Delta Care Ltd

# Delta Care - Trafford

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Requires Improvement |

# Summary of findings

## Overall summary

About the service
Delta Care - Trafford is a domiciliary care agency that provides personal care to people living in their own homes in the community. People receiving care had a range of support needs; some people had long-term health conditions.

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 this inspection the agency was supporting 125 people; 110 received help with aspects of personal care.

People's experience of using this service and what we found
People told us they felt safe. Medicines were administered safely however, we have made a recommendation that staff receive further training in relation to the administration of medicines. The manager addressed this during the inspection.

Staff understood the risks to people's safety and wellbeing and what they should do to keep people safe. Risk assessments contained basic information to help minimise risk.

People we spoke with told us staff were usually on time and they had not experienced any missed care visits. Safe systems of recruitment were followed to ensure staff were safe to work with vulnerable people. Recruitment processes helped to ensure staff were of suitable character and had relevant experience.

There were safe infection control procedures in place including enough supplies of personal protective equipment (PPE). The provider had infection control measures in place and people told us staff wore PPE.

Staff had good relationships with other health professionals and liaised with stakeholders to ensure people received appropriate support.

Staff were supported with an induction, supervision and training, to ensure they had the knowledge and skills to support people. Spot checks and competency checks were carried out to ensure staff practice kept people safe.

People and their relatives told us staff knew their needs and preferences well. Staff were available to support people to stay in touch with those who were important to them, and to follow their interests, where this was an agreed part of their care. People and relatives knew how to complain and told us any concerns they had raised had been dealt with to their satisfaction.

The manager monitored standards of care delivery with a range of quality checks and audits, although we identified these needed to be improved to ensure more robust oversight of the service. Policies and

procedures were in place to guide staff practice.

Feedback from people, their relatives and staff was positive. One person said, "I have already recommended [them] to others." Staff told us they were well-supported and felt part of a team.

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.

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

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

Rating at last inspection
The last rating for this service was requires improvement (published 28 August 2020.)

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

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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

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 effective?

**Good**

The service was effective.

Details are in our effective findings below.

### Is the service responsive?

**Good**

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Requires Improvement**

The service was not always well-led.

Details are in our well-led findings below.

# Delta Care - Trafford

**Detailed findings**

## Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team
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.

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 not a registered manager in post. The manager had submitted an application to register and gained registration shortly after this inspection.

Notice of inspection
This inspection was announced. 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 provider or registered manager would be in the office to support the inspection.

Inspection activity started on 16 May and ended on 6 June 2023. We visited the location's office on 16 May 2023.

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 reviewed a range of records. This included 4 people's care records and medication records. We looked at 4 staff files in relation to recruitment, staff supervision and training and a small number of records relating to the management of the service, including audits.

We spoke with 7 people who used the service and 3 relatives about their experience of the care provided,on the telephone. We spoke with 8 members of staff including the manager, regional manager, 2 care co-ordinators and 4 care workers. We continued to seek clarification from the provider to validate evidence found. We looked at electronic call monitoring records and care plan information, as well as quality assurance records. Policies and procedures were also reviewed

Good

# 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 requires improvement. At this inspection the rating for this key question has improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely
- People were supported with their medicines and were satisfied in the way their medication was administered.
- Administered medicines were recorded on a mobile phone application. Some medicines appeared to be missed, either due to staff practice or the electronic systems in place. This was not the case, but alerts had not always been acted upon by office staff to verify this.
- Staff had received training in the administration of medicines, but staff had not queried a change in a person's medication and were not always using the appropriate codes when administering medicines.

We recommend that staff receive further training in relation to the administration of medicines and that daily alerts are responded to in a timely manner.

- Following this inspection, the manager informed us additional training in medicines administration had been arranged for all staff.

Assessing risk, safety monitoring and management
- Risks to people were assessed and documented within care plans and on electronic systems.
- Staff we spoke to were aware of the individual risks posed to people, including falls risks, and outlined how their practice helped reduced these risks.
- The service made use of technology to help keep people safe; staff used a mobile phone application to log in and out of calls and record notes of visits. Not all staff were making full use of electronic notes as reasons for why call visits were cut short were not always recorded.
- Care plans indicated when two carers were necessary to maintain people's safety. People we spoke with told us they were well supported. One person told us, "I feel safe with them. They check in on me even if I have gone onto bed. I have a key safe so they can get in. I feel a lot safer."

Staffing and recruitment
- Staff were recruited safely. Any gaps in staff's employment history were explored at interview and reasons for these were formally documented.
- Staffing levels were appropriate for the number of people supported at the time of this inspection. Staff we spoke with did not receive allowances for travel time but told us calls were manageable. Some staff walked or used public transport to get to calls.
- People we spoke with had a core of regular staff and were satisfied with the timing of visits. Care staff had enough time to complete the care and there were no missed calls. Comments included, "[I'm] perfectly

happy with the times", "[I have] every confidence they will turn up" and "No problems. Set times and it's fine with me."
● The provider recruited safely by acquiring references and completing Disclosure and Barring Service (DBS) checks prior to staff starting in their roles. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. DBS checks were repeated at 3 yearly intervals, as per best practice.

Systems and processes to safeguard people from the risk of abuse
● People were protected from avoidable harm. Staff had received training in safeguarding and raised any concerns in a timely manner.
● Staff provided us with examples of when they had raised concerns with the registered manager.
● The manager had identified when unsafe discharges from hospital had occurred. These had been escalated to appropriate professionals for investigation.
● Staff also understood the need to raise concerns about poor practice to keep people safe.

Preventing and controlling infection
● Staff followed suitable infection control procedures to keep people safe.
● People and their relatives told us they had no concerns about infection control and staff wore suitable personal protective equipment (PPE).
● The provider shared relevant bulletins with staff regarding infection prevention and control; the most recent being about glove awareness and hand hygiene. We were assured that the provider was using PPE effectively and safely.

Learning lessons when things go wrong
● There was evidence of learning lessons when things went wrong.
● The manager identified where practices could be improved and implemented change.
● Where audits identified staff errors, these were highlighted with staff in meetings and supervision, so that practice improved.
● Staff understood the need to record and report any information to the manager so that appropriate action could be taken.

Good

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has improved to 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
- The manager or care co-ordinator carried out assessments of people's needs prior to the delivery of care.
- Information was used to put a care plan in place to guide staff on meeting people's needs and preferences.
- Electronic systems and paper-based care plans were updated as and when changes happened; for example, when people's needs were noted to have changed.

Staff support: induction, training, skills and experience
- Staff completed a thorough induction. One member of staff told us how the induction helped them better understand the caring role, as it introduced them to different ailments and health conditions.
- New staff benefitted from shadowing and working with long-standing, experienced members of staff. One member of staff we spoke with told us, "The 2 [care staff] I worked with really helped me; showed me the ropes."
- People and relatives told us they felt staff had the right skills to support them.
- Staff told us and records confirmed spot checks, supervisions and appraisals took place. Staff we spoke with felt supported in their role.

Supporting people to eat and drink enough to maintain a balanced diet
- People were supported with meal preparation or to eat and drink, when required as part of their care plan.

- People were happy with the way meals were provided. One person we spoke with said, "I have [ready meals] and carers make extra gravy for me."
- Snacks and drinks were left within reach of people who were immobile. A relative told us, "They [care staff] always make sure [person] has a snack and a drink to hand when they leave."
- Care staff offered people choices and checked food was safe to eat. People and their relatives we spoke with confirmed this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- The service contacted health professionals for advice and guidance with people's consent.
- Any advice or guidance in relation to people's care was recorded within their care plans.
- The manager and other senior staff were pro-active in contacting relevant professionals to try and help

people remain in their own homes. Referrals were made when people needed specific equipment, such as a hoist or a Zimmer frame.

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 had an awareness of the principles of the MCA and a policy was in place to support this.
- Systems were in place to obtain consent from people to provide care and support. Where people had a Power of Attorney to act on their behalf, this was recorded on systems and care plans.
- Staff had completed training to support their awareness of the MCA and best interest decisions; this enabled them to provide person centred care

Good

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has improved to 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

- The service visited people prior to carrying out care. One person told us, "There was an initial assessment to discuss what I wanted. [I was] happy with that."
- People received personalised care and support. This was in accordance with their preferences and choices. One person told us, "'I had a choice. I declined male carers." They were supported by a team of female carers.
- People's care routines were available for staff via a mobile phone application. Staff we spoke with confirmed people had care plans in their homes for reference. Staff we spoke with knew people's needs well.

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 met. People's care records contained information about their preferred ways of communicating.
- Staff were aware of people's individual communication needs. These were included within electronic care plans.
- Picture cards had been designed to help people choose their favourite foods, where communication was limited.
- Sets of stickers depicting different communication needs were available for hard copy care plans. The stickers indicated when people might have hearing loss, dementia, or poor eyesight. These were not in use at the time of this inspection, but the regional manager stated they would be implemented on care plans where appropriate.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff were available to support people to stay in touch with those who were important to them, and to follow their interests, where this was an agreed part of their care.
- Relatives could also access the app and see when care had been provided. One relative told us, "I have the app on my phone so I can check on [my relative] and them [staff]. It's like a safety net for me."

● People consented to having their photos shared on social media. One relative told us, "Facebook [page] is good as there were pictures of [person's name] baking and on their birthday."
● Staff worked hard to ensure people took part in activities they could do at home, such as baking and cooking. We saw how one person had been able to get into their garden for the first time in a long time, with staff help and equipment.

Improving care quality in response to complaints or concerns
● The provider had systems in place to deal with and respond to any complaints or concerns raised.
● People knew how to complain. Information about how to make a complaint was made available to people and their relatives.
● Where people had raised a concern or complaint, this had been dealt with to their satisfaction. People told us, "Any concerns are dealt with; 100% happy", and "I just ring the office. I have done [made a complaint] but can't remember why; I was happy with [the] response."

End of life care and support
● At the time of this inspection, the service was not supporting anyone with end of life care.
● The manager told us people had been appropriately supported at the end of their lives, with assistance from other health care professionals.

Requires Improvement

# 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 requires improvement. At this inspection the rating for this key question has remained 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

- A range of governance and quality assurance systems were in place to help ensure care being delivered was safe and effective. These included checks on care calls, medicines and care plans. We were not assured that the checks in place were always robust.
- We discussed with the manager the need to further improve audits in relation to medication and call monitoring, as the call monitoring audit summary was always the same. Medication audits had not always been acted upon by office staff to verify these had been administered correctly.
- The provider understood their responsibility to notify external agencies, including CQC, about notifiable incidents.
- The manager had applied to be the registered manager and achieved registration shortly after this inspection.

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

- The management team used spot and competency checks on staff to monitor care being provided.
- Staff we spoke with told us they felt comfortable to speak to the manager about any concerns they might have.

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

- Only 2 people we spoke with could recall completing a feedback form. The service had last sought formal feedback from people in 2021. People confirmed they had given verbal feedback, over the telephone. One person told us, "If they (Agency) phone they ask if I need anything."
- People and relatives told us the management team were always available to speak to.
- The manager valued staff. We saw evidence of compliments from people and their relatives in emails sent to the manager. These were passed on to staff with a certificate of appreciation.
- Staff we spoke with felt supported and listened to. They spoke positively about the management team and considered they were part of a good team. One staff member said, "I trust my colleagues."

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 manager and provider were aware of their regulatory and legal responsibilities.
● The management team understood their responsibility regarding the duty of candour; this includes the need to apologise in writing when something goes wrong.

Continuous learning and improving care
● The service had invested in technology to help improve the delivery of care.
● Calls were monitored in real-time, and this enabled the service to be more responsive. We identified there were occasions when this needed to be improved.

Working in partnership with others
● Staff had established good working relationships with other professionals involved in people's care. This included district nurse teams, social workers, and local GP services.
● The manager recognised the benefits of partnership working.
● They and other senior staff worked closely with commissioners and other professionals to ensure people received the right care.