

Delta Care Ltd

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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?

Requires Improvement ●

Summary of findings

Overall summary

This announced inspection of Delta Care Ltd took place on 21 April 2017.

Delta Care Ltd is a twenty four hour domiciliary care provider. The agency provides care and support to people in their own home. The office is close to the centre of Southport with car parking close by. The agency offers an 'out of hours' emergency on call service for people in their own homes and their relatives. The service covers weekends and bank holidays.

At the last inspection in March 2015, the service was rated 'Good'. We have rated the well - led domain for this report as 'requires improvement' due to the manager not being registered at the time of our inspection.

The manager had systems and processes in place to ensure that staff who worked at the service were recruited safely. Staff were able to describe the course of action they would take if they felt anyone was at risk of harm or abuse this included 'whistleblowing' to external organisations. Rotas showed there was an adequate number of staff employed by the service to fulfil all contractual obligations. Risks were well accessed and information was updated as and when required. People were supported to manage their medication by staff who were trained to do so.

There was a designated person who had a specific role in relation to the training of staff and coordination of refresher training. This person had only been in post for few weeks, and explained some refresher training had expired. We were provided with a detailed action plan for when staff would be re-trained which we saw was due to take place in the next few weeks. All newly appointed staff were enrolled on the Care Certificate as part of their induction process. Some supervisions were out of date, however, most had been completed. The manager had been in post for a three months prior to our visit, and showed us their schedule for ensuring all staff were up to date with supervisions in the next few weeks.

The service was working in accordance with the Mental Capacity Act 2005 (MCA) and associated principles. Where people could consent to decisions regarding their care and support this had been well documented, and where people lacked capacity, the appropriate best interest processes had been followed.

People we spoke with were complimentary about the staff and the service in general. People told us they liked the people who supported them. Staff were able to give us examples of how they preserved dignity and privacy when providing personal care.

Care plans contained information about people's likes, dislikes, preferences and personalities. Staff we spoke with demonstrated that they knew the people they supported well, and enjoyed the relationships they had built with people.

Complaints were well managed and documented in accordance with the provider's complaints policy. The complaints policy contained contact details for the local authorities and commissioning groups.

Quality assurance systems were effective and measured service provision. Regular audits were taking place for different aspects of service delivery. Regular action plans were drawn up when areas of improvement were identified. Staff meetings took place on a regular basis.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>Service remains Good.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>Service remains Good.</p>	<p>Good ●</p>
<p>Is the service caring?</p> <p>Service remains Good.</p>	<p>Good ●</p>
<p>Is the service responsive?</p> <p>The service remained Good.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was not always Well Led.</p> <p>There was a manager in post however they had not yet registered with the Care Quality Commission.</p> <p>Quality auditing processes were in place to ensure the continual improvement of the service.</p> <p>Feedback regarding the quality of service provision was sought from people and staff. Regular meetings were held for people and staff to discuss any issues regarding the service.</p> <p>People and staff spoke positively about the management team</p>	<p>Requires Improvement ●</p>

Delta Care Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 21 April and was announced. We gave the provider 48 hours notice that we would be coming as the service provider's domiciliary care and we wanted to be sure that someone was available.

The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has expertise in a particular area, in this case, care in your own home.

Before our inspection visit, we reviewed the information we held about Delta Care. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who used the service. We also tried to access the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service. We could not access this form due to a technical issue. We did receive a PIR for this service. We spoke to 13 people using the service by telephone, and seven care staff. We also spoke to the training manager, the provider [owner] of the service, and the manager. We looked at the care plans and for three people and the recruitment files for four staff. We also looked at other documentation associated with the running of the service.

Is the service safe?

Our findings

Everyone we spoke with said they felt safe receiving care from Delta Care. Comments from people in relation to what made them feel safe included. "I have the same care staff which is great", "If I am having a new carer they will call me and tell me." Also, "I feel very safe that they come and see me." Someone else simply said, "I feel safe" and "staff always ask me if I need anything". Additionally, staff were able to explain the course of action that they would take if they felt someone was being harmed or abused, this was reflected in the organisations safeguarding policy. Staff we spoke with also said they would whistle blow to external organisations such as CQC if they felt they needed to. We saw that the recruitment and selection of staff remained safe, and staff were only appointed following a robust recruitment check.

We discussed some concerns we had been made of before the inspection with the manager, such as staff arriving late for calls. The manager was open and honest with us and explained there had been some problems, however they had worked to resolved these. This was reflected when we spoke to people who used the service, as no one raised any concerns. Rotas showed that there were enough staff employed by the service cover the allotted call times of people using the service. We spoke with staff who said that most of the time the rotas were managed well, it was only when staff called in sick there could be problems. People we spoke with said sometimes their call could be a little late, however not often. Some people did raise that they would like to be sent a rota so they knew who was coming.

Medication was well managed. All staff had received training by a competent person in the administration of medication and additionally received annual updates and competency refreshers. Medication was stored in people's own homes, however we did view a sample of MAR (Medication Administration Records) which were completed accurately by staff, and had been audited by the service and an external auditor.

Risks to people's health and wellbeing were appropriately assessed and measures were put in place for staff to follow to support people to remain safe. We saw risk assessments in relation to nutrition, medication and the environment. For example, one person had microwave meals, and there was a risk assessment in place to ensure that the food was properly cooked before the staff gave it to the person. There was also a risk assessment in place based on the layout of the person's home for the benefit of the staff, including where the gas and water valves were located, and any family pets or hazards.

There was a process in place to record, monitor and analyse incidents and accidents, which included an explanation of why the incident occurred and any remedial measures put in place as a result of this.

Is the service effective?

Our findings

We asked people if they felt the staff had the correct skills to support them. One person said, "The service works well because they work hard to match people to my needs." Staff we spoke with told us they received regular supervision and appraisal, and were often contacted to attend training. We saw that some of the records relating to staff training and supervision were out of date, however the manager advised of this before we started our inspection. We were shown a detailed schedule of training and supervision for each member of staff with the date of when all training would be completed and the staff member would be supervised. We saw this was due to happen in the next few weeks. We saw that all new staff were enrolled on the Care Certificate as part of their induction process. The Care Certificate is a set of standards which are usually completed within the first 12 weeks of the person's employment and are signed off by a senior colleague to confirm staff competence.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The staff working in this service made sure that people had choice and control of their lives and supported them in the least restrictive way possible. One person said, "Staff give me choice." And "The staff encourage me to make choices"

The deputy manager demonstrated an understanding of the MCA and the associated principles, and we saw that care plans were signed by people legally authorised to do so, or via a best interest process.

People were supported with their meals and drinks in their own homes. Three people commented, "I'm always asked what I would like to eat or drink". We saw that staff completed accurate records for people who required their food and drink intake monitored if they were at risk of dehydration.

Is the service caring?

Our findings

Everyone we spoke with commented on the caring nature of the staff. Comments included, ""Staff are a credit to the company", "Very caring staff, can't do enough for me", "Staff respect me and my home", "Staff and office staff listen to my needs", "Staff and office staff always listen to me and try and help me", "Really happy with my carers", "Very genuine carers". Also, "Wonderful carers", "They really do Care", "Super carers", "Really happy with my carers" and, "All staff very caring and understanding."

Staff we spoke with during our inspection spoke fondly about the people they supported and gave us some examples of how they preserved people's dignity and respect. One staff member said, "I always knock, even though I know they can't open the door, just to announce I am there." Another staff member said, "I respect people's homes and how they choose to have them. I also cover people with blankets or towels when I am helping them to wash."

We saw that people were signposted to the local advocacy agency if this was something they required.

People told us they were involved in their care plans. One person said, "The care plan was very good, I was involved in all the planning."

Is the service responsive?

Our findings

People told us that they received person centred support. Person centred means based around the needs of the person using the service and not the service itself. Each person had a one page profile in place, which contained a 'snapshot' of important information about that person, such as what they liked to do, and any interests they had. This information was also documented in people's care plans, along with other personalised information, such as how the person liked their tea, where in the house they like to get dressed, and what food they liked.

We saw that each person's allotted call time contained a 'bullet pointed' step by step breakdown of how they wanted the staff to complete the call. We saw this differed from person to person. For example, one person had breakfast first, another person chose for staff to dress them first. The care plans were heavily influenced by the choices of the people using the service.

People we spoke with told us that the staff were responsive to their needs. One person said, "I asked them to change the carer they sent me, and they did." People did not raise any issues with regards the gender of their carer.

We looked at the service's complaints processes. We saw there had been made one formal complaint which the manager was in the processes of investigating. We saw that the early stages of the complaint had been responded to appropriately by the manager. People told us they knew how to complain. One person said, "I would speak to the manager." A different person said, "I would call the office." While another commented, "I've had no complaints but if I did I am confident the office would help me".

Is the service well-led?

Our findings

There was a manager at the service who was going to become the registered manager. However, before this person was employed the service had been without a registered manager for some time, although there was a manager in post, they had never been registered.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

All of the staff we spoke with were complimentary about the manager and the owners of the service. One staff member said, "It is nice to work within the family business." Another member of staff said, "The owners and the manager are really supportive. We can pop in anytime we need anything."

There were policies and procedures for the staff to follow, staff had signed the policies and they were aware of their roles and responsibilities within them.

We looked at a range of quality assurance procedures for different areas of the running of the service. We saw these were in place in relation to care planning, medication and training. We saw that a recent audit of a care plan for one person had identified some information which required updating to reflect their current needs. We saw an accompanying action plan which had been assigned to the senior staff member for that area to complete. Likewise, some recent medication audits had identified staff had signed the wrong letter for one person on the MAR when they had refused their medication. We saw an action documented for staff to be retrained in medication. This had taken place a few days before our inspection took place. As we highlighted in the 'Effective' domain, some of the training and supervision required updating, we saw the audit which had identified this need, with realistic timeframes for completion.

We saw that the service regularly gathered and analysed the feedback of the people using it and their family members. We saw a recent survey had identified that all people were happy using the service and would recommend Delta Care to family and friends.

The rating from the previous inspection for Delta Care was displayed for people to see as required.