to any information shared.

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 responsibilities in relation to the duty of candour regulation and we found they had been open and transparent when reporting any incidents.
- We found that learning was taken from any incidents and that this was shared with staff, so they were aware of any actions they needed to take.
- Staff understood the need to raise concerns and issues and one staff member told us, "I would certainly whistle-blow and go higher if I thought nothing was being done about practice that worried me". A whistle-blower exposes any information or activity that is deemed incorrect within an organisation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems were in place to monitor the service provided to people, this was in the form of various audits and reviews, which were carried out in a timely manner. These audits included care files, medicine administration, infection control and the environment and health and safety. We saw that actions were taken where required and the registered manager had a good overview of the service.
- Staff understood their roles and responsibilities and were able to describe them to us. They informed us that the registered manager was 'open' when supporting them to carry out their responsibilities and provided 'focus and direction'.
- The provider had met their legal responsibilities ensuring their current inspection rating was displayed and promptly informing CQC of notifiable incidents.

Working in partnership with others

- We saw that the registered manager and staff worked in partnership with people's relatives, health professionals, local authority departments and various groups and services within the community to ensure that people were supported appropriately.