

Elite Care and Comfort Limited

Delfryn House

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

About the service

Delfryn House is a domiciliary care service. It provides personal care to adults with a range of support needs who are living in their own homes. There were eight people using the service at the time of this inspection.

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

Risks were appropriately assessed, which then lead to assessments being put into place to guide staff on how to keep people safe. We have made a recommendation about the management of some risks.

There were systems in place to protect people from harm. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to the management team. Medicines were mostly managed safely. We have made a recommendation about the management of some medicines.

Safe recruitment processes were followed, and appropriate checks had been undertaken, which made sure only suitable staff were employed to care for people. There were appropriate numbers of staff employed to meet people's needs and provide a flexible service.

Staff were supported to provide appropriate care to people because they received training and supervisions. There was an induction, and training and development programme, which supported staff to gain relevant knowledge and skills.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice. People had consented to receiving care and support from Delfryn House.

People were supported to maintain their health by being supported to access a range of health care professionals. People were able to raise any concerns they may have had. Systems were in place to make sure the service complied with the Accessible Information Standards.

People, relatives and staff spoke highly of the management at the service. Audit systems were in place to monitor the quality and safety of the service. Though further improvements were needed to make them more robust; for example, audit processes did not identify the same issues found at inspection. The management team were open about the challenges of being a new service and welcomed CQC's feedback. The registered manager was quick to address feedback and said they were committed to providing high quality care and the service worked well in partnership with others to ensure the best outcomes for people.

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

Rating at last inspection

This service was registered with CQC on 03 June 2020 and this was the service's first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Delfryn House

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

This inspection was completed 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.

The service had a manager registered with CQC. 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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 September 2021 and ended on 4 October 2021. We visited the office location on 28 September 2021.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and four friends and relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, deputy manager and two care workers.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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.

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were assessed.
- People using the service were involved in the care planning and risk assessment process, so they could decide what level of support they wanted from the service.
- Some people's risk assessments lacked detail. For example, when moving and handling needs were identified, there was limited information on how to use equipment. We discussed this with the registered manager who started to address this after the inspection.

We recommend the provider considers current guidance on the risk assessment process.

Using medicines safely

- Medicines were safely managed. The service was providing limited support with people's medicines at the time of this inspection.
- People had individual medication administration records to ensure they received their medication as prescribed.
- People's medication and the support they needed to take their medicines was recorded in people's care plans. However, when people had 'as required' medicines, there were not always protocols in place or guidance for staff on how and when these should be administered. This was addressed by the registered manager following the inspection.

We recommend the service consider best practice guidelines on good practice for managing medicines for adults receiving social care in the community and take action to update their practice accordingly.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People told us they felt safe. Comments included, "Oh yes, I definitely feel safe." Relatives were confident people were safe and well cared for and told us, "They have been marvellous with [name], I have complete trust in them," and, "It's a lovely firm, they always make sure [names] safe."
- Staff had received safeguarding training and knew how to recognise and report any concerns about people's safety and welfare. Managers understood their safeguarding responsibilities.

Staffing and recruitment

- Robust recruitment procedures were followed to ensure the right people were employed to work in the service. This included criminal records checks (DBS), references and employment history. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- There were appropriate numbers of staff employed to meet people's needs and provide a flexible service.

- Comments from people and relatives about staffing included, "The staff are always on time," and, "They [staff] have never missed a call."

Learning lessons when things go wrong

- Accidents and incidents were managed appropriately. Records of accidents and incidents were maintained, and these were analysed by the management team to identify any ongoing risks or patterns.
- Staff knew when to report any accidents or incidents so action could be taken to address any concerns and learn lessons.

Preventing and controlling infection

- People supported were protected from the risk of cross infection.
- Staff completed training in respect of infection prevention and control, and they had access to adequate supplies of personal protective equipment (PPE).
- People told us staff always wore PPE appropriately.

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 before the service started to check whether they could meet the persons needs safely and effectively.
- A care plan was created following the assessment process, so staff knew what care people needed and when.
- People's care plans considered people's diverse needs. For example, around people's heritage, cultural requirements and lifestyle choices.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills to meet their needs.
- New staff received induction training which included shadowing more experienced colleagues.
- Staff had supervision and appraisal meetings. This gave them the opportunity to talk about their work and reflect on their practice. Staff were encouraged to do additional training and/or gain qualifications to help them with their career progression.
- Staff told us they received effective support from the provider and registered manager. All staff told us they felt very well supported in their roles. One staff member told us, "It is amazing working here, it's like home. They [management team] are like family".

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Where it was part of the agreed package of care people were supported to eat and drink.
- People's care plans contained information about the support they needed in this area, so staff knew what support to offer people and if people had any dietary preferences.
- The service worked with other agencies to ensure people were able to access healthcare services.
- One relative described how the health of their loved one had been improved with the staff. They said, "They have guided and advised us about our relative's healthcare."

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.

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.

- The registered manager had a good understanding of the MCA and staff received training to support their practice in this area.
- There were systems in place to ensure people consented to their care, if they had capacity to do so, and to ensure the principles of the MCA were followed when people lacked capacity to make decisions about their care.
- People told us staff asked them what care they wanted at each visit, which helped to ensure people consented to care delivery on an ongoing basis.

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 treated with compassion, kindness dignity and respect.
- Feedback from people and relatives described staff as kind and caring. Comments included, "The staff are so caring so dignified and polite and try anything to make [name] comfortable and safe," and, "They [staff] are marvellous, I have complete trust in them."
- We were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People and relatives confirmed they were involved in decisions around their care and support. One person told us, "Oh yes they came and did an assessment. We went through everything I needed to make sure they understood the support I needed, and they were comfortable providing that support."

Respecting and promoting people's privacy, dignity and independence

- Promoting people's privacy, dignity and independence were core values of the service.
- Staff were passionate about treating people in a person-centred, dignified way and they spoke respectfully of the people they supported.
- People's confidential information was managed safely. The provider had systems in place to make sure they complied with the General Data Protection Regulations (GDPR). Staff received training about protecting people's confidential information and understood their responsibilities.

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; 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 were involved in planning their care and support.
- Each person had a care plan which recorded the outcomes they wanted to achieve and contained information about how they wanted to be supported.
- People told us the care and support they received met their needs. Comments included, "The staff are pleasant, trustworthy and reliable," and, "The staff are lovely, and you can always have a laugh 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.

- People's communication needs were assessed and met.
- Where people needed support with communication, this was recorded in their care plan so staff knew how to communicate effectively with them.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place.
- People told us they knew how to make a complaint however most people said they had never had any reason to complain. Comments included, "I have no complaint what so ever," and, "We have no complaints and we would definitely recommend the service."

End of life care and support

- The service was not providing end of life care at the time of this inspection.
- When people needed end of life care, staff worked closely with other health professionals to provide the best care for people in a compassionate way.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 management team were engaging, transparent and clearly passionate about wanting to provide a high-quality service to the people they supported.
- The provider's audits systems were mostly effective at supporting good service delivery. There were, however, some instances where the audit processes had not been effective at identifying the same shortfalls found at inspection. For example, some people's risk assessments and medicines support lacked detail and. We also made two recommendations about the risk assessment process and medicines support. Further details are reported under the 'safe' heading.
- The provider and registered manager understood the types of incidents that need to be reported to CQC and had notified us of relevant events.
- The provider was open and transparent when dealing with any issues or concerns. They understood their responsibility to apologise and give people and explanation if things went wrong.

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

- The service had an open culture and staff were confident any concerns or issues they raised would be dealt with appropriately by the provider and registered manager. Staff morale was positive, and staff told us they enjoyed their jobs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The management team made themselves easily accessible to people using the service, their relatives and staff. This gave them the opportunity to share any concerns or feedback about the service. Comments included, "Believe me they go out of their way to help me," and "They are kind and caring, we like everything about them. I couldn't wish for a better team and I really mean that."
- The service worked closely with other health and social care professionals to ensure people received consistent and timely care. Records noted the involvement of family members, social workers, GPs and district nurses.
- The registered manager and staff understood the importance and benefits of working alongside other professionals.