

Delta Care Ltd

# Delta Care - Trafford

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Delta Care – Trafford is a domiciliary care agency providing personal care to 55 adults at the time of the inspection.

Not everyone who used the service received personal care. 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.

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

Significant improvements had been made following the previous inspection in November 2019. Feedback from people, their relatives and staff was overwhelmingly positive and reflected the changes made to the service. Systems had improved to ensure people now received their medicines safely. People received their visits on time and people told us they felt safe with the care being provided.

People were treated with dignity and respect by kind and caring staff. People were happy with their care and the registered manager had responded positively to the last inspection to ensure the service was more person centred.

People and staff praised the changes to the service since our last inspection. Improvements to the governance systems ensured a better oversight of performance and quality. Data was used consistently to address any concerns quickly to support continued improvement.

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

The last rating for this service was inadequate (published 27 January 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 27 January 2020. During this inspection the provider demonstrated that improvements had been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

### Why we inspected

We carried out an announced comprehensive inspection of this service in November 2019. Breaches of legal requirements were found and we served three Warning Notices for Regulations 9, 12 and 17.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Caring and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Delta Care Trafford on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?

The service was not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-led findings below.

**Requires Improvement** ●

# Delta Care - Trafford

## 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.

#### 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 24 hours' notice of the inspection. Due to the COVID-19 pandemic we wanted to review documentation remotely and make arrangements to speak with people and staff. This helped minimise the time we spent in face to face contact with the management team.

Inspection activity started on 30 July 2020 and ended on 7 August 2020. We visited the office location on 30 July 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and three relatives about their experience of the care provided. We spoke with eleven members of staff including the provider, the registered manager, the manager and eight care workers.

We looked at four care files and ten medication administration records. We viewed three staff recruitment records and a variety of records relating to the management of the service, including policies and procedures were reviewed. We looked at audits to monitor and improve the service and any quality assurance documentation.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 inadequate. At this inspection this key question has now improved to 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.

### Using medicines safely

At our last inspection people were not receiving the support they required to ensure medicines were administered safely and recorded accurately. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- People now received their medications at the correct times. The smart phone app used to record medication administration records had been updated since the last inspection. This now made it clear, when the last medication had been given, to help ensure staff could adhere to specified gaps between medication times.
- Staff received training to administer medicines and were competency checked before they supported people with medicines. Staff told us they felt confident to administer medicines.

### Staffing and recruitment

At our last inspection people were not receiving timely, appropriate, personalised care and support to meet their needs. This was a breach of Regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- Visiting times had improved. People and their relatives were now happy that staff attended at the correct times. People and their relatives told us, "They are generally on time and call if they are going to be late" and "They tend to be on time. Yes, they call if they are going to be late. Yes, they stay for allocated time."
- The staff rotas had been reorganised since the last inspection. Staff now had specific geographical areas to cover. Staff were mostly positive about the organisation of the rotas. They told us, "Yes, the rotas are well organised and I am on time" and "Yes, we are on time for the majority of visits. The office calls people when we are late."
- People now received support from regular team members. One person told us, "I usually see the same three staff each week."
- People told us staff now stayed for the allocated time for their visits. Staff logging in and out records

confirmed this. The visit times and duration were also now constantly monitored by a live system and flagged up any shortfalls which were followed up immediately.

- Staff received appropriate pre-employment checks prior to commencing employment, however, two of the three staff recruitment files we viewed, did not contain the applicant's full employment history and any gaps in employment had not been explored. Three of the files did not have health declarations. Action to rectify both issues was taken by the registered manager during the inspection.

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

At our last inspection people were being put at risk of harm and did not feel safe in their own home. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- People and their relatives told us they now felt safe. Previous concerns around people's key safes and people not being familiar with their carers had been resolved. In addition, people and relatives had also been offered the option of an app where they could see in advance which staff will be visiting. The registered manager told us that 20 people and their relatives were using this app.
- Monthly surveys were introduced after the last inspection and there had been no negative feedback about people not being familiar with their carers or people not feeling safe as a result.
- Staff received training to recognise and report any abusive practices. Staff told us they felt confident to report any concerns to the office.

#### Assessing risk, safety monitoring and management

At our last inspection call times impacted on one person's risk assessment. This put people at risk of further harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- All people's associated risks, such as skin integrity, falls and safe eating and drinking was assessed and documented in the four care plans we reviewed. Concerns about call times highlighted in the last inspection had been resolved. One risk assessment was out of date. The risk issue identified was no longer current and the care plan needed to reflect this. We raised this with the registered manager and the risk assessment and care plan was updated.
- People's properties received a robust risk assessment to ensure they were safe for the person and the staff team.

#### Preventing and controlling infection

We made a recommendation at the last inspection that the training is reviewed to ensure staff are aware of their responsibilities for prevention and controlling infection. Improvements had been made and we received no further concerns about infection control.

- Training had been reviewed and additional measures to manage infection control had been put in place since the last inspection.
- Staff received training in infection, prevention control. Staff followed government guidelines on personal



protective equipment (PPE). People and their relatives told us, "Absolutely, the staff are very hot on the PPE. They make sure they always wash their hands when they visit me" and "Yes, they do consistently wear PPE. No concerns."

- The registered manager had carried out monthly surveys with people and had received no negative feedback about PPE or infection control.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to prevent future occurrences.

# 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 requires improvement. At this inspection this key question has now improved to 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; Respecting and promoting people's privacy, dignity and independence

At our last inspection people were not always treated with dignity and respect. People received inconsistent support and staff were not fully supported to understand people's needs. This was a breach of Regulation 9 (Person Centred-Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- Consistency of staff had improved with people receiving support from regular carers.
- People and their relatives were positive about the timings of the calls and the communication with the office, if staff were going to be late. People did not feel rushed by the carers during the visits. People told us, "There are no missed visits. A few late visits but not many. Yes, they call to let me know. Yes, I get my allocated time. If they rush me, I would tell them" and "Very rare for them to be late, the care I receive has improved 100%."
- Staff told us they now had up to date information through the smart phone app and this was regularly updated as required.
- People told us they were treated with dignity and respect by kind and caring staff. The people we spoke with did not raise any concerns about their care.

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

- People told us that they felt involved in decisions about their care and people confirmed that the registered manager called them on a regular basis. One person told us, "The manager does call me and says they are always here if I need anything."
- The registered manager introduced monthly surveys after the last inspection. The feedback was overwhelmingly positive and we saw evidence that any concerns were responded to quickly.
- Feedback from staff was mostly positive. They felt the rotas were well organised and enabled them to arrive on time. We received no concerns about staff needing to rush care. Staff told us, "Yes, we have a set area and we are mostly on time. They are close together and I get to spend the full time with people which I like."

# 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection systems to manage the quality of the service were ineffective. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- Overall performance at the service had improved. Key improvements had been made and this was widely reflected in the feedback we received from people, relatives and staff. A relative told us, "Things have improved in the last 6 months. In January I was 80% happy, I am now 95% happy. They have upped their game I am happy with them. The main thing is my [relative] is happy."
- The registered manager had responded positively to correct the shortfalls identified at the last inspection. Action had been taken to ensure people received personal care and support in a timely manner.
- Staff told us if they were running late due to traffic or the previous call taking longer than expected that the office called to let people know. The people we spoke to confirmed this.
- Effective measures had been put in place to ensure people now received their medicines at the correct times.
- Monitoring of the service had improved and the registered manager ensured through regular surveys and calls to people that any shortfalls were quickly responded to.
- We discussed with the registered manager the need to further improve audits. For example, one of the care plans and accompanying risk assessment we reviewed was out of date. The registered manager had completed both the care plan and the audits of the care plans. We raised this with the registered manager and the provider was considering taking on the auditing role in future.

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

At the last inspection managers and staff did not understand the impact of lack of person-centred care was having on people. This was a breach of Regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- People now received person-centred care and support. People and their relatives told us, "Yes they are pleasant and we can have a laugh. I am happy with them" and "I cannot fault the service. Don't get me wrong, last year they were shocking, but now so much better. I am so pleased. Its lovely to see the carers smiling. I know it's just a smile, but it goes a long way with me."
- Measures had been put in place since the last inspection to improve the rotas and existing systems were utilised to consistently monitor call times. Monthly surveys had also made the service more responsive to people's needs.

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

At our last inspection the delivery of high-quality care was not assured by the leadership of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- Methods to gain feedback from people was now a central feature of the service. People provided consistently good feedback about the service. This matched feedback the service had gained which showed people were very happy with their care and support. Once feedback had been received, this was then analysed, and measures put in place to support continuous improvement of the service.
- Since the last inspection the registered manager telephoned people every month and this was confirmed by the people we spoke to. People told us, "The manager does call me and says they are always here if I need anything" and "They are always going above and beyond".
- Staff confirmed care plans were now regularly updated and the information was available on their app and in paper copies in people's homes.
- Staff were very positive about the support they received and felt valued. Staff told us, "I don't have a bad word for them, they focus on quality over quantity. They go above and beyond for service users and the staff. They are easy to approach. It is a lovely company to work for" and "Yes, I am 100% happy working here. They go out of their way to help me when I need it".
- The registered manager told us, "I feel feedback and praising the staff is one of the most important parts of the job." We saw evidence of this in memos and emails sent to the staff where positives were always highlighted.

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

- People and relatives spoke positively about the service. They told us they were able to speak with them when they needed to. Staff also confirmed that there was an open and honest culture where they were encouraged to report incidents and accidents if they occurred.
- The provider had fulfilled their legal obligations in relation to notifying CQC of important events, and action they had taken to resolve or improve things.

Working in partnership with others

- The service worked with the local authority to monitor and review the quality of the organisation.