

Delta Care Ltd

New Care Services & Cornerstone

Inspection report

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28 January 2020

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

New Care Services & Cornerstone provides personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive a regulated activity. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection 62 people were receiving personal care.

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

People were protected from abuse and avoidable harm. Risks to people's safety were identified and managed. There were enough staff to keep people safe and to meet their needs. The provider had systems to monitor the safety of the service and took action where they identified issues. They ensured lessons were learnt from any safety incidents. People received the support they needed to take their medicines safely.

The manager assessed people's needs and people received the support they required. The staff were skilled and competent to provide people's care. They provided people with the support they needed to enjoy their meals and drinks. 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.

The staff treated people with respect and were caring towards them. The staff spoke about people in a respectful way and promoted their independence, privacy and dignity. The staff and manager asked people for their views about the care provided and respected the decisions people made.

Care was planned and provided to meet people's needs. The staff provided people with personalised care that met their needs and took account of their wishes. The provider had a procedure for receiving and managing complaints about the service. People received the support they needed at the end of their lives.

The provider had developed a positive culture and people received person-centred care that met their needs. The provider and manager monitored the quality of the service and had identified areas which could be further improved. People were asked about their views and knew how to contact a member of the management team. The staff worked cooperatively with other services to ensure people received the care they required.

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

Rating at last inspection: The last rating for this service was good (published 3 July 2017).

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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.

New Care Services & Cornerstone

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector 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 homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was on long-term planned leave when we inspected. An interim manager had been appointed to oversee the running of the service.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the provider or manager would be in the office to support the inspection.

Inspection activity started on 20 December 2019 and ended on 28 January 2020. We visited the office location on 20 December 2019 and contacted people and care staff by telephone and email to gather their views between 7 and 28 January 2020.

What we did before the inspection

We reviewed the information we held about 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 the manager, the provider and the provider's nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with three members of the care team and reviewed a range of records at the service offices. This included the care records for four people and three staff files in relation to recruitment and staff training. We also looked at a range of records relating to the management of the service.

After the inspection

We contacted nine people who used the service and one relative to gather their views. We also contacted two care staff to gather their views of the service. We continued to seek clarification from the provider to validate evidence found. This included looking at staff training data.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were enough staff to keep people safe and to meet their needs. People told us they usually received care from staff who they knew and who knew them well. However, there were times staff were delayed and carried out people's calls late or people were supported by staff they did not know. The manager had identified this issue and was addressing it.
- People told us they had not had any missed visits in the 12 months before our inspection. They said, although there had been times the staff were late, they did always attend.
- The provider had a system to identify if staff had attended calls as planned. This allowed them to identify issues, so they could be addressed.
- The provider carried out thorough checks on new staff to ensure they were suitable to work in people's homes.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. The staff were trained in how to identify and report abuse.
- The provider worked cooperatively with the local authority when safeguarding issues were identified to ensure people were protected from abuse.

Assessing risk, safety monitoring and management

- The manager had identified and managed risks to people's safety. People's care records included guidance for staff about how to provide their care in a safe way. The staff had completed training in how to provide people's care safely.

Using medicines safely

- The staff supported people, as they needed, with taking their medicines.
- The staff were trained in how to support people with their medicines safely. They completed thorough records of the support they had given to people.

Preventing and controlling infection

- The provider protected people from the risk of infection. The staff were trained in preventing infection and handling food safely. The staff told us they were provided with appropriate protective equipment, such as disposable gloves and aprons, to reduce the risk of infection.

Learning lessons when things go wrong

- The provider had systems to ensure lessons would be learnt from any incidents. This included sharing the outcome of incidents with the staff team to further improve the safety of the service.

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 manager carried out a thorough assessment of people's needs before agreeing to provide their care. The individual, and those who knew them well, were included in developing the needs assessment. The manager used the needs assessments to develop individual care plans which guided staff on how to support people.

Staff support: induction, training, skills and experience

- The staff were skilled and competent to provide people's care. People told us they were happy with the care they received. One person told us, "I think they [staff] have the skills." Another person said, "I think they have skills they are a good bunch."
- The staff told us they completed a range of training to give them the skills and knowledge to provide people's support. They said this included induction training and training to meet people's specific needs. The staff said they felt well supported by the service management team and could contact a senior staff member for guidance at any time they needed.

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

- The staff provided the support people needed to enjoy their meals and drinks and to eat and drink enough to maintain good health.
- Where people needed the staff to support them with preparing their meals and drinks this was clearly identified in their care plans. There was clear guidance for staff to ensure people had snacks and drinks within their reach before they left people's homes.

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

- The staff gave people the support they needed to access appropriate healthcare services. This helped people to receive the support they required to meet their needs.
- People's care records included details of the healthcare services which supported them. They also included guidance for staff to monitor people's health, where people required this support

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 decisions about all aspects of their care and their rights were protected. The manager and staff understood their responsibilities under the MCA. They asked people what support they wanted at each visit and respected the decisions people made. One person told us, "I choose what happens when my carer comes, it will depend on how I am feeling." Another person said, "I feel I have control in my own home."
- There was no one being supported by the service who required restrictions on their liberty to receive the care they required.

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; Respecting and promoting people's privacy, dignity and independence

- The staff treated people with respect and were caring towards them. People were very complimentary about the staff who supported them. One person said, "They [care staff] have genuine care and are sympathetic" A relative told us, "They [staff] treat my relative with great respect."
- The staff spoke about people in a respectful way. They understood how to support people to maintain their independence and how to promote people's privacy and dignity while providing their care. People told us the staff protected their dignity. One person said, "I like the way, when we're in the bathroom, the door's shut and the blinds drawn."

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

- The staff and manager asked people for their views about the care provided and respected the decisions people made. We saw people had been asked for their views at meetings to review their care.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- The staff provided people with personalised care that met their needs and took account of their wishes. One person said, "They [staff] know how I like things done and do it that way."
- People told us, if they asked for any changes to the planned care, the staff agreed to these where possible. One person told us, "I only have to ask, and they see what they can do." Another person said, "All that they do is good and the carers are very obliging, my carer even changes her times if I have to go somewhere."
- The manager developed people's care plans with them. One person said, "I was very instrumental in setting it [care plan] up and asked questions." The care records guided the staff on how people wanted their care to be provided.

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 manager assessed people's communication needs to identify how they needed information to be provided. This was recorded in people's care records to guide staff on how to share information with them.

Improving care quality in response to complaints or concerns

- The registered provider had a procedure for receiving and managing complaints about the service. People told us they knew how they could make a formal complaint if they needed to. One person said, "I have rung about the carers being late. They still are sometimes, but it gets dealt with."
- The staff knew how people could complain about the service. They said they would be confident supporting someone to complain if they required assistance to raise any concerns.
- Some people told us they could not always contact the service as their calls were not answered and messages left on the service's answer phone were not always replied to. The manager had identified these issues and was taking action to address the concerns.

End of life care and support

- People were supported, where possible, to remain in their homes as they reach the end of their lives. The service had links with specialist services they could work with if people required care at the end of their lives. The staff had received training in supporting people who required end of life care.
- The staff understood the importance of providing good care at the end of people's 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.

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

- The provider had developed a positive culture and the staff understood the importance of providing good quality care which supported people to achieve good outcomes. People were involved in all decisions about their care and received person-centred care that met their needs.
- People knew how they could speak to a member of the management team if they needed. One person told us, "I know who's in the office and am on first name terms with two of them." Another person said they would speak to a named member of the management team and said, "I feel comfortable talking to them."

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 provider understood their responsibilities under the duty of candour. They notified us of significant events, such as the death of a person using the service, as required. The notifications showed the provider and manager had shared information about incidents with relevant people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider, manager and staff were clear about their roles and responsibilities. The staff felt well supported and were confident they provided good care to people. They told us they would recommend the service.
- The manager had assessed the quality of the service and identified areas which needed to be improved and was taking action to address these.

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

- The provider had systems to gather people's views to identify how the service could be improved. They had asked people to complete a quality survey to share their views of the service they received. People were also asked for their views by telephone and at meetings to review their care.
- The staff told us the provider and manager listened to them and said they could share their views about how the service could be further improved.

Working in partnership with others

- The staff worked with other appropriate services to ensure people consistently received care that met

their needs. They knew the other services which supported people and worked cooperatively with them.