

Delta Healthcare Group Limited

# Delta Healthcare Group Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### Overall summary

#### About the service

Delta Healthcare Group Limited is a domiciliary care agency that provides personal care to people in their own home. The service provides support to those with dementia, mental health, learning disabilities or autistic spectrum disorder, people with physical disabilities and sensory impairment. At the time of our visit the service was providing regulated activity to two people.

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

People who used the service were not always protected from abuse and harm. The systems in place did not adopt control measures to ensure the risks were as low as possible. Care workers were not trained in the safe administration of medication and no competency assessments had taken place. However, care staff understood the risks to people and delivered safe care. There were enough care workers deployed to meet the needs of people. Care workers understood their responsibilities and could recognise and report abuse.

The provider did not operate effective systems to monitor and improve the quality of the service. Managers could not respond appropriately where quality and safety were being compromised and improvements could not be made.

Initial assessments for people formed part of a robust care plan which aimed to meet their needs. There was a plan in place to ensure care workers received training. However, this was not followed and there were no certificates in place. We saw records confirming that supervision and support were being provided by the registered manager.

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 using the service and their relatives liked the staff who supported them. They were happy with the care and support they received and felt they had a say in how it was provided. One relative said, "The manager calls to ask me about the care and carers, I am happy with my careers, they are kind and I feel they can do the job."

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for

granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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 the last inspection

This service was registered with us on 13 December 2021 and this is the first inspection.

Why we inspected

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

Enforcement

We have identified breaches in relation to safe care and treatment, good governance and staffing at this inspection. You can see what action we have asked the provider to take at the end of this full report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 overall rating for this service is 'Requires improvement'.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service was not Safe	<b>Requires Improvement</b> ●
<b>Is the service effective?</b> The service was not Effective	<b>Requires Improvement</b> ●
<b>Is the service caring?</b> The service was Caring	<b>Good</b> ●
<b>Is the service responsive?</b> The service was Responsive	<b>Good</b> ●
<b>Is the service well-led?</b> The service was not Well-Led	<b>Requires Improvement</b> ●

# Delta Healthcare Group Limited

## **Detailed findings**

### Background to this inspection

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 conducted by two inspectors

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 there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We used information gathered as part of monitoring activity that took place on 2nd November 2022 to help plan the inspection and inform our judgements. 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.

During the inspection

We spoke with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records relating to the management of the service including policies and procedures. We also looked at the recruitment records for four staff and the care plans for two people. We spoke to one person who used the service and one relative.

# 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.

### Assessing risk, safety monitoring and management

- Systems in place did not adopt control measures to ensure the risk was as low as possible. Care workers did not have specific guidelines to follow or had training in assessing risk. People were ultimately put at risk.
- One person was at risk of pressure ulcers According to external clinical advice the person was required to be repositioned regularly. However, there was no information available about the frequency and no records how often the person was repositioned. We were therefore not assured that the service protected the person from developing pressure ulcers appropriately.
- The registered manager told us care workers were trained in Manual Handling. However, there were no certificates confirming this. Competency Assessments in Manual Handling were also not in place.
- We were not assured that care workers providing the care had the qualifications, competence, skills and experience to do so safely. People were put at risk of unsafe care and treatment and at risk of harm

We found that systems were not robust enough to demonstrate risks were effectively identified and managed. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

● Care workers were not trained in the safe administration of medication. The registered manager told us this was because people receiving care did not need support with medicines. However, one care plan clearly stated the care workers were to apply a prescribed topical cream. Care workers confirmed this but said they did not record it in a medicines administration record (MAR). This could potentially put people at risk once the provider supports people who require this support.

- Any support with medication given should be recorded on a medicine's administration record. Care workers must record each medicine, on each occasion and follow the guideline for that medication. This ensures that people are receiving their medication as intended and it is recorded appropriately.
- There were no competency assessments in place for the safe administration of medication and no evidence of medicines administration records (MAR). Medicines must be administered accurately, in accordance with any prescriber instructions and at suitable times to make sure that people who used the service are not placed at risk.

We found that staff were not trained, and systems were not in place for the safe administering of medication. This was a further breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to help safeguard people from the risk of abuse. Care workers understood their responsibilities and could recognise and report abuse. People knew who to report concerns to.
- One relative told us, "They (care workers) are experienced, and this makes me feel safe, I wouldn't let just anyone look after my son."
- Care workers said, "I would speak to the person to try to find out more and I would also let my manager know and report it to the office", " Physical abuse could be hitting or hurting someone in another way, this abuse could be from anybody even the family. I would always report this to my manager."
- The provider had a Safeguarding Adults and Children policy which was robust and descriptive setting out the main principles of protecting people from harm and abuse. The policy incorporated case studies for staff to learn from.

Staffing and recruitment

- The recruitment process was thorough and gaps in employment history were checked. Criminal checks with the Disclosure and Barring Service (DBS) were also carried out to ensure people were protected from being supported by unsuitable care workers.
- The provider deployed enough care workers to support people. One relative told us, " Staff arrive on time and I have the same carer", "If staff are late, I get a call and the reason why they are late and what time to expect them."
- The registered manager told us they had just completed a recruitment round and were about to employ two new care workers.

Preventing and controlling infection

- We were assured that staff were using PPE effectively and safely.
- We were assured that the provider had a robust stock of PPE available and staff confirmed that they wore masks, aprons and gloves.
- We were assured that the provider's infection prevention and control policy was up to date. The policy did reflect the guidance about COVID-19 safety.

Learning lessons when things go wrong

- There was a process for reporting and recording accidents and incidents. We were informed by the registered manager that there had been no incidents or accidents reported.
- We discussed with the registered manager how the service planned to respond to accidents and incidents. The registered manager said they would create an action plan to learn, see where the gaps were and get better at what they did.

# 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 requires improvement. This meant the effectiveness of people's care, treatment and support was at risk as staff had not received training to provide this safety.

Staff support: induction, training, skills and experience

- We were not assured that the care workers had the skills to provide care or treatment to people.
- The induction did not cover all the standards of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Care plans indicated people needed support with manual handling and support with taking their medication. Care workers were not competency checked in these areas. It was not clear shadowing was provided. However, when we spoke to care workers they did show they had some experience in caring for people in their homes.
- Supervision was carried out quarterly, spot checks were carried out every other quarter however there were no records of certified training for care workers.

The provider could not demonstrate staff were sufficiently competent and skilled to meet people's needs safely. This placed people at risk of not always receiving care to meet their needs in a safe and effective manner. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Assessments were carried out prior to the person receiving a service. People could determine their preferences.
- The registered manager said they did initial assessments, and the information from these were used to form the care plan.
- Care planning did ensure the health, safety and welfare of the people they supported. People's views and choices were reflected in their care plans.
- The care plans included areas such as personal care, home environment, best interest plan, nutritional needs as well as communication, skin care and mobility.

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

- Ensuring people had enough to eat and drink to meet their needs was part of the role of the care workers.
- People had their meals prepared by family members. Staff supported people to eat their meal.
- One person had support to warm food up.

- Care plans had information on people's dietary requirements and any support people needed during meals. This included specific religious and cultural food requirements.

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

- Currently the service was not working with other agencies on providing care to people. Family members led on this aspect of people's care. We discussed this with the registered manager, who told us that they would contact respective professionals when needed.
- Staff knew what action to take if people's health, wellbeing and care needs had changed. They said they would discuss this with the registered manager and contact the emergency services if necessary.

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 principle of the MCA.

- The provider had a process in place and was working within the principles of the MCA. Care records reviewed showed consent forms were in place and were appropriately signed by the person.

# 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 were treated well, respected and their diverse needs were met. People were happy with the support they received.
- Comments from people and their relatives included, "I feel safe, staff have a lot of skills and experience, and they (care workers) are caring, I am happy with my carers", "I am very happy with the support my relative gets, the carers speak Somali which is great."
- The registered manager told us they were passionate about listening to the person. They said, "We find out a lot from the person at the initial meeting, we need to know what they like and dislike".

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

- Care workers respected the views of people and supported them to make decisions about their care. One person said, "Staff also help me with meal preparation, because I don't like the meals that are provided through other services, I like to eat my own food from my own culture."
- The service asked for feedback and regularly called people. One person said, "The manager calls to ask me about the care and carers, I am happy with my carers, they are kind and I feel they can do the job." One care worker told us, "People have different needs and preferences and I will help where I am needed." The registered manager told us "Even the small details like frequency of showers can be changed on the day and that's no problem."

Respecting and promoting people's privacy, dignity and independence

- Care workers knew how to promote people's independence. People said they were involved in their care.
- One person told us, "I want to keep my independence and do as much as I can, and its great the carer is there if I need her."
- One care worker told us how she supported someone with meal preparation but let them do most of it and were there just in case help was needed.
- Care workers understood how to promote people's dignity when providing personal care. A care worker told us, "Before giving personal care I talk to the person and tell them what I am going to do, and I ask them if that's alright. I need to ask them to get their permission."

# 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

- Care plans reflected the way people wanted to be supported and what was important to them.
- People told us they were happy with the care they received, one person said, "I need to go up the stairs for my bath, the staff walk up with me and we take it very slowly."
- The care plans were detailed and personalised. They clearly demonstrated how to care for the person. Care workers kept records of the care which showed the plans were followed.

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.

- Peoples individual communication needs had been assessed and recorded. This was part of the care plan.
- One person communicated by using signs, pointing and facial expressions. Care workers told us, "The person cannot speak so I have learnt how to communicate with him, and I understand what he needs."
- People's support plans had communication profiles in place which were effective. Care workers could provide a person-centred approach. One relative said, "Staff have learnt how to communicate with my son, and this makes him feel less frustrated."
- The provider signed up to a communication platform. This would help them to create accessible information in a variety of different formats.

Improving care quality in response to complaints or concerns

- The provider had a process in place for identifying concerns and complaints that was effective.
- People and care workers knew how to complain. The registered manager said they did regular spot checks to identify complaints or concerns, however there were no records to confirm that this happened. One care worker said "I know whistle blowing is about reporting something and it can be anonymous, or I could go to my manager or the HR dept. Another said, "My clients know how to complain, they could speak to the manager or say something at a spot check."
- The registered manager built up good relationships with people and were in regular contact with them, which made them accessible and easy to contact. One relative told us, "If I have a complaint, I know who to contact, and the manager calls us about every other month for our feedback."

- Quarterly evaluation forms were sent out. The registered manager was looking at providing a simple yearly survey both in paper and online. There were robust complaints and whistle blowing policies in place.

#### End of life care and support

- The provider had not yet supported people with end of life care. Managers told they were looking at providing training for all staff and managers.

# 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 did not operate effective systems to monitor and improve the quality of the service. The registered manager could not respond appropriately where quality and safety were being compromised.
- There was a Quality Assurance policy in place which described a framework for measuring and improving performance. However, we identified gaps in the process. There was no evidence of regular audits of the internal processes; management reviews were not in place; the 6 monthly external audit report was not in place, and; there was no timetable for regularly assessing activities.
- Care workers had not completed essential training. There were no competency assessments in place to observe care workers in using a hoist and the administration of medication.
- There was no way of ensuring the quality of care provided was adequately monitored and assessed. The provider relied on a system of contacting people regularly, but they did not record these contacts. This mean that the provider could not demonstrate that they had an effective system. They will need more sophisticated systems going forward when they may provide care to a greater number of people.

We found Quality assurance systems and processes were not effectively implemented. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive culture at the service and people told us they received personalised care. Some of the comments from people using the service and their relatives included, " Staff always have a chat with me and ask me how my day is going, they always have time for that, I like that", " Staff are pleasant and I can see they really care about what they do, my son looks forward to seeing them."
- The provider engaged with people and their relatives, and asked people to complete satisfaction surveys about their experiences.

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 was experienced and had good knowledge of the people being cared for and the

care workers who supported them.

- Care workers felt supported by managers and said, "My manager comes to the house to do spot checks to see how we are doing and to get feedback from the family to make sure we are doing a good job.
- The provider was aware of their responsibilities under duty of candour. They said they would investigate complaints and concerns, apologise to the person and implement an action plan to minimise the risk of similar events happening again in the future.

Working in partnership with others

- The provider had not worked with any external health and social care professionals to provide joined-up care to people. Their relatives managed this aspect of support for people.
- Managers told us that they were familiar with other health professionals and would always contact these services as and when needed.
- The provider was not part of any networks of other registered managers where they shared ideas and information about good practice but were willing to do so.

Continues learning and improving Care

- The registered manager worked with other organisations, local authorities and kept up to date by looking at health and social care websites.

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	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider did not ensure staff were always sufficiently competent and skilled to meet people's needs safely

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider did not ensure care and treatment was always provided in a safe way for service users

**The enforcement action we took:**

A warning notice

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not always effectively operate systems and processes to assess, monitor and improve the quality and safety of the services provided in carrying on the regulated activity

**The enforcement action we took:**

A warning notice