

Delta Care Ltd

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Inspection report

93 Tulketh Street
Southport
Merseyside
PR8 1AW

Tel: 01704500048

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

This service is a domiciliary care agency. It provides personal care to people who live in their own homes. It provides a service to older people and those who may live with dementia, mental health conditions, physical disability and sensory impairment.

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. At the time of our inspection the service was providing support to 125 people.

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

Although the service was safe, we have made a recommendation about the recording of medicines by staff. Although we were assured people were supported to take their medicines, some records relating to the management of people's medicines were not always accurate.

People had a genuine say in their own care and support planning. They were supported by a consistent staff team who knew their needs well, and supported them to retain their independence in order to remain living in their own homes. Staff recruitment processes ensured staff were safe to work with people.

We received positive feedback from both people who used the service and their relatives about the quality of the care and support they received.

There had been a recent change in manager since the last inspection. The manager was receptive to our feedback and provided reassurances that recommendations would be acted on, demonstrating the service's commitment to achieve positive outcomes for people.

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 (report published 8 January 2020).

Why we inspected

The inspection was prompted in part due to concerns received about the management of medicines. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Delta Care on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector and one medicines 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection although there was a manager registered with the service, they were no longer working at the service and were in the process of de-registering with CQC. A new manager had started at the service and was in the process of registering with CQC.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 5 December 2022 and ended on 20 December 2022. We visited the location's office on 5 December 2022.

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 and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We attended the office and spoke with the manager, the operations manager and a care co-ordinator.

We looked at records in relation to people who used the service including five care plans, multiple medicines records and systems for monitoring the quality of the service provided.

After the inspection we continued to seek clarification from the provider to validate evidence found. We looked at policies and quality assurance records. We spoke with four people and five relatives on the telephone to help us understand their experience of the care and support received. We also spoke with three members of care staff on the telephone.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Charts were uploaded to the system by the main office on receipt of confirmation of medicines being taken. However, we found information for 2 drugs on the chart for 2 people did not reflect what was prescribed by their GP. We spoke to the manager about this who clarified the information with the GP and updated the records to ensure they were accurate.
- Staff did not always record the quantity of medication that was taken by a person if the dose was variable. For example, where a person was prescribed one or two painkillers, staff did not always record how many painkillers they had given.

Although we were assured medicines were managed safely; we recommend that the provider reviews the system to ensure that records are accurate and up to date.

- The service used an electronic system to record medicines. Staff had access to information required to support people to take their medicines. Staff told us they had the necessary training and support to be able to give people their medicines safely.
- Wherever possible, staff supported people to manage their medicines independently, and sometimes only supported people by prompting them to take their medicines, this helped maintain people's independence and dignity. A relative told us, "Without fail they [Staff] check Mum has taken her medicines."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety had been identified and were appropriately managed and mitigated by staff, to help keep people safe.
- The service managed risks in a way which balanced people's right to choose with their right to be free from harm. Staff supported people to make their own choices in an informed way and understood where people required support to reduce the risk of avoidable harm.
- People were cared for by regular members of staff who knew their needs and were familiar with how to manage risk. One staff member told us, "I have the same clients who I see every day. I know them very well; both their care needs and as a person."
- People and their relatives told us they felt the care and support provided by staff was safe. One person told us, "Yes I feel safe with staff, they [Staff] are just wonderful." A relative confirmed, "Staff are trained and [Name] is in safe hands, they know what they are doing."
- Risks were reviewed regularly to ensure the service had a current and accurate picture of safety. The service adopted a practice of learning from any incidents, accidents and other relevant events. Findings were communicated to staff to ensure the correct action was taken to help prevent any future recurrence.

Systems and processes to safeguard people from the risk of abuse

- People were adequately protected from the risk of any harm or abuse. Systems and processes were in place to ensure any concerns would be shared with relevant safeguarding authorities and for investigations to take place.
- Staff were trained in safeguarding matters and knew what action to take to keep people protected. One told us, "I've had all my training, I would always raise any concerns I had about people and in fact I have, and it was acted on." A relative confirmed "Staff recognised and acted on a safeguarding issue with [Name], they kept me informed and were very proactive."

Staffing and recruitment

- Recruitment systems ensured staff were recruited to support people to stay safe. Staff files contained all required information.
- People received a reliable and consistent service as the service ensured there were enough staff to meet people's needs.

Preventing and controlling infection

- The service managed the control and prevention of infection. Staff followed policies and procedures on infection control which met current and relevant national guidance. Risk assessments for the management of COVID-19 were in place.
- The service ensured staff understood their role and responsibility for maintaining good standards of hygiene in people's homes. This included managing risks of COVID-19 by the use of effective infection prevention techniques and the use of appropriate PPE.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- The leadership, governance and culture promoted the delivery of high-quality person-centred care, committed to achieving good outcomes for people.
- Wherever possible, the service involved people's relatives in their support, which helped lead to positive outcomes for people. People and their relatives told us how happy they were with the care provided. One person told us, "I have the same staff, I am very happy with all the girls." Comments from relatives included, "Staff have a very good rapport with [Name]" and "Staff are so lovely and patient and always ask and explain what they are doing. They are on the ball, they notified me they had found a rash and the next day [Name] was at the GP, marvellous."
- The service promoted equality, diversity and inclusion to remove any barriers to people's access to high-quality care and support.

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

- The issues we found with medicines, had been recognised by the registered provider and manager, demonstrating their understanding of quality performance, risk and regulatory requirements.
- The manager recognised staff required further training and support on how to use the electronic medicines recording system. Immediately after our inspection, refresher training had been arranged for staff in response to our feedback.

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

- We received mixed feedback about people's engagement with the service. Some people told us they were not contacted for their feedback about their care and support. However, people and their relatives told us the office was always available for help and support when needed. One relative told us, "If we need anything, we call the office, if we need to change times for our call etc they are so accommodating. They listen to our preferences and needs."
- The manager told us since they had started with the service, they hoped to improve systems for engaging with people and had introduced visits to people's homes to check on people's views on the service provided.
- The manager told us this increased feedback would be used to enable the service to make changes to people's support plans as their needs changed.

- The service used an electronic 'app' meaning that people's relatives were able to access care plans and notes subject to the person's consent. A relative told us, "The app is great, I can log in anytime, and see what the care notes are, what time staff leave and arrive. Some carers leave additional notes which is so helpful."
- The service operated from an office which was local to people using the service and staff. People and staff were welcome to call into the office at any time. One member of staff told us, "The office has an open-door policy, I can and do call in anytime."
- The manager engaged regularly with staff to enable them to have a platform to voice their feedback and views. Feedback was listened to and acted on to help shape the service further. Staff told us although there had been changes in the manager, this was not unsettling as the higher management team and provider were constant and consistent sources of support.

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 service was open to feedback and adopted a transparent and open approach. Any concerns were investigated in a sensitive and confidential way, shared with the relevant authorities and lessons were shared and acted on.

Continuous learning and improving care

- Quality assurance processes were being further developed to capture the views and experience of people using the service, this included regular visits to people's homes.
- The service demonstrated a commitment to sustained and improved care at all levels. Best practice guidance was shared amongst staff to help further in the delivery of good care.

Working in partnership with others

- The service worked in partnership with external organisations to support high-quality care provision, to ensure people received a positive experience based on best practice outcomes and their choices and preferences.