Delight Supported Living Ltd

Delight Supported Living

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**

Overall summary

The inspection visit at Delight Supported Living was undertaken on 28 October 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people living in the community. We needed to be sure that someone would be in at the office.

Delight Supported Living provides personal care and support to people living in their own homes. The agency covers a wide range of dependency needs including older people with a physical or learning disability and older people living with dementia or mental health problems. The agency's office is located close to Morecambe town centre. At the time of our inspection there were 18 people receiving a service from Delight Supported Living.

The service had a registered manager in place. 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.

Summary of findings

At the last inspection on 29 May 2013, we found the provider was meeting the requirements of the regulations that were inspected.

Staff had received abuse training and understood their responsibilities to report any unsafe care or abusive practices relating to the safeguarding of vulnerable adults. Staff we spoke with told us they were aware of the safeguarding procedure. One person told us she always felt she was in safe hands, because staff were always reliable and punctual. They said, "Really quite impressed, I was very dubious at first but I do feel very safe with them."

The provider had put in place procedures around recruitment and selection to minimise the risk of inappropriate employees to vulnerable people. Required checks had been completed prior to any staff commencing work at the service. This was confirmed from discussions with staff.

Staff responsible for assisting people with their medicines had received training to ensure they were competent and had the skills required. People were supported to meet their care planned requirements in relation to medicines.

Staff received training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs. For example, the registered manager trained staff on how to move and handle people.

People and their representatives told us they were involved in their care and had discussed and consented to their care packages. We found staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People told us they were supported by the same group of staff. This ensured staff understood the support needs of people they visited and how individuals wanted their care to be delivered. One person we spoke with regarding their relative said, "They have one girl who comes regularly to [my relative]. She is very good always respectful to [my relative]. They are very caring and understand [my relative's] needs absolutely."

Comments we received demonstrated people were satisfied with the service they received. The registered manager and staff were clear about their roles and responsibilities. They were committed to providing a good standard of care and support to people in their care. Staff were introduced to people who received support prior to care taking place by a member of the management team. This showed the provider optimised people's care by ensuring the continuity of staff supporting them.

A complaints procedure was available and people we spoke with said they knew how to complain. We saw there had been one complaint and the outcome had been documented. Staff spoken with felt the management team were accessible supportive and approachable and would listen and act on concerns raised.

The registered manager had not recently sought feedback from people receiving support or staff. They had not formally consulted with people they supported and their relatives for input on how the service could continually improve. Quality audits had not recently been used at the time of our inspection. However the registered manager did have oversight of the service provided. When we inspected there had been a recent reduction of the provider service to maintain the quality of care delivered. The registered manager told us regarding the service provided, "We went smaller, we handed back some clients. We are not working where quality is affected by profit."

We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. Staffing levels were determined by the number of people being supported and their individual needs.

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Summary of findings

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.

Staff had been trained in safeguarding and were knowledgeable about abuse and the ways to recognise and report it.

Risks to people were managed by staff, who were aware of the assessments in place to reduce potential harm to people

There were enough staff available to safely meet people's needs, wants and wishes. Recruitment procedures the service had in place were safe.

Medicine protocols were safe and people received their medicines correctly in accordance with their care plan.

Is the service effective?

Good

The service was effective.

Staff had the appropriate training and support to meet people's needs.

The registered manager was aware of the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguard [DoLS] and had knowledge of the process to follow.

People were protected against the risks of malnutrition.

Is the service caring?

Good

The service was caring.

People who used the service told us they were treated with kindness and compassion in their day to day care.

Staff had developed positive caring relationships and spoke about those they visited in a warm compassionate manner.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs, likes and dislikes.

The provider was committed to providing a flexible service which responded to people's changing needs**,** lifestyle choices and appointments.

People told us they knew how to make a complaint and felt confident any issues they raised would be dealt with.

Summary of findings

Is the service well-led?

The service was not consistently well led.

The registered manager had in place clear lines of responsibility and accountability.

The registered manager had a visible presence throughout the service. People and staff felt the registered manager was supportive and approachable.

The management team had oversight of and acted to maintain the quality of the service provided.

The registered manager had not recently sought feedback from people receiving support or staff. They had not formally consulted with people they supported and their relatives for input on how the service could continually improve.

Requires improvement

Delight Supported Living

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.

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. The expert by experience who took part in this inspection had experience of domiciliary care.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events which the provider is required to send us. We spoke with the local authority to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced accessing the service. At the time of our inspection there were no safeguarding concerns being investigated by the local authority.

We visited one person who received support in their home and spoke with four people via the telephone**.** We reviewed five people's care files**,** five staff files, the staff training matrix and a selection of policies and procedures. We reviewed records related to the management and safety of the service.

We looked at what quality audit tools and data management systems the provider had in place. We reviewed past and present staff rotas focussing on how staff provided care within a geographical area. We looked at how many visits a staff member was completing per day. We looked at the continuity of support people received.

Good

Is the service safe?

Our findings

We asked people if the care they received made them feel safe**.** One person told us they always felt they were in safe hands because staff were always so reliable and punctual. They stated, "They go all over my house, and nothing's ever gone missing. I feel I can totally trust them."

During the inspection**,** records we looked at showed the registered manager and staff had received abuse training. There were procedures in place to enable staff to raise an alert. Staff demonstrated a good understanding of safeguarding people from abuse, how to raise an alert and to whom. Care staff said they would not hesitate to use this if they had any issues or concerns about the management team or colleagues' care practice or conduct**.** For example one staff member stated, "I did report a staff member once as I felt that they weren't professional. Management were very supportive and dealt with it appropriately." Another member of staff told us, "If I whistleblew which I would if necessary, I feel sure it would be taken seriously and handled correctly." This meant the provider had systems in place to guide staff about protecting people from potential harm or abuse.

All the care records we reviewed held an assessment of people's needs and a full risk assessment document. The document sought to highlight potential risk around visual impairment, falls and memory loss. It also looked at lifestyle, independence moving and handling and the environment. The form highlighted issues and risks then identified actions to lessen the risk. For example we noted documentation in place that identified how to support someone who had a potentially transferable infection. Documented procedures were in place to reduce the risk that staff should follow when supporting the person.

The provider operated an on call service to maintain staff safety and manage risk when staff were lone working or working unsocial hours. This meant that should it be required staff could contact someone for guidance and support.

We discussed accident and incidents with the registered manager. We were told there had been no recent accidents or incidents. We saw there was a framework in place to document and monitor all accidents and incidents.

We looked at how the service was being staffed. We reviewed past and present staff rotas focussed on how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day. We did this to make sure there was enough staff on duty at all times to support people in their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. Staffing levels were determined by the number of people being supported and their individual needs.

Staff members we spoke with said they were allocated sufficient time to be able to provide the support people required. One staff member said, "I appreciate the fact that we have a very structured rota with set breaks mid-morning, and the route is always well thought out, with sufficient time to get from client to client." A second staff member told us, "Once I had an overlap on my rota I rang up and explained and they sorted it out no problems." This showed the provider managed and acted on concerns to ensure people received timely and safe support.

The provider was introducing an electronic call logging system to monitor staff visits to people at home. The system was also intended to improve staff placement within geographical areas to maximise time staff spent with people. On the day of our inspection we observed the registered manager show a colleague how to use the new system. This showed us the registered manager was seeking ways to ensure people received their allocated support.

We looked at the recruitment procedures the service had in place in five staff files. We found relevant checks had been made before new staff members commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. These checks were required to identify if people had a criminal record and were safe to work with vulnerable people. The application form completed by the new employee's had a full employment history including reasons for leaving previous employment. Two references had been requested from previous employers and details of any convictions recorded. These checks were required to ensure new staff were suitable for the role for which they had been employed and to keep vulnerable people safe.

Staff spoken with confirmed their recruitment had been thorough. They told us they had not supported people until all their safety checks had been completed. A member of staff told us when the manager had recruited new staff, she would speak to existing carers, asking, "Do you know any

Good

Is the service safe?

carers?" They told us, "The registered manager knows exactly the sort of staff they want, and we do too." The provider had safeguarded people against unsuitable staff by completing thorough recruitment processes and checks prior to their employment.

We looked at the procedures the provider had in place for the administration of medicines and creams. The provider followed National Institute for Health and Care Excellence (NICE) guidelines on the administration of medicines. The provider liaised with the person or their family about the medicines they had been supported with. They noted the side effects and placed them in the file alongside the medication administration form. Staff received related training as part of their induction. The management team completed medicine competency spot checks on staff. These included observations of the administration of medicines followed by a questions and answer session. One person told us staff administered creams to their relative and commented, "They have done an amazing job. They have to apply cream wait fifteen minutes and then apply another cream. I know they do it properly because [my relative] tells me."

Good

Is the service effective?

Our findings

People told us they felt staff were experienced and well trained to support them. A relative told us, "I have no hesitation in recommending them. I've seen them adapt to whatever is thrown at them." They also commented, "Nothing is too much trouble for them. They never seem fazed by anything." One member of staff told us about somebody they visited, whose health and subsequent confidence fluctuated. They commented, "[The person] doesn't always feel confident to have a shower. It depends on how they feel so we always ask them and then leave notes to one another if she thinks she may want one later." They added, "That's why I always read the notes before I start as far as I'm aware every member of staff does the same. We don't want to miss something." A relative commented on the care being delivered, "[My relative] needed treatment four times daily, they have done an amazing job caring for them."

Staff told us their training was thorough, effective and on-going. The induction was delivered by computer based learning plus face to face training for moving and handling. The registered manager also stated they spent time with new staff during their induction to explain their roles and responsibilities. One staff member told us, "I had two days induction, which covered everything, even though I'd been in care before." A second staff member stated, "Even though I'd been a deputy manager in a care home, I went through the same training, it was good, and reminded me of some of the basics of care." They also commented, "They've just put me onto management training, which I'm very pleased about." A third staff member reinforced this, commenting they had benefitted from training courses. They also shadowed more experienced carers when they first began working with the company. The registered manager told us, "All new staff shadow experienced staff until they are comfortable and we are comfortable with them." This meant the registered manager had systems in place to guide new employees in their roles to support people effectively.

We saw records which contained staff training. Discussion with staff members and training records we reviewed confirmed staff were provided with opportunities to access training to develop their skills. The registered manager told us all staff had or were in the process of completing National Vocational Qualification [NVQ] level 2. There were staff completing NVQ3 training and management training. One staff member was being supported to complete a mental health qualification. On the day of our inspection, a member of staff telephoned the registered manager to ask if they could attend a training course on autism. Another staff member told us they had been on a training course for people who lived with Parkinson's disease. This showed us the provider was delivering personalised, effective support to develop and equip staff for their role.

When we visited the office we saw a bed and hoist were used for training. The registered manager told us they were qualified to deliver moving and handling training. They stated they delivered this as part of a staff member's induction. The registered manager emphasised training showed not only how to move people but also how to dress people who had restricted movement. This showed the provider enhanced people's skills to deliver an effective service which met people's needs.

All the staff we spoke with felt communication between the care staff and management team was excellent. However at the time of our inspection supervisions were not being completed. Staff did not have a structured opportunity to share their views or receive feedback from the registered manager. Supervision was a one-to-one support meeting between individual staff and a manager to review their role and responsibilities. The registered manager informed us they were in the process of introducing an electronic system to highlight when supervisions were due to be completed. The registered manager was also in the process of introducing a more person centred format for supervision. They stated, "Supervision should mean something" and "You should leave supervision feeling recognised." We were reassured that the registered manager had taken steps to ensure supervision would occur regularly.

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. We checked whether the service

Good

Is the service effective?

was working within the principles of the MCA. Policies and procedures were in place in relation to the MCA and Deprivation of Liberty Safeguards (DoLS). Staff files showed they had received training relating to the MCA and consent.

Staff we spoke with were able to describe what was meant by a person having capacity. They told us what they would do if they thought someone did not have capacity. The provider had introduced training on consent**.** They stated they emphasised where people were living with dementia staff must not assume they were unable to make a decision. This showed the provider had trained staff in the principles of consent to support people to make decisions.

When required, people were supported to maintain a balanced diet to prevent the risk of malnutrition and dehydration. This included staff preparing meals for people in their own homes.

Related care plans were detailed and staff had documented people's preferences about their support requirements. For example one care plan contained information about how to prepare cereal with the correct amount of milk preferred. It also stated which type of glass to use when accessing chilled water from the fridge.

The provider was working with other health care services to meet people's health needs. Care records contained information about the individual's ongoing care and rehabilitation requirements. For example**,** one care plan had information from the community therapy team who had left exercises for the person to complete. The exercises were completed with staff support.

Good

Is the service caring?

Our findings

People we spoke with told us they were treated with kindness and staff who visited them were friendly and caring. One person stated, “One of my carers is a man – I don't mind that, he's so lovely. He waits outside until I say he can come in.” We discussed care with a second person who said, “Caring? I should say so, the manager once bought me a piece of pie from Bury market because I'd asked about it. Now that's caring!.” She continued, “I'm happy with all of them – such lovely girls, very caring, I can't fault any of them.”

A member of staff told us, “This is a very caring company, it's 100% caring. When I first started the manager took me out and introduced me to everyone I was going to. It was absolutely fantastic.” Another member of staff told us, “I treat people how I would like to be treated. I don't rush off as soon as possible.” A relative stated, “The staff employed at Delight are all excellent, and the standard is consistently high.” A person told us about their relative’s care, and said, “[My relative] has one girl who comes regularly she is very good, always respectful. She is very caring and understands their needs absolutely.” She added, “I would recommend Delight – we have no complaints whatsoever.”

One relative told us their family member’s care had been superb, she had no hesitation in asking them to support a second family member also when the need arose. They told us, “It's unusual to have a care agency where people matter. My relative is as bright as a button, and I've never seen staff patronise them in any way. That means a lot to us both.”

The registered manager told us the care of people who used the service took priority. They told us, “We are not working were quality is affected by profit.” For example, the service had recently downsized reducing the amount of clients they supported to ensure a quality service could be delivered. They also stated they looked at the service from the ‘clients’ viewpoint. They said, "We live in their shoes." This showed the registered manager considered people’s requirements in their approach to service delivery.

Care files we checked contained records of people’s preferred means of address, meal options and how they wished to be supported. For example, the registered manager had documented in another file staff must confirm the person had understood tasks before proceeding with them. This showed the provider had guided staff to interact with people in a caring manner. People supported by the service told us they had been involved in their care planning arrangements.

When speaking with both people receiving a service, and staff, it was evident good, caring relationships were developed, and carers spoke about those they visit in a warm, compassionate manner. All the staff we spoke to told us they enjoyed working for the company. One staff member stated, “This one [company] is very centred on the clients. We are told not to rush people and we are not allowed to leave early.” One person told us they were very impressed people’s privacy is very well respected by staff telling us, “They’ll never discuss other clients with me. They are very professional.”

A relative told us about their family member’s care, and said it was always punctual, consistent, and caring. They stated, “I recently had a few days away just to give me a break, so they came in four times daily instead of the normal twice. I stayed in touch, there were no issues and I felt he was in safe hands. More importantly they were happy when I got back!” They told us this had given them confidence for the future that they can have a break from caring, knowing [relative] will be well cared for in their absence.

The provider had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) policy in place. A DNACPR decision is about cardiopulmonary resuscitation only and does not affect other treatment. This highlighted the provider had respected people’s decisions and guided staff about end of life care.

Good

Is the service responsive?

Our findings

A relative told us the provider delivered care for two family members who were very individual, as their needs were very different. They stated, “My [relative] has dementia, and has quite a few hours care each week, including time for social interaction. They're very good at swapping what they do. They use their initiative, dependent on how [my relative] is.” A member of staff told us they visited one person who had fallen, so they rang for an ambulance. They said, “I rang the office, who told me to stay with her, and it was not a problem. One of the office staff came out, and continued my round, it worked very well.” A person told us she has regular hospital appointments, saying, “I can ring up and rearrange my times – they're good like that.” This showed the provider was responsive to people’s changing needs.

We found assessments had been undertaken to identify people’s support needs prior to the service commencing. Staff had then developed a personalised care plan, which outlined how these needs should be met. We saw people had expressed when and how they wanted their support provided. For example staff had recorded in one care plan what their food preferences were and what not to offer. The registered manager told us they told all staff, “If the client tells you they don’t want it, don’t put it in a sandwich. Listen to people.” Staff had recorded in a third care plan, ‘Weather permitting support [the person] into the garden at lunchtime to feed the birds.’ The registered manager had guided staff to be flexible and support people to make informed choices and decisions about their care and support.

The registered manager had arranged specific training when needed for new clients. For example, a member of staff confirmed this, saying, “I was sent on a training course to understand more about Parkinson's disease when a client with that disease was going to become one of my regulars.” This showed the provider had developed staff understanding in order to be responsive in meeting people’s needs.

Care plans were in place and people were getting the care they required. Everyone we spoke with said they were happy with their care and staff were responsive to their requirements.

We found the complaints policy the registered manager had in place was current and had been made available to people who received support. This contained information about the various stages of a complaint and how people could expect their concerns to be addressed. Regarding complaints one person stated, “I did complain once, I rang them up because one of the girls was not very good, I didn't like her. They listened, told me they wouldn't send her again and she's never been back.” We looked at related records and found the provider had acted on complaints received. For example a member of staff was suspended following a complaint received. Documentation showed an investigation took place. There was an outcome which the person who made the complaint was made aware of and who was satisfied with. This showed us people who used the service knew how to complain and the provider had listened and acted upon their concerns.

Requires improvement

Is the service well-led?

Our findings

The management team had a good knowledge of the service and was knowledgeable of the care delivered. They told us, "I have never asked a staff member to squeeze a client in. [A management team member] and I will do it." A relative told us, "The manager will come out and provide care when necessary. I think that's very good. [The registered manager] keeps in touch with what's going on in that way." This showed the registered manager was visible within the service.

A member of staff told us, "We're very small – maybe 10-15 carers, and just two in the office. There's nowhere to hide, and nobody else to blame if we get it wrong. It's a very open culture I would say." They continued by saying, "I've got a voice here. I listen to management, and I feel they listen to me." A second member of staff stated, "I always feel listened to, I have a strong relationship with the manager. Once I had an overlap on my rota, I rang up and explained, and they sorted it out with no problems." A third staff member told us, "The manager and owner are both very approachable. There is also a rapport between carers and office staff. If there's a problem, people help one another."

We noted the provider had complied with the legal requirement to provide up to date liability insurance. There was a business continuity plan in place. The registered manager's business continuity plan was a response planning document. It showed how the management team would return to 'business as normal' should an incident or accident take place. This meant the provider had plans in place to protect people if untoward events occurred.

We found team meetings were held to support staff to raise concerns or make suggestions about service development. Although we noted these were not held regularly, we discussed this with the registered manager. They assured us they would develop this process and increase the frequency of meetings. This meant there was no formal forum to enable staff to feed back any concerns. However all staff spoken with felt any concerns could and would be addressed by the management team should they be raised. A staff member told us they do not have regular staff meetings, "because that would take us away from our clients, I personally don't think it's necessary because communication between everyone is so open anyway. If I've got a problem I'll ring the manager, and they'll listen and sort it out."

The registered manager was frank and transparent about not formally reviewing the care people receive recently. Care plans we looked at were not all reviewed regularly. For example, we noted one plan had not been reviewed since February 2014. This meant the provider had not always ensured staff were guided to people's on-going needs. the registered manager had told us that people's needs had not changed. We were reassured by the management team who assured us they would address this as a priority. During our inspection, the registered manager told us the recently introduced electronic monitoring system which will highlight when care plans required updating.

There had been no recent quality assessments, no formal framework to gain the views of the people receiving a service. However they were aware of the need to improve and had made changes. The provider had downsized the service to maintain the quality of support being delivered. They had adopted an electronic system to complete rotas freeing the management team to focus on data management and quality monitoring. Being a small service with the management team working alongside staff and clients had allowed occasional quality checks to take place. All people and staff spoken with were happy with the provider and the support being delivered.