

Delta Care Ltd

# Delta Care Ltd - Cheshire East

## Inspection report

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18 November 2019

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## Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

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 Limited Cheshire East is a domiciliary care agency providing personal care in people's own homes. At the time of the inspection the service was providing care and support to 21 people.

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

People were protected from abuse and avoidable harm. However, risk assessments did not always reflect the support being provided to keep people safe. Whilst we found people were supported to take their medicines as prescribed, records relating to medication had not always been updated to reflect changes. Further guidance needed to be included in records relating to "as required" medicines. The registered manager took immediate action to address these issues.

We have made a recommendation about notifications being submitted to The Care Quality Commission as legally required.

There were enough staff to safely meet people's needs. The service continued to recruit new staff and safer recruitment procedures were followed. An electronic call monitoring system was in place and the registered manager had recently reviewed rosters to ensure call times were consistent. People told us they received their care as expected.

Staff were suitably trained and supported to carry out their roles. The registered manager had developed a plan to ensure staff supervisions were carried out as required by the provider. People were supported to access health services if needed. People's dietary needs were assessed and, where required, they were supported with their meals.

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; the policies and systems in the service supported this practice. However, where family representatives had signed consent forms, records needed to be clearer about the basis on which they had signed.

People were positive about the care and support they received, and the service had received several compliments. Privacy and dignity was respected and people were supported to be as independent as possible.

Care and support was individualised, and people's choices and preferences were taken into account. There was a complaint procedure in place and the manager responded appropriately to any concerns, to help improve the quality of the care as necessary.

Staff were aware of their roles and responsibilities and felt well supported. There was a focus on continuous improvement and effective systems were in place to monitor the quality of the service. There had been a

recent management restructure in response to improvements identified through the provider's assurance processes. The provider sought people's feedback to help develop the service.

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 last inspection

This service was registered with us on 15 November 2018 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the date of registration of the service.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

The details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Delta Care Ltd - Cheshire East

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector and an 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

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 November 2019 and ended on 18 November 2019. We visited the office location on 14 and 18 November 2019.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We also visited two people at their homes to discuss their care. We spoke with eight staff including the registered provider, registered manager, care workers, the trainer and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and knew how to recognise potential signs of abuse and how to raise any concerns about people's safety.
- Any safeguarding concerns had been reported correctly to the local authority and the registered manager was due to attend further training in relation to local procedures.
- Although the registered manager had notified CQC about the majority of these incidents, we had not been notified about three incidents, which had been an oversight.

We recommend that the registered manager ensures they fully understand the regulatory requirements in relation to notifying CQC about certain incidents.

Using medicines safely

- Records in relation to medicines had not always been updated to reflect changes. The service used electronic medication records, as well as some written records in people's home. Whilst we found people had their medicines administered correctly, there were some inaccuracies in the written records which could lead to confusion. The registered manager acted to address this straight away.
- Records in relation to "as required" medicines were in place, however these would benefit from further detail, to guide staff about when these medicines should be administered.
- Staff were trained to administer medicines and their competency was checked by the registered manager.
- Audits to monitor the administration of medication were in place and the registered manager had recently adapted these.

Assessing risk, safety monitoring and management

- Although individual risks to people had been assessed and action taken to reduce the risks, some risk assessments did not always reflect the support being provided to keep people safe.
- Staff understood the actions needed to be taken to keep people safe. However, where a person for example was at risk of going out and becoming lost, this was not identified on their risk assessment, despite action being taken to mitigate the risk.
- In another example a nutritional risk assessment had been completed which concluded that staff should record the person's intake and review every two months. However, the person's care plan did not include this guidance for staff. Although this had not had any impact on people, the registered manager agreed to address this straight away and said plans were already in place for the new supervisor's role to include reviews of care records.

- Numerous risk assessments had been carried out appropriately in other areas, including the environment, mobility, falls amongst others.
- The provider had implemented a mobile app which scheduled and monitored care calls. This meant office staff were alerted straight away to any missed or late calls. Important information was available through the app and staff could highlight any concerns immediately to the office.
- There was business continuity plan in place for the service to ensure people's care would continue in the event of an emergency.

#### Staffing and recruitment

- People told us staff generally arrived as expected, they said, "Sometimes they run late but they turn up most of the time"; "They are very good at sticking to times and they always arrive" and "They are very good at keeping to time and they are very flexible which accommodates my needs."
- There were enough staff to provide people with the support they required. Staff told us they had enough time to meet people's needs in an unrushed way.
- The registered manager had recently responded to feedback about care times and had undertaken an exercise to reschedule rosters, which had been effective.
- The provider told us the recruitment of staff had been difficult. This was ongoing, and the registered manager considered staffing levels before taking on any new care packages and were able to provide continuity of care.
- Appropriate procedures were followed when recruiting staff, to ensure they were suitable to work with vulnerable people.

#### Preventing and controlling infection

- Infection control procedures were in place and followed to minimise the risk of cross infection.
- Staff received training and had access to disposable aprons and gloves. People told us staff wore this equipment appropriately. They said, "The carers have a box of gloves in the bedroom and they use them."

#### Learning lessons when things go wrong

- Lessons were learned when things had gone wrong. Staff were required to report any incidents and accidents involving people they supported. The registered manager reviewed these to ensure relevant action was taken to prevent any occurrences
- Where a medication error had occurred, changes had been made to the system reduce the risk of this happening again.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them being supported by the service. The management team visited people and their relatives to discuss the support they required.
- These assessments were used to develop the person's risk management and care plans. Guidance was sought from the local authority or other health professionals if necessary.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- People made their own decisions where possible and their consent was sought before support was provided. People had signed consent forms within their care plans. However, where family representatives had signed, records needed to be clearer about the basis on which they had signed. For example, whether they had legal authority to do so or were being consulted with in the person's best interests. We discussed this with the registered manager who agreed to review this.
- Staff had undertaken training in the MCA and had some understanding of the principles.
- The registered manager told us that where necessary mental capacity assessments and best interest decisions would be carried out and recorded.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills to support people's needs. Staff received suitable training from an in-house trainer.
- Before starting work at the service new employees completed an induction, which included shadowing experienced staff. Staff new to care were required to complete the Care Certificate. This is an agreed set of standards which should form part of a robust induction.
- One to one supervision sessions had been carried out with some staff but not as often as required by the provider. However, the registered manager often worked alongside staff and regularly observed their

practice.

- There had been a management restructure which meant a new role had been introduced to support staff supervisions and future supervision had been planned.
- Staff felt well supported in their role and able to approach the registered manager for guidance.

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

- Staff supported people to eat and drink enough to maintain a balanced diet, where required.
- Care plans included information about people's nutritional needs, such as diabetes. People told us staff asked about their preferences before preparing any meals.

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

- People were supported to access healthcare services and support when required. For example, staff had supported a person to attend the dentist.
- Staff told us they knew people well and recognised when their health needs changed. They liaised with people's relatives or supported people to contact their GP as required.
- Where necessary staff worked in partnership with other health professionals for support and guidance, such as occupational therapists or district nurses.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were positive about the support they received and told us staff were kind and caring. Comments included "They are very intuitive if something is wrong, they are very caring" and "They couldn't be more helpful, they are the best we've had."
- People were generally supported by familiar staff, who had time to listen and understood their needs well. They told us, "(Carer) comes most mornings, she's a cracker" and "They are very nice people."
- The service had received several compliments about the care and support provided.
- Equality and Diversity was part of the provider's mandatory training requirements to ensure staff understood and supported people's differences. Information about people's life history, their cultural backgrounds and what was important to them was recorded as part of the initial assessment and helped staff build relationships with them.

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

- People and their relatives had been involved in the development of their care plans.
- Staff told us they sought people's views and respected their choices. A staff member said, "A massive aspect is choice and dignity, we are hugely person centred."
- Where necessary people were provided with information and supported to access advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. Care plans focused on supporting people to maintain their independence where possible.
- Staff training included the importance of dignity and staff demonstrated a good understanding of the need to respect people's independence and dignity. They gave us examples of how they promoted this.
- Information about people was kept confidential. People's records were kept securely in a locked cabinet in the provider's office.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Overall people told us the care provided met their needs and preferences. Comments included, "They do all the tasks we ask them to do" and "They provide good care under difficult circumstances, they do all my tasks and more beside."
- Care plans were in place for each person at their home and at the office. Information was also available to guide staff via the mobile app. Person centred information was included, as well as information about people's likes and dislikes, history and important relationships.
- Although, staff told us they were kept up to date with any changes to people's needs through various forms of communication, some changes had not always been incorporated within people's care plans. This was an area where the registered manager had started to take action to address.
- Telephone reviews and face to face reviews were carried out to ensure people were satisfied with the care provided and adjustments made as necessary.

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 provider had an AIS policy and procedure in place and the registered manager understood the standard.
- People's communication needs were assessed and recorded within their care plans. Where necessary, information could be provided in alternative formats.

Improving care quality in response to complaints or concerns

- There were effective systems in place to handle any concerns or complaints. People told us they knew how to make a complaint if they were unhappy.
- The provider had a complaints policy and procedure which provided guidance on how complaints would be dealt with and timescales for responding.
- Where any concerns or complains had been raised, the registered manager had followed appropriate procedures to deal with these and where necessary acted to improve the quality of the care.

End of life care and support

- Staff were trained to support people at the end of their lives. The registered manager told us staff worked in partnership with other agencies, such as district nurses, to provide responsive end of life care.

- People's wishes and preferences for end of life carer were considered and care plans were developed when required.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a registered manager in post who demonstrated their commitment to promoting a person-centred service for people.
- People received support which achieved good outcomes. They were positive about the organisation and knew the registered manager. One relative told us "Management could not be more helpful."
- Staff were positive about the leadership of the service. They told us the management were approachable and they would not hesitate to raise any concerns. A staff member said, "I definitely would go straight to (manager), she would be there for you."
- Staff were supported by an on-call system and office staff provided back up in case of any emergencies.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Systems were in place to monitor the standard of care. Audits reviewed different aspects of care and were being further developed. The provider was closely involved and regularly spent time at the service.
- The management team had identified areas within the service which could be improved and acted to address these areas. For example, the role of field supervisor had recently been introduced.
- The service had policies and procedures in place which staff were able to access if they needed any guidance. The policies and procedures were up-to-date and reviewed.
- People were provided with a service user guide and staff were given a handbook.
- The registered manager was open and proactive, they acted immediately to address any issues identified during the inspection.
- The registered manager understood their legal responsibilities. We have made a recommendation in the safe section of this report in relation to notifying CQC appropriately as legally required.

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

- The provider sought people's views about the service. A feedback form had recently been sent out to people and their relatives to complete. These were due to be analysed and an action plan developed as necessary. The feedback was in the main, very positive.
- Staff worked with other agencies to improve people's experience of care. These included health and social

care professionals.

Continuous learning and improving care;

- The provider and management team were continuing to learn and develop the relatively new service.
- The provider had devised a training and development plan and used "Skills for Care" guidance to inform ongoing training and development.
- The provider facilitated managers meetings on a regular basis where any shared learning was discussed, and action taken across the organisation.