

Delta Care Ltd

# Delta Care Ltd - Chorley

## Inspection report

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Date of inspection visit:  
18 December 2019  
19 December 2019  
17 January 2020

Date of publication:  
13 February 2020

### 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

Delta Care Ltd is a domiciliary care agency based in Chorley which provides care and support to people living in their own homes. There were 67 people receiving a service at the time of inspection.

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

People felt safe and protected from avoidable harm. Staff had received training in safeguarding and knew how to recognise and raise any concerns they may have. People who had support with medicines received them from trained staff whose competencies had been checked.

Staff received appropriate training to enable them to support people effectively. The majority of people felt staff understood their needs and how to support them. Some people felt regular staff changes meant they had to explain what they needed sometimes. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

People told us they felt staff were caring and respected them and their homes. People told us staff put them at ease when providing personal care. Staff understood the importance of dignity and respected people's individual characteristics. People's equality needs had been considered.

People received person centred care based on their assessed needs and preferences. Regular reviews had been held when people's needs changed and their care plans adjusted. One person felt they did not have regular reviews but were happy with the care provided.

The service was well-led. There had been some changes to the management team and people told us they felt communication and organisation had improved. Staff told us they felt the service was well managed and they were clear what was expected of them. The provider had effective quality monitoring systems in place. People and staff told us they had been kept informed and given opportunities to feedback their experiences.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at the last inspection

The last rating for this service was Good (final report published 28 June 2017)

### Why we inspected

This was a planned inspection based on the previous rating. We had however received some concerns relating to the service not always providing two staff for two carer packages. We have addressed this in the safe domain.

### Follow up

We will continue to monitor information we received about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below

# Delta Care Ltd - Chorley

## Detailed findings

### Background to this inspection

#### The inspection

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

#### The inspection team

This inspection was completed by one inspector.

#### Service and service type

Delta care is a domiciliary care agency providing personal care and support to people living in their own homes. At the time of inspection 67 people were receiving a service from the agency. Not everyone who used the service received personal care. The Care Quality Commission (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.

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 24 hours notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people in the office to speak with us. Inspection activity started on 18 December 2019 and ended on 17 January 2020. We visited the office on 18 and 19 December 2019 and made phone calls to people who use the service and staff on 17 January 2020.

#### What we did before the inspection

Before the inspection, we reviewed information we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do

well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with the registered manager, deputy manager, and the provider. We reviewed a range of records including call logs, recruitment files, care records and quality assurance audits. We made phone calls to four members of care staff and five people who received a service or their relatives.

# 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 good at this inspection this key question has remained the same. This means people were safe and protected from avoidable harm.

### Staffing and recruitment

- We had received some information of concern which indicated that people who needed two carers had not always been provided with them. Systems were now in place to ensure sufficient staffing was provided. Eight people needed two carers and we spoke to four of them. Two of them confirmed there had been occasions when the second carer had either been unavailable or was late which had resulted in their relative having to provide support. No harm had been identified but people felt this could have been communicated better. We discussed this with the registered manager who advised they had addressed this prior to the inspection. People confirmed that this had not happened since the new manager had been in post.
- Staff continued to be recruited safely, all necessary pre employment checks had been completed which helped ensure staff were suitable to work with vulnerable people.
- The provider had a system to ensure people received their visits on time. We noted the provider had not always followed their procedure, we discussed this with the registered manager who advised they were currently upgrading the system to make it more accurate, we noted the shift coordinators were chasing up where calls appeared to have been missed due to the logging in system not working. We will review this at the next inspection.

### Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding policies and procedures in place which followed the local authority processes. The provider had raised safeguarding alerts when required and investigated them fully.
- People told us they felt safe, comments included; "I do feel safe and they do not give me any concerns" and "The carers look after me well. They make me feel safe."
- Staff had received training in safeguarding and were able to identify what might be a possible concerns and how to raise this. Information about how to raise a safeguarding was displayed in the services office.

### Assessing risk, safety monitoring and management

- The provider had assessed the risks people needed support to manage and developed plans to minimise the risk of avoidable harm. These included; moving and handling, nutrition and personal care.
- Staff understood the risk assessments and found them useful. One person told us, "We keep people safe by using the risk assessments."
- The provider had ensured environmental risk assessments had been completed which helped ensure staff were aware of any risks when visiting people's homes.

### Using medicines safely

- The provider had robust medicines management procedures in place.

- Staff received training in safe medicines management and their competencies were assessed.
- Medicine administration records we viewed were accurate with no gaps.

#### Preventing and controlling infection

- The provider had effective policies in place to prevent the risk of infection and cross contamination.
- Staff had access to gloves, aprons and hand cleaning materials which were stored at the office for staff to collect.

#### Learning lessons when things go wrong

- The provider had a system to learn from incidents, accidents and near misses. We could see this had been followed more recently. There had been historical incidents which had not been fully explored. We discussed this with the registered manager who advised this was no longer the case and all incidents would be properly followed up.



# 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

- The provider had assessed every person's needs prior to them receiving a service. The assessments were thorough, detailed and person centred. People's needs and preferences had been discussed with them to help ensure care was effective.
- Staff told us they found the assessments and care plans useful and were able to refer to them to help them provide effective support. Comments included; "The care plans are useful especially the ones that have been overhauled and are easy to follow." and "The care plans are useful, they only give a little bit of information but they cover all the bases you need."

Staff support: induction, training, skills and experience

- The provider ensured staff received a thorough induction which included guidance about professional boundaries.
- The provider ensured staff received regular supervision, this is a one to one meeting with staff and a senior to discuss their progress and any development needs. Records we reviewed showed staff were able to contribute and explore their career options.
- The majority of people felt staff understood how to help them and were experienced and knowledgeable. Some people found this may fluctuate when staff were new to them. We discussed this with the registered manager who advised they tried to achieve consistency when possible.

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

- Care records showed information from other professionals, including district nurses and speech and language therapists had been recorded and followed.
- The provider had assessed people's health needs and identified the support they needed to meet them.
- Teamworking within the organisation had been improved by the registered manager who ensured communication was more effective.

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

- Where the provider was responsible for supporting people to maintain their nutrition and hydration they had included information in the care plans.
- Staff supported people to prepare meals when required. One staff said, "I like to cook and make sure people have good food freshly made."
- At the time of this inspection there was no one needing a modified diet, such as pureed or thickened drinks.

## 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.

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.

- There was no one subject to any restrictive practices at the time of inspection.
- Consent had been sought from people in relation to the care they received. People told us staff always asked permission before providing care.
- Staff understood the principles of the MCA and ensured they asked people's consent before providing care. One staff member said, "Consent is gained by asking, we cant assume what they want or that they want what is in the care plan."

# 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 told us staff were caring and kind. Comments included; "They are very kind and caring." and "They respect my home and my things."
- Staff respected people's choices, one staff said, "I make sure I do what they want me to, I establish a good rapport with people."
- The provider had assessed people equality and diversity needs and included information that was important to people in their care records. Where it was part of someone's package of care, staff could support people to attend church services.

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

- The provider ensured people's communication needs had been assessed to help ensure staff understood how to communicate with people most effectively and involve them in decisions on a day to day basis.

Respecting and promoting people's privacy, dignity and independence

- Some people felt staff respected their dignity, comments included, "If (name) feels embarrassed, most respect them, and, "Staff are often caring, gentle and reassuring." However one person said, "Sometimes carers could be more sensitive as they talk over (name) and they can feel rushed."
- Staff had received training on dignity in care and described how they supported people when they might experience distress. Comments included, "I sit and talk with people who are anxious, spend a bit more time and try to reassure them, I may ring a family member." and "I try to reassure them, listen to what they are worried about, if necessary I contact the family or office."

# 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 requires improvement. At this inspection this has improved to good.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider included people in their assessments and care plans which helped ensure people received personalised care which reflected their needs and preferences.
- The provider had included single page profiles at the front of each persons file which staff found useful to refer to. One staff said, "There is a profile about what's important and family network and likes and dislikes."
- The provider reviewed care regularly and involved people and their relatives in reviews.

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

- The provider could support people, where this was part of the care package to engage in social activities.
- Staff knew how to contact important family members and friends from information in the care records if required.

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 service had met this standard. Information was available in a variety of formats, including large print.
- People's care files also included stickers which provided at a glance information about their communication needs, including if they were hard of hearing or visually impaired. This supported staff who were not familiar with people to communicate.

Improving care quality in response to complaints and concerns

- The provider had a complaints procedure and records we reviewed showed they had followed this.
- People had mixed views about how the service responded to complaints. One person felt they did not really listen to their concerns. Another person said we only had to complain once and they responded straight away.

- People had been provided with information about how to raise a complaint or concern.

End of life care and support

- The agency were commissioned on occasion to provide end of life support staff worked alongside community health staff when required.
- Staff had received training to support people at the end of their lives.

# 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had been in post since October 2019 and had identified some key areas which needed to be improved, this included communication between the office and people using the service and call logging. These are progressing.
- Both staff and people who used the service had reported noting improvements in the organisation of care. One staff said, "I think they are well organised, it has got better recently and I think this will continue." A relative said, "Recent changes have made a difference and we are hopeful the improvement continues."
- The provider had robust auditing procedures in place which they followed. Records showed the provider had developed action plans in response to issues identified and ensured these were followed through.

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

- Staff understood the values of the organisation and the standard of care expected from them. One staff said, "The manager is good, they are very clear about what they expect. They give us clear routines to enable continuity of care."
- The providers policies and procedures promoted person-centred care and helped ensure staff understood good practice. This included the professional boundaries training included in the induction.
- Staff felt supported and cared for by the management team. One staff said, "They are supportive and approachable, I can't fault them." another said, "The manager is great, I feel comfortable talking to her and the owners. They are fair and listen to what you say."

Continuous learning and improving care

- The provider had a system in place to learn from incidents and experience to improve care. Recently the service had begun to use symbols on care files to help staff understand people's communication needs at a glance.
- The registered manager had attended meetings with other registered managers within the organisation to share skills and learning.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility of duty of candour.
- People had mixed views about whether they had been kept informed of incidents. All people we spoke

with felt there had been improvements and that they had been kept up to date.

- The registered manager had notified the appropriate authorities when required, this included; CQC and the local authority safeguarding team.

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

- The provider used surveys and questionnaires to understand the experience of people who used the service. Staff said they had annual surveys and the provider responded to them.
- The provider ensured they included information about people's equality characteristics in their records. This information was used in planning care and staffing.

Working in partnership with others

- The provider worked with partner organisations, including the local authority commissioners and safeguarding team. Input from other professionals including occupational therapists, district nurses and doctors had been included in care records which helped provide consistent care.
- The registered manager worked across the organisation and shared experiences with other managers and teams.