

Delta Care Ltd

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Inspection report

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Date of inspection visit:
06 December 2019
09 December 2019

Date of publication:
08 January 2020

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

Delta Care Ltd is a domiciliary care agency providing care to people living in their own homes, so they can live as independently as possible. At the time of our inspection the service was supporting 122 people with personal care.

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

There were systems in place to monitor and drive improvement through auditing, however some of these had been completed inconsistently, and actions taken to address concerns were not always clearly recorded. We made a recommendation about this. The provider had recently recruited to a role to ensure audits were completed more consistently in the future.

Risks to people's health and wellbeing were assessed and plans were in place to monitor people and to assist them in a safe manner. Staff knew how to support people safely, including the use of equipment. Staff were supported and trained to ensure they had the skills to support people effectively. They understood how to protect people from harm and were confident that any concerns raised, would be reported and investigated by the management team. Staff had been recruited safely and there were enough staff to effectively meet the current packages of care which supported people's needs.

People told us they had good relationships with the staff that supported them. People were treated with dignity and respect. Staff supported people to be as independent as possible and express their views about the service and their care. People and relatives told us the service was person-centred.

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.

People were involved in their assessment and care planning and were asked for their feedback of the service. This helped to support the development of the service. There was a complaints procedure and any received were investigated and responded to.

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

Rating at last inspection and update

The last rating for this service was good (published 16 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will 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 safe.

Details are in our safe findings below.

Good ●

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 well-led

Details are in our well-led findings below.

Good ●

Delta Care 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector, one inspection manager and one 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.

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 we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 6th December and ended on 9th December. We visited the office location on 9th December.

What we did before inspection

We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority. 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 16 people who used the service and 11 relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager and care workers.

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.

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.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe with the staff who supported them. They also said their care was provided in a safe way. Comments from people and their relatives included, "Very safe, we've got a great bunch of carers. We're very happy in their hands," and "I'm never worried when they're here."
- Staff had been trained on how to safeguard people, and they understood how to report concerns. Staff told us they would report any concerns to the office staff and the registered manager.
- The registered manager appropriately reported potential safeguarding incidents to the local authority and the Care Quality Commission.

Using medicines safely

- Where people were assisted by staff to receive their medicines, people confirmed this was managed appropriately.
- One relative raised a concern regarding a couple of incidents where staff had put the wrong drops in a person's eye. We discussed this with the registered manager and saw staff involved had been re-trained, had their competency re-checked and other appropriate measures had been taken to reduce the risk of re-occurrence.
- Medication Administration Records (MARs) showed people received their medication as prescribed.

Staffing and recruitment

- The provider carried out thorough staff recruitment checks to ensure staff were suitable to work at the service.
- People told us they were normally supported by a consistent group of staff and they were happy with this. Some people said staff were sometimes late because they did not always arrive at their agreed times. People told us they were contacted when staff were going to be late and it was not an issue.
- There was no formal call monitoring system in place. The registered manager and managing director told us this is something they will be implementing in the future to further improve the monitoring of care calls.

Assessing risk, safety monitoring and management

- People's care plans contained a wide range of risk assessments with information to support staff in safely supporting people.

Preventing and controlling infection

- There were arrangements to reduce the risk of infection. People and their relatives confirmed staff wore protective equipment such as gloves.

- Staff told us they had infection control and food hygiene training and knew how to reduce the risk of infection.

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.

Staff support: induction, training, skills and experience

- People told us staff were suitably trained and competent to carry out their roles. Training records we saw confirmed this. One relative said, "I think they're very good for, they know what they're doing."
- Staff received a robust induction and completed the Care Certificate where appropriate. The Care Certificate is the recognised standard for training for staff new to health and social care. Staff were required to shadow experienced staff until ready to undertake lone working.
- Staff received formal support through supervisions and appraisals.

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

- People's nutritional needs were met. Where people were supported with this aspect of their care they told us they were happy with the support they received.
- Most people's preferences regarding food and drink were recorded, but the level of detail varied, and some people's plans had no information about the persons likes and dislikes. However, people told us staff knew what they liked to eat, and generally offered them a choice of food.

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

- Staff checked on people's well-being and told us what they would do if they had any concerns about people's health. Relatives said staff alerted them to changes in their family members well-being.
- Staff worked well with healthcare professionals to ensure people had access to health services and had their health needs met.
- Where healthcare professionals provided guidance to staff, this was followed.

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.

- Consent to care and treatment was sought and recorded in line with the principles of the MCA 2005.
- Staff told us they always asked people for their consent before they provided care and support. They did this to promote people's rights to accept or refuse support. People we spoke with confirmed this.

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

- People's needs were assessed before they started to use the service to ensure care plans reflected the support required.
- Care and support was planned, delivered and monitored in line with people's individual assessed needs.

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

- People and their relatives told us they were well looked after and they were happy with the staff supporting them. Comments included, "They [staff] always come in with a smile. It's like a friend coming," "They [staff] all ask after me. As soon as I open the door they ask how I'm doing and if I'm ok," and "They laugh and joke with him, they treat him very well."
- People told us they had good relationships, particularly with staff who supported them regularly and they had got to know them well. People told us staff understood their needs.
- Staff told us they always treated people as individuals and fairly. People confirmed this, and they said their support was personalised to their preferences. One person said, "They talk to me like a human being, not like I'm in a wheelchair. They don't see that; they are more like family."

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

- People and their relatives were involved in the planning of their care.
- Regular care reviews were held with people and where appropriate their relatives. This ensured people's views were regularly considered.
- People told us they were able to make day to day choices about their care, and this was reflected in records we saw.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful and protected their dignity and privacy.
- People told us that staff encouraged them to be as independent as they could be, and records reflected this.

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

- Care plans generally contained enough information to support staff in delivering care to people in line with their assessed needs.
- Some care plans lacked person-centred information. However, people told us most staff knew their routines and how to support them in line with their preferences. Staff told us they got to know people they supported as they generally worked on consistent care calls.
- Care plans were regularly reviewed with people and their relatives which ensured people's needs were up to date.

End of life care and support

- No one was receiving end of life care at the time of our inspection.
- The provider had an end of life policy in place to provide support to staff. An end of life guide was also available for people and relatives.

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.

- People's communication needs were identified, recorded and highlighted in support plans. Staff were aware of these and supported people in these ways.
- The registered manager told us they could provide information to people in different formats if required.

Improving care quality in response to complaints or concerns

- A complaints system was in place and information on how to complain was made available to people.
- People and their relatives told us they felt comfortable raising any concerns and knew how to. People told us their concerns were listened to and management were mostly responsive to issues they raised.

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 requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There were checks and audits in place, although some of these had not been completed consistently. The registered manager told us this was due to a shortage of office staff. A post had recently been recruited into and the registered manager told us they would be completing regular audits.
- Audits completed were effective at identifying concerns. We found appropriate actions had been taken to address these concerns, but were not always clearly recorded.

We recommend the provider seeks advice and guidance from a reputable source about strengthening the governance processes.

- Spot checks were taking place to ensure staff practice was consistent with the values of the registered provider.
- The registered manager was aware of their regulatory requirements including what events they needed to notify CQC about. They had submitted notifications in line with legal requirements and displayed the rating of the last inspection.

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

- The provider had effective arrangements in place for gathering people's views of the service and those of people acting on their behalf.
- Staff were encouraged to contribute to the development of the service through meetings and supervision.
- When referrals to other services were needed, we saw that these referrals were made in a timely way

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

- Most staff we spoke with told us the management team were every responsive to concerns raised and approachable. Some staff told us there was a lack of communication with managers in the office.
- Staff told us how they promoted a person-centred approach to people's care and support. They discussed with people how they wanted to be supported and involved them in developing their care.
- Staff told us there was good morale amongst them and they worked together to ensure people received support they required.

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

- There was an open culture within the service. People and their relatives told us the registered manager and staff were open and honest with them.
- People and their relatives told us the registered manager discussed concerns raised with them. However, this wasn't always clearly recorded.