

Delight Supported Living 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?	Good ●

Summary of findings

Overall summary

About the service

Delight Supported Living provides personal care and support to people living in their own homes. At the time of the inspection the service Delight Supported Living Ltd was providing support to 40 people and employed 24 staff.

Not 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

People and their relatives told us the service was safe. Medicines were well managed, and people felt staff were confident giving them medicines. One person told us, "They [staff] help with medicines and do this well." Staff were aware of how to identify and report safeguarding concerns. Staff followed infection control procedures. One person told us, "Staff wear gloves and wash their hands."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible in their best interest; the policies and systems in the service supported this practice. People were involved in their care planning. One person told us, "I know about my care plan it is updated regularly, they [staff] listen to me." Staff told us that they received training and felt supported in their role. People were supported with meals and told us the staff knew their preferences. One person said, "I have porridge in the morning and they [staff] know that."

The service was caring. People told us the staff treated them with kindness and respect. One person said, "The staff couldn't be better." Another said, "They [staff] are nice people, they are respectful." Staff were aware of how to protect people's privacy and dignity and people told us the staff did this well. People felt supported to make decisions about their daily lives.

People told us they had no concerns or complaints about the service. Staff had received training in end of life care. Staff supported people to go out shopping and attend appointments when they needed to. Staff were aware of people's communication needs and how best to support them. People told us the service is flexible and responsive to their needs. One person said, "I recently asked for an earlier bedtime call and they are accommodating." Another said, "If I go on a hospital visit they adjust it [call time] around it."

People told us the service was well managed. One person said, "The [registered] manager is super she comes out and gets stuck in." Another said, "The managers are smashing." Staff told us they attended staff meetings and information was shared with them. There was a positive staff culture. We found the management team receptive to feedback and keen to improve the service. The registered manager worked with us in a positive manner and provided all the information we requested.

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

Rating at last inspection

The last rating for this service was Good (published 30 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

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 ●

Delight Supported Living Ltd

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 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.

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

Inspection activity started on 16 January 2020 and ended on 22 January 2020. We visited the office location on 22 January 2020.

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. 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 also reviewed safeguarding alerts; share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and three relatives about their experience of the care provided. We spoke with 10 members of staff including the head of care, registered manager, and care workers.

We reviewed a range of records. This included four people's care records and medication records. A variety of records relating to the management of the service, including quality assurance systems were also reviewed.

After the inspection

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

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. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The registered manager and staff assessed and managed any risks to people's health, safety and wellbeing. This included assessments of specific risks such as the risk of falling and nutritional needs. Staff were provided with guidance on how to keep people safe. However, we found inconsistencies in two people's care plans. We discussed this with the registered manager who agreed with our findings. In response, the registered manager acted to review the care plans.
- Staff demonstrated they were aware of the different risks people were vulnerable to which reduced the risk of harm.
- The staff supported people to ensure the equipment in their own homes was safe and fit for use. The staff remind them to ensure that equipment is checked and maintained as required. This was also managed using an IT system to flag this up to the registered manager.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The service had systems to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to demonstrate their knowledge. People told us they felt safe with the staff.
- Management and staff understood how to safeguard people and were clear about when to report incidents and safeguarding concerns to other agencies. Staff told us they would not hesitate to raise concerns if they witnessed abuse or poor practice.

Staffing and recruitment

- Recruitment was safe. Staff we spoke with told us they were recruited appropriately and had the necessary pre-employment checks.
- Comments from people about staffing were positive, people felt there were enough staff and they had adequate time to spend on visits. One person told us, "They [staff] very often stay for longer than they should, they don't rush me at all."
- People we spoke with told us they had a consistent staff member undertaking their visits. One person said, "I know all the staff that come, it's never a stranger and they let me know who's coming."

Using medicines safely

- The registered manager and staff followed safe processes to ensure people's medicines were managed safely. Staff were trained to administer medicines and checks on their practice had been carried out.
- People spoken with said their medicines were well managed. Management completed checks and identified and acted on areas for improvements.

Preventing and controlling infection

- The provider had arrangements to ensure people were protected by the prevention and control of infection.
- Staff had access to personal protective equipment and they had received training on infection control and food hygiene.

Learning lessons when things go wrong

- The provider promoted an open and transparent culture in relation to accidents, incidents and near misses. Managers and staff were aware of and fulfilled their responsibility to report and record, accidents and incidents. Where lessons had been learned these were shared throughout the staff team.

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

- People received safe and effective care which met their needs. The registered manager completed initial assessments and devised care plans. Staff used these to guide them on how best to support people.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to carry out their role effectively. New staff were provided with an induction programme to ensure they could carry out their role safely and competently.
- Staff told us they were provided with opportunities to discuss their responsibilities, concerns and to develop their role. They were complimentary about the support they received from each other and from the registered manager.

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

- People's needs for nutrition and fluids had been considered. Records documented people's likes and dislikes and identified any associated risks with eating and drinking.
- People who were supported with their meals told us they were given choices on what meals and drinks they wanted.

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

- The registered manager and staff provided appropriate support to meet people's healthcare needs. People's physical and mental healthcare needs were documented, which helped staff recognise any signs of deteriorating health.
- Staff worked closely with social and healthcare professionals as well as other organisations to ensure people received a coordinated service.

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.

- Staff recorded people's capacity to make decisions in the care plans. People were asked to consent to their care.
- We spoke to staff about their understanding of the MCA and were assured by their knowledge.
- Staff we spoke with were passionate about promoting independence, choice and control for their clients.

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 has 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 were treated with respect, compassion and kindness, they were given emotional support when needed. We observed staff speaking with people who used the service over the phone in a respectful and dignified manner.
- People were complimentary about the attitude and kindness of staff. People told us, "I am very happy, they [staff] are very kind."
- Staff and people had developed good relationships. Staff knew about people's preferences and how best to support them. One person told us, "The staff know that I can't stand for long, so they get things done quickly."
- Peoples rights were protected. Policies and the initial care assessment supported the principles of equality and diversity.

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

- The service supported people to make choices in their daily lives. Staff said they had time to talk with and listen to people.
- Staff encouraged people to make decisions about their day to day routines and their care needs, in line with their personal preferences. People could express their views as part of daily conversations, monthly review meetings and customer surveys.

Respecting and promoting people's privacy, dignity and independence

- The registered manager and staff respected and promoted people's privacy, dignity and independence. One person said, "[Staff] keep the doors shut and keep the bathroom warm when they are helping my relative in there."
- Staff encouraged people to maintain their independence whenever possible. People told us how they were encouraged to be independent in daily living activities. One person said, "I can shower myself and they [staff] help me to dry myself, it's wonderful, I am able to be independent."
- People's information was stored and held in line with the provider's confidentiality policy and with recent changes in government regulations.

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

- People received personalised care, which met their current and changing needs. We saw care records were written in a person-centred way. Care records were regularly reviewed.
- The registered manager and staff recognised the importance of supporting people on an individual basis. They understood the importance of promoting equality and diversity and, respecting individual differences.

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 and staff understood about the AIS. Staff told us how they communicated and engaged with people, using ways best suited to their individual 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 supported to maintain contact with their friends and family. People told us that they were supported to go shopping.

Improving care quality in response to complaints or concerns

- People were happy with the service and told us they had no complaints or concerns. People were encouraged to discuss any concerns during meetings and in day to day discussions. They also participated in a satisfaction survey where they could air their views about all aspects of the service.
- The registered manager confirmed any concerns or complaints were taken seriously, explored and responded to. There had been no complaints at the service.

End of life care and support

- The service is not currently supporting anyone with end of life support. Staff understood the importance of supporting people to have a good end of life and had received training around this.

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.

Continuous learning and improving care

At our last inspection we made a recommendation around documented quality assurance checks. The provider had made improvements.

- Systems were in place which continuously assessed and monitored the quality of the service. The audits completed had highlighted areas for improvement and action plans had been devised. Staff meetings and supervision sessions were used to ensure continuous learning and improvements took place.

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

At the last inspection we recommended that the registered manager made sure all statutory notifications were sent to CQC. The provider had made improvements.

- The registered manager and provider understood their duty of candour responsibilities. Good relationships had been developed between management, staff and people using the service and their family members. Notifications were sent to CQC as and when needed.
- The registered manager had been open with people when things went wrong. Any incidents were discussed with staff during meetings or in one to one support sessions.

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

- There was a positive culture at the service which focussed on providing people with high standards of care. Management and staff knew people well and empowered people to make decisions about their care and support. Staff told us they felt supported and valued by the management team.
- Management had the skills and knowledge to lead the service effectively, they were well respected by the staff team. The leadership was visible and inspired the staff team to provide a quality service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The management team and staff were able to demonstrate a shared responsibility for promoting people's wellbeing, safety and security. There was a clear vision and plan to deliver high quality care and support at the service. Staff were aware and involved in this vision and the values shared.
- Records and discussion showed the service worked in partnership with a variety of health and social care professionals, this ensured people received the support they needed. These included social workers, GP's and community nurses.

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

- People felt they were listened to. People were encouraged to be involved in the development of the service and feedback was sought from people who used the service. Staff and management meetings took place regularly and were open forums for information to be shared.
- The registered manager had an 'open door' policy, so people could approach them directly to discuss any concerns openly and in confidence.