

Care Delivered Ltd

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Inspection report

124 Cavell Street
London
E1 2JA

Tel: 02073928866
Website: www.caredelivered.uk

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Care Delivered Ltd is a domiciliary care agency which provides personal care and support to people living in their own homes. 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 the inspection the service was supporting two people with personal care support.

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

Right Support: There were sufficient numbers of suitably skilled staff to meet people's assessed needs. Staff knew people well and understood their communication needs. Staff were recruited with specific communication skills to meet people's individual communication needs.

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. Some staff we spoke with could not demonstrate a good knowledge of how the Mental Capacity Act 2005 (MCA) applied to their role.

We have made a recommendation about reviewing staff MCA training to ensure staff have a good understanding of their responsibilities

Right Care: The process of assessing and managing risk was not consistent and risk assessments did not always include adequate risk management plans. We found risks around eating and drinking and skin integrity were not adequately assessed. Medicines support in care plans was not in line with current best practice guidelines.

We have made a recommendation about delivering medicines support in line with current best practice guidelines.

People's representatives told us they thought people were safe and well looked after. Staff understood how to recognise and report any signs of abuse or neglect.

Right Culture: There was a system for monitoring the quality and safety of the service, but this was not always effective and had not identified some of the issues we found. The provider was not following safe recruitment procedures as they had not obtained a full employment history when recruiting new staff. People told us managers regularly checked on them to make sure they were happy with their service. Staff were positive about the support they received from the management team and the provider.

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

This service was registered with us on 10 October 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to risk management and recruitment at this inspection. We have made recommendations about reviewing MCA training and consulting best practice guidance for supporting people to manage their medicines. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

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.

Details are in our responsive 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 ●

Care Delivered Ltd

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

The inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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 there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. The inspection started on 15 September 2022 when we visited the office and ended on 5 October when we provided feedback.

What we did before the inspection

We looked at information we held about the service. This included details about incidents the provider must notify us about, such as allegations of abuse and serious accidents and incidents.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used information gathered as part of our monitoring activity that took place on 22 August 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We reviewed two people's care plans and care records. We looked at five staff files in relation to recruitment and supervision. We also looked at policies and procedures and records related to the management of the service.

During the office visit we spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. After the visit to the office we made calls to two care staff and two representatives of people receiving care to get their feedback on the service.

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 of 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.

Staffing and recruitment

- The provider did not follow safe recruitment processes as they had not obtained a full employment history when recruiting new staff and gaps in employment were not explained. The dates of employment in references also did not correspond with the employment history on their application form and the provider had not identified this during the recruitment process. We raised these issues with the provider, and they have reviewed their processes and addressed the issues we identified with recruitment files.

We found no evidence that people had been harmed but the provider failed to have robust recruitment processes in place to ensure persons employed had the right skills and experience. This was a breach of Regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider conducted Disclosure and Barring Service (DBS) checks before new staff started working. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People received their care visits as planned with sufficient staff. One person told us, "The carer has never missed a visit and always attends on time." The provider had recently increased the staffing levels for one person when their care needs had been reassessed.

Assessing risk, safety monitoring and management

- The provider was not always managing risks effectively. We found care plans and risk assessments were inconsistent and did not always contain clear guidance for staff to ensure they understood how to mitigate known risks. One person's care plan stated they were at high risk of falls and infections. Despite these being identified there were no measures in place to mitigate the risks. We raised this with the provider and they reviewed the care plan and risk assessment, but we found further improvements were required as the guidelines to mitigate the risks were still not clear.
- One person's care plan showed they required support with eating and drinking and they required a soft diet. The care plan did not contain sufficient detail about the risks or the measures in place to mitigate these. Staff told us the person had been prescribed a thickener for their drinks by the GP to mitigate the risk of them choking but there were no guidelines in place for the use of the thickener so we could not be assured all staff would know how to use it correctly.
- The risk of skin breakdown for people had not been effectively assessed as the provider had not used a systematic assessment tool to quantify the level of risk. We raised this with the provider, and they have now assessed the risk of skin breakdown using a recognised risk assessment tool and put in guidelines to ensure

these risks are being mitigated.

Although we found no evidence that people had been harmed, the lack of information within risk assessments created a risk to people's health and safety. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the issues we found, people's relatives and/or representatives told us staff were keeping them safe. We received comments such as, "I am happy they are keeping [family member] safe" and "I don't have any concerns about safety."
- The risks associated with people's living environments had been assessed to identify any potential hazards to people's safety.

Using medicines safely

- Medicines were managed safely but we found medicines support described in care plans were not in line with current best practice guidance. At the time of the inspection only one person was being supported with their medicines. Their care plan stated staff were required to prompt them to take their medicines and staff recorded every time they did this. The current National Institute for Health and Clinical Excellence (NICE) guidelines for managing medicines and the provider's own policy does not include 'prompting' as a category of medicine support so we could not be sure whether the prompting was part of a self-management plan in line with the current guidelines.

We found no evidence that the person had not received their medicines as prescribed, but we recommend the provider consider current guidance on supporting people with medicines in a home care setting and update their practice accordingly. We shared The National Institute for Health and Clinical Excellence (NICE) guidelines for managing medicines for adults receiving social care in the community with the registered manager after the inspection.

- Staff who supported people to take their medicines received appropriate training and had been assessed as being competent in this area.

Systems and processes to safeguard people from the risk of abuse

- Policies in relation to safeguarding children and adults were in place and staff received relevant training. Staff showed a good understanding of whistleblowing and safeguarding procedures. They knew who to inform if they had any concerns about abuse and how to escalate their concerns if they were not satisfied their concerns were being taken seriously. One member of staff told us, "We all know to speak to the manager immediately if we see anything worrying."
- The provider was aware of their responsibility to report safeguarding concerns to the local authority and the CQC. At the time of the inspection no safeguarding concerns had been raised.

Preventing and controlling infection

- The provider was managing risks associated with infection control. Staff had access to appropriate personal protective equipment (PPE) to prevent the spread of infection. People told us staff followed safe hygiene practices and wore the correct PPE when carrying out care and support. We received comments such as, "They always wear masks, gloves and aprons. No problems."
- Staff told us managers often spoke with them about their infection prevention and control (IPC) responsibilities and they had enough PPE to carry out their role.

Learning lessons when things go wrong

- There were systems in place to record accidents and incidents. Staff understood their responsibility to report these to the registered manager.
- Lessons learnt from previous incidents was shared with staff during staff meetings to help prevent similar events from 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 health and social care needs were assessed, and care plans put in place to meet these.
- People's representatives told us the provider considered their needs and choices when completing assessments. One person said, "Of course they asked me what [family member] needed. They are very good and always do what we need."

Staff support: induction, training, skills and experience

- Staff received induction and training to ensure they were equipped to carry out their role. New staff had a comprehensive induction and probation period which included the completion of the Care Certificate, which is an identified set of standards that health and social care workers adhere to in their daily working life.
- Staff told us they received regular supervision and adequate training. Comments from staff included, "We get regular supervision and the manager is always in contact if we need them" and "We are able to request more training if we feel it is required."

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

- People were supported to eat and drink food of their choice. However, we found care plans did not contain enough detail for staff in regard to their hydration needs. One person's care plan stated they "needed to be supervised to ensure they remain hydrated." However, there was no guidance in place to ensure staff knew how much fluid the person would need daily to remain properly hydrated.

We recommend the provider reviews the care plans to ensure they contain sufficient detail in regard to people's fluid and nutrition needs.

- People told us they were happy with the way they were supported to prepare food and drinks. One person told us, "The carer makes breakfasts lunches and dinners and sits with [the client] whilst they are eating."

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

- The provider worked well with other agencies to ensure people received consistent care. When people's needs changed the provider communicated with social workers and occupational therapists to ensure aids and adaptations were provided.
- Care plans contained information on people's medical conditions and contact details of other healthcare

practitioners involved in people's healthcare. Staff understood when they would need to seek medical advice or support if people's health deteriorated.

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 MCA 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.

- The provider was following MCA best practice guidelines and conducted capacity assessments when they had cause to suspect people lacked capacity to consent to their care and treatment.
- Some staff we spoke with told us they had not received MCA training and they could not describe how they applied the principles of MCA in their day to day role. Although the training matrix showed that all staff had received MCA training the gaps in the staff knowledge showed the training had not been effective and further support and training was required.

We recommend the provider reviews MCA training to ensure all staff have the necessary understanding of how this applies to their role.

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 told us they were well treated, and staff provided compassionate care. Positive comments included, "The staff are kind and helpful. They really do go above and beyond" and "The carer treats [the person] like their mum."
- People were supported by regular care workers who knew them well. One relative told us, "The carers know [family member] well and they know where everything is if I am not around. They are very flexible." Care plans also highlighted when people found adapting to different care staff more difficult.
- Staff had training in equality and diversity and told us how they adapted the care and support to meet people's needs. Assessments and care plans contained information about people's cultural and religious needs including dietary needs associated with their religion.

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

- People were supported by family members and/or advocates to ensure their views and choices were heard. Staff told us how they referred to people's next of kin or representative if people were not able to express their views or make decisions about their care. One member of staff said, "We always keep checking with the client's [family member] as the client cannot really express themselves."
- People could choose which staff supported them. One person's care plan stipulated they only wanted support from male members of staff and this choice was being met.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected, and their independence was promoted. Care plans contained information about what people could do for themselves to help ensure staff promoted people's independence as much as possible.
- Care staff spoke about people in a dignified way and explained how they promoted people's privacy when delivering personal care.

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

- People's representatives told us they were involved in the development of the care plan, which met their needs. One person told us, "They asked me what [my family member's] needs were, and I am happy with the care plan and with how the carers are following it. I really can't thank them enough."
- People's religious and cultural needs were well documented in their care plans. The provider also recorded people's personal history to help carers have a broad understanding of the people they were caring for.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and care plans contained guidelines for staff to promote good communication. The provider recruited people to meet people's specific communication needs. For example, a care worker with specific language skills was employed to meet the needs of someone whose first language was not English.
- At the time of the inspection the provider was not supporting people who would benefit from information being presented in accessible formats so the provider was not doing this.

Improving care quality in response to complaints or concerns

- The service had a complaints policy which stipulated how they should respond and inform people what action they would take to investigate concerns raised.
- People told us they had not had any cause to complain but they knew what to do if they were unhappy about any aspect of their care and support. One person told us, "I have had no issues or complaints so far."

End of life care and support

- The provider was not providing end of life care at the time of the inspection. However, the provider had supported people to record their end of life care wishes in their care plan. This included treatments or procedures people did not want to have and details of how people would like to be cared for if they were very ill or dying including any cultural and/or religious needs they had.

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 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

- The provider was not aware of all regulatory requirements as they had not gathered all the necessary information about new staff before they were employed. There were quality assurance processes in place but these were not always effective as they had not identified the issues with risk assessments and recruitment checks that we found.
- The provider had attempted to improve the quality of care plans and risk assessments after feedback had been given during the direct monitoring call. However, the improvements were not consistent across the different care plan documents we reviewed so we could not be assured that the provider had an effective system of care planning and risk assessing. Medicines support in care plans was not in line with current best practice guidance.
- Re-assessments of people's needs were carried out whenever there were significant changes that might impact people's health and social care needs. However, reassessments were not always effective as care plans were not always fully updated with new information. For example, one person's home safety checklist showed a walk-in shower had been provided. However, the personal hygiene part of the care plan still stated staff should support the person with a strip wash.
- Staff understood their roles and responsibilities and knew when they would need to seek guidance and support from a more senior member of staff. Staff told us managers gave them sufficient support to fulfil their role. One member of staff said, "Yes, they have been very supportive. The training is very good, and we can always speak to a manager if we need to."

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

- The provider created a person-centred and open culture which was confirmed by people who received care, their relatives and staff. People told us the provider delivered person-centred care and exceeded their expectations. We received comments such as, "They really go above and beyond. During the hot weather the manager delivered bottles of drinking water to make sure we all kept hydrated" and "The carer is brilliant and [the client] has been radiant since the carer has been coming."
- Staff were positive about the culture of the service. One member of staff told us, "Care Delivered really do care about people and try to give excellent service."

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 to be open and honest and give people all the relevant information when things went wrong.

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

- The service engaged with people receiving care, their relatives and staff. Records showed and people confirmed managers made regular visits and calls to people to monitor the quality of care provided. One person told us, "The [nominated individual] calls me every week to see how things are going. We are in contact all the time."
- The provider communicated with staff and kept them up to date with relevant information via memos, text messages and during staff meetings. One member of staff told us, "We speak with the manager and office staff all the time. They let us know what's going on."

Continuous learning and improving care

- The provider had introduced an electronic care monitoring system which recorded staff attendance times and enabled staff to record details of the care they delivered at each visit. Staff told us they were receiving ongoing training and support to ensure they were able to use the system effectively.

Working in partnership with others

- Although the service was very small we found the service worked in partnership with other health and social care professionals to ensure people received ongoing support to meet their needs.
- The provider communicated concerns they had about people's safety and/or their changing needs to the local authority so risks could be safely managed, and aids and adaptations could be requested to improve people's living environments.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not fully assess the risks to the health and safety of service users or do all that was reasonably practicable to mitigate any such risks.</p> <p>Regulation 12 (1)(2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not establish and operate safe recruitment procedures as they had not gathered sufficient information about candidates before they were employed.</p> <p>Regulation 19 (2)(3)</p>