

Delta Care Ltd

New Care Services & Cornerstone

Inspection report

17 Charlotte Street
Preston
Lancashire
PR1 3RE

Tel: 01772559933
Website: www.deltacare-ltd.com

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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

This inspection took place on 15 and 22 June 2017. We gave the service short notice of the inspection. This was because we needed to be sure the registered manager would be available throughout the inspection.

New Care Services & Cornerstone is registered to provide personal care to people in their homes for children from four to 18, younger adults, people living with learning disabilities or autistic spectrum disorder, physical disability, sensory impairment, dementia, mental health, people detained under the Mental Health Act and older people. The office is based in the centre of Preston.

The service had registered manager in post. 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.

At the last inspection on 24 May 2016 we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to assessments of people's mental capacity, risk assessments, safe management of medicines and staff training. During this inspection we found improvements had been made.

Since our last inspection improvements had been made in the records relating to the safe handling of medicines. Staff discussed safe practice when dealing with medicines. Audits were taking place on MAR charts which included actions taken as a result of findings.

We saw evidence of risk assessment in place to maintain people's safety in their own home along with any risks associated with the care provided by the service.

Staff demonstrated the system in place to allocate staff to people's visits. We received positive feedback about the timings of the visits people received however not all people confirmed they received the required amount of time for their visits every time.

Staff demonstrated an understanding of how to deal with allegations of abuse. We saw records had been completed as a result of investigations that had been completed.

People who used the service told us they were happy with the skills of the staff delivering their care. There was evidence of completed staff training taking place that would ensure staff had the required knowledge and skills to deliver effective care.

Staff we spoke with understood the basic principles of the Mental Capacity Act 2005 and the importance of ensuring consent was obtained from people. Care files had been updated and the registered manager told us that appropriate assessments would be completed where concerns around capacity were identified.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were positive about the support they received from their regular staff. However some said when alternative staff undertook their visits the support was not as good.

We saw details in people's care records that reflected their needs, likes, and dislikes choices and wishes and how they liked them to be met. Staff had access to guidance to help them deliver good care.

People told us they were involved in the development of their care plans. We saw care files were up to date and reflected people's current and individual needs.

There was a policy and procedure in place to guide people on how to deal with complaints. There was a system in place that records investigations into complaints as well as the actions taken as a response. We saw positive feedback about the service as well as evidence of completed investigations. Some people gave mixed feedback about how the service dealt with their concerns.

We saw evidence that the provider sought the views of people who used the service. People confirmed they had been asked for their opinions in surveys. Records confirmed and staff told us they attended team meetings and were able to voice their views.

The service had a manager who was registered with the Care Quality Commission. Systems were in place to monitor and review the quality of service provided. There was evidence of recent audits taking place.

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.

Improvements had been made in the safe management of medicines. Records confirmed appropriate assessments had taken place.

The provider had introduced new risk assessments to ensure people's individual risks had been identified and measure taken to reduce the risk.

We saw appropriate allocation of staffing taking place to ensure people received their visits however some people we spoke with told us that sometimes visits were shorter than planned.

Staff demonstrated an understanding of abuse and the procedure to take when dealing with allegations of abuse.

Is the service effective?

Good ●

The service was effective.

Training records and staff confirmed they received the required training to support the delivery of care to people.

Staff demonstrated a basic understanding of the principles of the Mental Capacity Act 2005. The provider had introduced capacity assessments into people's care records when they were needed.

People told us and records confirmed appropriate health professionals had been involved in reviews when required.

Is the service caring?

Good ●

The service was caring.

People were positive about the support they received from their regular staff.

Care records demonstrated how to support their individual needs, likes wishes and choices.

Staff understood the importance of care files to guide them on the care to be delivered.

Is the service responsive?

Good ●

The service was responsive.

Care files were up to date and reflected people's current and individual needs.

There was a system in place to deal with complaints. We saw positive feedback about the service as well as evidence of completed investigations. Some people gave mixed feedback about how the service dealt with their concerns.

Is the service well-led?

Good ●

The service was well-led.

The service had a manager who was registered with the Care Quality Commission. We received positive feedback about the leadership and management of the service.

People told us they had provided feedback about their views of the service. We saw evidence of completed feedback during our inspection. Staff told us team meetings were held which provided time for them to discuss their views.

Systems were in place to monitor and review the quality of service provided.

New Care Services & Cornerstone

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 was planned to check 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.

This inspection took place on 15 and 22 June 2017. We gave the service short notice of the inspection. This was because we needed to be sure the registered manager would be available throughout the inspection. The inspection was carried out by one adult social care inspector and one expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection, we checked the information we held about the service. This included information about how the service was run, any concerns, complaints or investigations about the care people received. We also checked statutory notifications we received from the provider. A notification is information about important events which the service is required to send us by law.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

During our inspection we undertook a number of different methods to assess the experiences of people who used the service. We spent time looking at records and documentation relating to the care people received as well as the operation and management of the service. This included audits and quality monitoring, staff training and recruitment records, policies and procedures and six care records for people who used the service.

With prior permission from people we undertook telephone calls and spoke with 21 people who used the service. This was to understand their experiences of the care staff delivered to them. We also spoke with the registered manager who was in day to day charge of the service, the deputy manager, the nominated individual, one of the directors of the company, and eight members of staff.

Is the service safe?

Our findings

All of the people who used the service we spoke with told us they felt safe with the care staff that helped them. Comments included, "They walk behind me when I'm going upstairs to make sure I don't fall, I feel really safe with them" and, "I feel very safe with my regular girls, they're very good. If they see anything that isn't right they deal with it without needing to be told, they explain what they're doing and why. Yes they are very good."

At the previous inspection on 24 May 2016 we found that people had been exposed to the risk of not receiving their medication as prescribed. We told the provider they must take action to improve the safe handling of medicines. During this inspection we found improvements had been made.

All of the staff we spoke with and records confirmed they had received appropriate and up to date medicines training. This would help them to fulfil their duties in the safe administration of medicines. One staff member said, "Some people can take their medicines themselves but others we support them. I always make sure they [people who used the service] have taken their medicines before I sign the record." Staff told us and records confirmed they had undertaken competency checks by senior staff on the safe administration of medicines this demonstrated that staff had the skills to administer people's medicines safely. People who used the service confirmed the staff either, "Helped them with their medication or supervised them taking it and then note it down."

Since the last inspection the provider had updated the care plans where support with people's medicines were required. We saw assessments of people's needs included medicines people required along with how support each person's individual need and any associated risks to minimise any risks to people. Care plans included how to support people with their medicines as well as 'as required' medicines along with specific medicines or controlled drugs. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs. We checked a number of Medication Administration Records (MAR's) and saw record had been completed and where gaps had been identified staff had completed records to confirm why gaps were evident. We saw one record had been signed as the persons requiring medication four times daily however records had not been completed for each time. We discussed this with the registered manager who told us they only received two visits per day from the staff team and would ensure medication records clearly identify when people required support.

We saw the provider had an up to date and robust policy and procedure to guide staff on the safe administration of medicines. The provider had introduced a regular audit of completed MAR charts that were returned to the office once completed. This helped to ensure people's medication administration was monitored and checked for any gaps. Where gaps had been identified the registered manager told us the relevant staff member would be invited in to undertake a supervision, medication training update and competency checks where required. This would ensure staff were monitored to ensure they administered medicines safely to people.

At the previous inspection on 24 May 2016 we found that the provider did not have suitable arrangements in place to make sure that people's risks of receiving poor care were managed. We told the provider they must take action to ensure risk assessments were in place to ensure people received safe care and mitigated any risks. During this inspection we found improvements had been made.

We looked at how the provider dealt with any potential risks in people's home. We saw environmental risk assessments had been completed to ensure staff were working in a safe environment. Areas covered included the internal environment, pets, premises and key safe entry. The registered manager told us they had introduced new risks assessments in people's care files relating to the support they required that would ensure all people's risks were fully assessed and measures were in place to reduce any potential risks. Records we looked at confirmed detailed risk assessments had been completed and reflected people's individual needs. Risks identified included medications, moving and handling, personal care, falls, choking and swallowing.

We looked at how the provider managed incidents and accidents. Systems were in place to record and analyse incidents and accidents. Records we looked at confirmed an analysis of incidents and accidents had been completed and recorded the measures taken to protect people and reduce any future risks. Where referrals were required to other services we saw that these had been completed in a timely manner. Staff we spoke with were aware to report any concerns to the office and document them.

We spoke with the staff responsible for organising duty rota's to ensure people received their required daily visits. They demonstrated the computer system that was used for ensuring all visits were recorded and allocated to staff members. They said all staff were informed of their duty rota each week and any changes due to sickness or holidays would be allocated on an as needed basis. This ensured the relevant staffing numbers and skill mix were available to care for people safely. However we received mixed feedback about the staffing from people who used the service. They said, "The girls are smashing with me, they come on time and always ask if there's anything else I need before they go, they're very attentive." Another person said "Who turns up isn't always what's on the rota and some of the girls are not up to scratch." People were mixed about the timings of their visits and were not always informed when changes were made to planned staff to visit or when visits were late due to unforeseen circumstances.

We asked staff about their allocation for visits to people who used the service. One staff member told us, "We usually get the duty rotas each Friday which usually stays the same and only changes if there is sickness", "I like the company to work for. It is just the hours. Sometimes I don't get enough hours", "Carers [staff] have been rushing in the visits. The office is acting on this" and "This is a good company to work for on the carer's side. I get the same rota every week." However another staff member said, "I spend a lot of time walking between my visits. I have brought up my work allocation with [registered manager] and she is looking at it." We spoke with the registered manager about this who was aware of this and measures were taken to discuss the work allocation with them.

Staff told and staff files we looked at demonstrated safe recruitment procedures in place. Records included relevant checks that had been completed. These included completed application forms, references interview records and Disclosure and Barring Service (DBS) check. The DBS helped employers make safer recruitment decisions and helped prevent unsuitable people from working with people who use care and support services. We saw that when staff commenced their role necessary pre-employment checks had been completed and staff we spoke with confirmed they did not commence work until all of the required checks had taken place. This meant people were protected from the risks of unsafe recruitment practice.

All people who used the service we spoke with told us they felt safe receiving care from the service. People

said that their regular carers knew them well and knew how best to look after them. Staff demonstrated an understanding of the signs and types of abuse as well as the procedure to take when dealing with any concerns. They said, "Any concerns I would call the office, ring the safeguarding team and record it." However one person said they had reported some concerns in the past but had not been given feedback as to the outcome of any investigation. We discussed this with registered manager who was aware of the concerns and an investigation was ongoing.

Staff told us and records confirmed staff had undertaken recent training for safeguarding and there were up to date policies available to guide staff on the procedure for dealing with any allegations of abuse. Staff told us they would feel confident reporting any concerns about poor practice (Whistleblowing) to the registered manager. Comments included, "I have never seen anything to concern me. I would have no problems reporting any concerns to the manager."

Records we looked at identified investigations into allegations of abuse had taken place. These included details of the investigations along with confirmation of referrals to other agencies if appropriate as well as an audit trail of the actions taken as a result of any investigations.

We checked how the service ensured the risks of infections to people who used the service were minimised. Training records confirmed that staff undertook appropriate training in infection control that would ensure staff had the knowledge to protect people from the risks associated with infection. We saw staff were provided with personal protective equipment to ensure this risk of infection was managed safely. Staff were seen visiting the office to collect supplies of gloves and aprons to use on individual visits during our inspection. People's care records we looked at included any infection control risks where it was relevant. The registered manager told us guidance to support people's care needs safely were being introduced into people's care records. These included infection prevention advice and guidance for urine infections. There was also advice on display in the office to support staffs knowledge to reduce any potential infection control risks for example MRSA (Methicillin-resistant *Staphylococcus aureus*) advice. MRSA is a type of bacteria that's resistant to several widely used antibiotics.

Is the service effective?

Our findings

Some people who used the service we spoke with confirmed that staff asked their permission before undertaking any care or activity. However not all confirmed staff sought consent before undertaking tasks. One said, "My normal carer just does it. She knows me and we have developed a routine so she doesn't need to ask." All staff we spoke with confirmed they always sought consent before undertaking any care or activity with people and knocked on people's door before entering their homes. They said, "I always ask permission before I do anything, and I introduce myself." Another told us, "I always seek consent from people and ask their likes and dislikes. I also look at people's body language to check people's agreement."

At the previous inspection on 24 May 2016 we found that the provider failed to have suitable arrangements in place to protect people who used the service from abuse and improper treatment. We told the provider they must take actions to ensure arrangements were in place to assess people's mental capacity. During this inspection we found improvements had been made.

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. Staff could explain to us what was meant by a Best Interest decision and demonstrated this knowledge by sharing examples. We saw that where appropriate people who required checks on their capacity to make some decisions received these.

Where people receive support in their own home, applications to deprive a person of their liberty must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

Since our last inspection all staff had received training in the MCA and staff we spoke with had a basic understanding of MCA and DoLS and how this related to the care they delivered to people who used the service. Comments included, "I have completed MCA training. Capacity means when people find it hard to make decisions for themselves. We can't force anybody we have to help them," Another said, "It is when people are able to make decisions for themselves or not. DoLS is about people's rights and making sure they are safe" and "If people have their own capacity it is their choice. You can't force people."

The registered manager told us that since the last inspection they had developed documentation to ensure where concerns had been identified relating to people's capacity appropriate assessments would be completed. We saw that where people had been identified as having concerns relating to their capacity appropriate assessments as well as relevant authorisation had been completed by the Court of Protection. This would ensure people who used the service were protected from any unlawful restrictions.

We saw that the registered manager had developed a mental capacity file that detailed information relating to any referrals to the local authority for assessment on individuals capacity as well as records to confirm all staff had completed MCA training to ensure they had the required knowledge to care for people effectively.

Staff told us that people's care records included information that confirmed people had agreed to their care. Care files we looked at identified consent had been obtained from people who used the service to ensure they had been consulted and agreed to their care. Areas of consent included, the service agreement, service user (People who used the service) consent to liaising with other professionals, sharing information, regarding personal care and consent for staff to read care records. This would ensure that people were protected from the risks of receiving care that they had not agreed to.

At the previous inspection on 24 May 2016 we found that the provider failed to have suitable arrangements in place to ensure that persons employed were able to deliver care to people safely and to an appropriate standard. We told the provider they must take action to ensure staff received training in key areas of people's care. During this inspection we found improvements had been made.

People who used the service were complementary about the skills of the staff who delivered their care. Comments included, "Most of the staff I have are well trained" and, "Sometimes I get one regular carer and one new one, I think they're training them up. It's better that way than two new ones who don't have a clue what's what." However one person said, "Some of them need more training, as some of them will not do half the job that they're supposed to do."

All staff we spoke with confirmed they had received appropriate training to ensure they had the skills to meet people's needs. Comments included, "I have done all of my mandatory training as well as my NVQ (National Vocational Qualification) level three. NVQ is a work based qualification which recognises the skills and knowledge a person needs to do a job. The candidate needs to demonstrate and prove their competency in their chosen role or career path)", "I have done training such as food hygiene, medicines and safeguarding. We get reminders to attend training" and, "The training is good I am in the process of doing my NVQ level three at the moment." However one staff member told us in one of the training sessions they had received guidance on dealing with emergency in the event of a fire. We spoke with the registered manager about the content of the fire training who provided evidence of what training was delivered to staff in the event of an emergency.

Staff records and the training matrix confirmed that staff had undertaken relevant training that would enable them to deliver effective safe care to people. Topics covered included moving and handling, food hygiene, first aid, infection control, dementia, dignity and equality and diversity. The provider had completed a training plan that demonstrated what training courses were available as well as details relating to which staff needed to complete them.

There was an effective system in place to ensure all new staff had the necessary knowledge and skills to enable them to deliver people's care. All staff completed a detailed induction which included completion of the care certificate and shadowing of established staff members. Staff we spoke with confirmed they had completed their induction prior to commencing work.

We spoke with the training manager who told us they had developed a training programme to ensure staff had the skills and competence to deliver effective safe care. They said training was delivered either face to face, online or through work books. They told us, "All new staff are given information on their induction. As part of people's training we check their understanding. Halfway through staff induction training we undertake a review to discuss their progress as well as any targets required for them to complete their

training." As part of the staff training the provider asked for feedback from them about the training they received. We saw evince of positive feedback from staff. One comment included, "[Name of training manager] and her amazing talent to connect with all the students both as a group and with individuals."

Records we looked and staff told us the provider undertook regular supervisions and spot checks relating to the care they delivered. The deputy manager told us they ensured all staff received regular competency checks and supervisions to ensure they had the skills to meet people's needs. They said where concerns were identified spot check would be increased until staff competency was confirmed. This demonstrated that the service had a proactive approach to staff learning and development.

People who used the service told us staff supported them with their meals, preparation and shopping tasks when they needed. They said, "They get my meals for me, I choose what I want and if I need help cutting up the meat or things like that they'll do it." Where support with meals was required care files had the information required to guide staff on people's individual needs. Where people required their food and fluid intakes monitoring records had been completed that would ensure staff were able to monitor any changes in people's condition.

People we spoke with confirmed that staff involved relevant professionals when they needed them. They said, "My regular carer is very on the ball, if she spots anything that doesn't seem right she talks to me about it and either monitors it or calls the doctor if he's needed." Care records had details of relevant professionals involved in ensuring their individual health needs were met these included district nurses, general practitioner and consultant.

Is the service caring?

Our findings

We received positive comments about the care and support people received from the service. Comments included, "The staff are very kind, understanding and willing. They chat to me whilst they are helping me and you need that because sometimes you don't see anyone else all day", "The staff are lovely, polite and willing, they cook my meals and do the hoovering and make the bed. I can't fault them", "My regular is absolutely brilliant, and nothing is too much trouble. I try and work with her and we chat and have a bit of fun as she's working. I have never had to complain about anything" and, "They're very kind to me and they chat to me as they're helping me. Some are better than others but nobody has ever been rude or unpleasant to me, they're really good at encouraging me to do little things for myself. However some people said the care wasn't as good when it wasn't there, 'Regular carer.' One person said, "They are good, very kind and polite but they don't have time to sit and talk to you."

People told us that the staff supported them with a variety of activities such as household tasks, cleaning and shopping. There was evidence of support provided to people outside of their home. One person said staff supported them on shopping visits that would maintain and promote their independence.

Staff understood the importance of people's care files and ensuring people's likes, needs and choices were delivered. They said, "I always make sure I read people's care files. This explains what you need to do at people's visits", "The care plans in people's homes are good. They give you information about people's needs" and "The care plans have all of the information you need to give people the best care we can."

Care files were individualised and person centred and included people's likes, dislikes and choices. Care files reflected people's decisions about the care they required and how to manage these safely. There was also information about people's religious and spiritual preferences as well as their choices with regard to the preferred gender of the staff to support them. People who used the service told us they were asked about their choice of staff member when delivering their care. Records identified how to support people when concerns were identified with their sight and hearing and whether they required glasses or aids. This would ensure staff had relevant, correct and up to date information to support people's diverse needs.

Staff has access to a variety of information in the office that helped them to support people's individual needs. This included people's rights, equality and diversity, choice, consent as well as information on advocacy services available for people. Advocacy services ensure people who are unable to make decisions and have no relatives receive external support to make these decisions.

Is the service responsive?

Our findings

People who used the service told us they what a care file was and had been involved in the development of them. People confirmed regular reviews of their care files was taking place that would ensure records reflected people's up to date and current needs.

The registered manager told us they had introduced new documentation for people's care files and were in the process of updating all people's care plans at their next reviews. Staff we spoke with told us people's care files were detailed and provided upto date and relevant information to meet people's individual needs. They said, "The care plans in people's home provide good information about people's needs" and "The care plans are good they are better than last year. They give us all of the information you need."

We looked at a sample of both types of care files. Records included a detailed assessment of people's individual and current needs and guided staff on how to support them and well as evidence of regular reviews of people's care taking place. Relevant personal information was included in them such as date of birth, general practitioner and next of kin. Care plans and risk assessment were detailed and informative about how to support people. These included personal care, medicines, moving and handling, and shopping. There was clear guidance on people's likes, dislikes and routines and how to meet them. Records relating to the daily delivery of care was completed and returned to the office by staff. These provided clear details of the care that was provided to people, including personal care food and fluid intake and body maps.

The registered manager told us that information sheets would be included into people's care files to guide staff on specific care requirement or conditions. This would ensure staff had up to date and relevant information to support people's individual needs. We saw copies of these in the office. Area of guidance included personal hygiene advice, hearing aid guidance, infection prevention, pressure sores, continence and choking.

We looked at the system for managing complaints in the service. One person told us, "I have never had to complain about anything." People who used the service told us they felt able to raise any concerns however some people said they were not always confident there complaints would be taken seriously and acted upon. They said, "I have complained but nothing gets done." However others said that when they had made a complaint to the provider they felt these had been acted upon appropriately.

We looked at the complaints policy and procedure which was on display in a number of areas in the office which provided information to staff about the process for responding to and dealing with any complaints. Information included relevant contact details for other relevant organisations when it was required.

An effective system for monitoring and dealing with complaints was in place. We saw where complaints had been recorded there was evidence of completed investigations along with the actions taken as a result of the investigations. These included supervision sessions or meetings. There were also details of positive feedback received by the service. Examples seen included, "[Name of staff] was very good when dealing with an emergency situation. She has used her initiative and coped very well", "He has been very happy with the

care he has received and is very grateful he has mostly the same carer. We really appreciated this due to the fact that he only needed short term care" and "I felt that I needed to put in writing what an outstanding member of staff [name] is. Her attention to detail for even the smallest of tasks was excellent often going the extra mile to ensure the patient was well cared, comfortable and most importantly felt good about themselves. I have witnessed [name of staff] act as an advocate for one of her patient's (people who used the service)."

Is the service well-led?

Our findings

People who used the service told us they knew who the manager was and that she had visited them in their homes. One person said, "[Registered manager] is very good." We received positive feedback from staff about the leadership and management of the service. They told us, "[Registered manager] is lovely if I had any problems she would sort it", "It is a good company to work for. The manager is nice she is very helpful and tries to sort out any worries I may have," "[Registered manager] is busy but whenever we need her she will listen to us" and "In certain ways she is a good manager I usually speak with [deputy manager] I do like her she will tend to sort things out." However one person told us, "I don't think it is a good company to work for." Others told us about some frustrations when communicating with the office and receiving any changes to their rotas.

The service had a manager who was registered with the Care Quality Commission (CQC). The registered manager was in day to day charge of the operation and management of the service. There was a clear leadership structure in place within the organisation that were based at the office. We spoke with the registered manager about the daily operation of the service. They were able to demonstrate an understanding of the operation and oversight of the service. It was clear she knew staff and people who used the service well and was able to discuss people's individual needs. The provider and Nominated individual supported the registered manager in the operation and management of the home and visited the service on a daily basis.

Since our last inspection we saw the provider had completed an action plan and improvements had been made in relation to assessments of people's mental capacity, risk assessments, safe management of medicines and staff training.

We asked about how the service monitored the quality of the service provided. We saw evidence of completed audits that included the actions taken that ensured improvements were made as a response of their findings. Areas monitored included people's care plans, the electronic call monitoring system, missed visits, MAR charts and safeguarding. Records included notes where actions were required as a result of the audits. Relevant statutory notifications were being submitted to the Commission in a timely manner.

People told us and records confirmed they were asked for their views about the care that they received. We saw positive feedback about the service provided to people. Comments included, "Very happy, satisfied", "All of the carers chat to us and make our day brighter" and "I have no complaints with delta at all." Topics covered in the surveys included whether people were; satisfied with the service, informed of any changes, packages of care discussed with them and standard of the care provided. The records confirmed that people who used the service would be kept informed of the findings. This would promote an open and transparent approach to the organisation and management of the service.

Staff told us and records confirmed staff surveys and team meetings were taking place. Staff told us, "I attend team meetings and am happy to discuss things in them. Whatever we say I feel it matters" and "We have regular team meetings." Records of the minutes from the meetings noted dates and attendees as well

as the topics covered. These included duty rotas, staffing, new legislation, training, sickness and absence and equality and diversity. Records included actions to be taken as a result of the meetings. This would ensure engagement of the staff team in any improvements moving forward. Staff told us, "I attend staff meetings, they listen and things do change" and, "There are team meetings every 12 weeks." This would ensure staff were updated on changes in the service and any plans in the future.

Up to date policies and procedures were in place that provided information about how to ensure they met people's needs and provided good quality care and what was expected of staff. Policies were online as well as hard copies in the office for staff to access. However one policy we checked required updating to ensure guidance for staff on dealing with a fire in a person's home was up to date and relevant to keep people safe. The registered manager gave us assurance that this would be completed as a matter of urgency and that staff would be informed of the changes.

The service recognised the hard work of staff by nominating employees of the month and the year. This would promote engagement of staff that recognised individual's hard work and commitment to the care that they delivered to people.

There were copies of certificates on display that demonstrated the quality of the service that was provided. These included investors in people. Investors in people is an external accreditation scheme that focused on the provider's commitment to good business and excellence in people management. There were also copies of relevant registration certificates with the Care Quality Commission as well as details of the rating for the service from their last inspection.