

Delight Supported Living Ltd

Delight Supported Living Ltd

Inspection report

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Date of inspection visit:
18 May 2017
19 May 2017

Date of publication:
03 July 2017

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?	Requires Improvement ●

Summary of findings

Overall summary

This unannounced inspection took place on 18 and 19 May 2017. Delight Supported Living provides personal care and support to people living in their own homes. The agency covers a wide range of dependency needs including older people with a physical or learning disability and older people living with dementia or mental health problems. The agency's office is located close to Morecambe town centre. At the time of the inspection visit, Delight Supported Living Ltd was providing support to 94 people and employed 30 staff.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This was the first inspection of the service at this location. The registered provider had moved offices since our last inspection visit. They told us they had moved to allow them to grow and expand. At this inspection we found all fundamental standards had been met.

People spoke extremely positively about the quality of service provision on offer. Staff were described as caring and kind. People valued the relationships they had developed with their staff team. They told us staffing levels met their personal needs and praised the continuity of staffing provided by the service.

Arrangements were in place to protect people from risk of abuse. People told us they felt safe and secure when being supported by Delight Supported Living Ltd. Staff had knowledge of safeguarding procedures and were aware of their responsibilities for reporting any concerns. We saw evidence action was taken when safeguarding concerns were raised.

Although the registered manager took action following safeguarding concerns being raised we found that statutory notifications to the Commission in relation to safeguarding incidents were not always submitted in a timely manner. We have made a recommendation about this.

Staff told us that Delight Supported Living Ltd was a good place to work. They praised the management and the way in which the service was run. They told us communication was good and described the managers as caring and approachable.

The registered manager had an active presence in the office and oversaw the running of the service. They did not however have any formal auditing systems in place to show they had checked the quality of work and the safety of the service. We have made a recommendation about this.

Staff were positive about ways in which the service was managed. Staff spoke highly about levels of training on offer and support from management. Staff described the working culture as positive.

Recruitment procedures were in place to ensure checks were made on staff prior to them starting work. This allowed the service to check people's suitability for working with vulnerable people.

Suitable arrangements were in place for managing and administering medicines for people who required support with this.

Care plans were in place for people who used the service. Care plans covered support needs and personal wishes. Plans were reviewed and updated at regular intervals and information was sought from appropriate professionals as and when required. The service had systems in place to monitor and manage risks.

People told us that staff were appropriately trained to carry out their role. Staff praised the training on offer. They told us it enabled them to carry out their tasks proficiently.

Strategies were in place to promote healthy eating where appropriate and good practice guidelines had been referred to when people needed support with eating and drinking.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

People who used the service and relatives told us people were safe.

Processes were in place to protect people from abuse. Staff were aware of their responsibilities in responding to abuse.

The registered provider ensured there were appropriate numbers of suitably qualified staff on duty to meet the needs of people who used the service.

The provider had robust recruitment procedures to assess the suitability of staff.

Suitable arrangements were in place for management of all medicines.

Good ●

Is the service effective?

The service was effective.

People's health needs were monitored and advice was sought from other health professionals, where appropriate. People who used the service told us their nutritional and health needs were met.

Staff had access to ongoing training to meet the individual needs of people they supported.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

Good ●

Is the service caring?

The service was caring.

People who used the service were positive about the staff who worked for Delight Supported Living Ltd Services.

Staff had a good understanding of each person in order to deliver person centred care. People's preferences, likes and dislikes had

Good ●

been discussed so staff could deliver personalised care.

People told us staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

Is the service responsive?

Good ●

The service was responsive.

Records showed people were involved in making decisions about what was important to them. People's care needs were kept under review and staff responded quickly when people's needs changed.

The registered provider had a complaints system to ensure all complaints were addressed and investigated in a timely manner.

Is the service well-led?

Requires Improvement ●

The service was sometimes well led.

The registered manager had a quality assurance system but did not formally document when checks had been made.

Processes for submitting statutory notifications to the Commission were not consistently followed.

The management team had good working relationships with the staff. All staff commended the skills of management.

Regular communication took place between management, staff and people who used the service as a means to promote continuity of care. We received consistent positive feedback about the service and the way it was managed.

Delight Supported Living Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 and 19 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector.

Before our inspection visit we reviewed the information we held about the service. This included notifications we had received from the service about incidents that affect the health, safety and welfare of people who used the service. We also reviewed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information to enable us to plan our inspection effectively. We also consulted with the local authority contracts and commissioning team and safeguarding teams to see if they had any concerns.

As part of the inspection process we spoke with six people who used the service and two relatives. In addition we spoke with nine staff members, including the registered manager and care coordinator.

To gather information, we looked at a variety of records. This included care plan files relating to five people who used the service. We also looked at medicine administration records relating to one person who received support from staff to administer their medicines.

We viewed recruitment files belonging to four staff members and other documentation which was relevant to the management of the service. This included health and safety certification, training records, team

meeting minutes, accidents and incidents records and findings from monthly audits.

As part of the inspection visit we gained consent from two people and undertook visits to meet them at their home whilst staff were present.

Is the service safe?

Our findings

People who used the service and relatives told us that safety was an important aspect of care provision. Feedback included, "Absolutely, I feel safe." And, "I feel confident with the staff at all times." Also, "My relative is safe now. I have been able to step away with a happy heart."

We looked at how safeguarding procedures were managed by the registered provider. We did this to ensure people were protected from any harm. One staff member told us, "Any poor practice is nipped in the bud." Staff told us they received regular safeguarding training to keep abreast of safeguarding matters. They were able to describe different forms of abuse and were confident if they reported any concerns to management it would be dealt with immediately." Another staff member said, "Oh my goodness, I would report any abuse straight away to the office, social services."

We looked at safeguarding concerns that had been raised within the service. We noted all concerns were investigated by a member of the senior management team and action was taken straight away. In addition, we saw the registered manager reflected on what had caused the safeguarding concern to come to light and implemented systems to reduce the risk of it re-occurring again.

We looked at staffing arrangements to ensure people received the support they required in a timely manner. People who used the service consistently praised the reliability of staff and told us missed visits never happened. Feedback included, "My staff are very reliable. They always turn up. They will ring me if they are going to be late." And, "They always turn up. I have never been let down."

People who used the service and relatives told us they received support from familiar staff who knew them well. Feedback included, "I have the same staff team. They all know me well. Even the ones who don't come very often know me and what to do." And, "The continuity of staff is very good."

Staff were introduced to each person prior to a visit taking place by the care coordinator. Staff told us in the unlikely event they were scheduled to work with someone they did not know they would be introduced by a member of the senior management team. Staff said if they had any queries they could phone the management team and request further guidance. The registered provider did not use agency staff. This promoted consistency of care.

The registered manager said they were committed to ensuring staff completed their visits as per their rota. They told us that there was an emphasis on staff staying for the full allocated time. They said any staff that did not complete the commissioned time was subject to disciplinary proceedings.

Staff told us they had appropriate traveling time in between visits and said they were not rushed. This allowed staff to ensure people received the full allocated time of the visit. They told us if they had any concerns with how their rota was scheduled they could contact the office and the care coordinator would review their visits.

The registered provider had an out of hours on call system. Staff said they were happy with the on call system and were confident the management team would support them if required.

We looked at recruitment procedures to ensure people were supported by suitably qualified and experienced staff. To do this we reviewed three staff files. Full employment checks were carried out prior to staff starting work. The registered provider kept records of the interview process for each person employed. Two references were sought and stored on file prior to an individual commencing work, one of which was the last employer. Gaps in employment history had been explored with each applicant.

The registered provider requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for people providing a personal care service supporting vulnerable people. The registered provider checked this documentation prior to confirming a person's employment.

We looked at how the registered provider managed medicines. The registered provider promoted independence wherever possible. When people could self-administer they were supported to do so. We met with one person who managed their own medicines. They told us staff reminded them when their medicines were due to run out.

For some people who could not be involved in ordering their own medicines, staff provided support to do this. When people required support with medicines the registered manager provided a MAR (medicines administration record) for each person. Staff signed the record after administering medicines. We reviewed one person's MAR sheet and found it was appropriately signed to indicate when medicines had been given.

The registered provider ensured that people who required specific medicines at specific times had their rota'd hours commissioned at the correct time so they received optimal benefit from the medicines.

The registered provider had systems to assess risk. Relatives we spoke with said they were consulted with at the pre-assessment stage when developing care plans and risk assessments. They were confident the management team were able to assess risk and said the registered manager addressed each person's needs prior to agreeing whether or not they could provide a suitable service. We saw a variety of risk assessments including manual handling assessments, environmental risk and assessments for preventing falls.

The registered provider had a system for reporting accidents and incidents. Records were detailed, concise and up to date.

Is the service effective?

Our findings

People who used the service and relatives praised the effectiveness of the staff. Feedback included, "The staff know what they are doing." And, "The staff are very knowledgeable."

We looked at staff training to check staff were given the opportunity to develop skills to enable them to give effective care. The registered provider had recently invested in a new electronic database. Staff training was recorded on the database and the care coordinator was sent a reminder when staff training was about to expire. This allowed the care coordinator to plan staff training.

New members of staff were expected to complete an induction at the start of their employment. Induction training covered key topics including safeguarding of vulnerable adults, moving and handling, first aid, administration of medicines and diet and nutrition. Training was provided through various means including DVD training and practical hands on training. The registered provider had a profile bed and equipment so staff could practice moving and handling techniques before visiting people who required support.

The registered manager told us new staff were supported by a senior member of staff before working unsupervised. The period of shadowing was dependant on the skills of the member of staff and their confidence. The registered manager said they would never send a staff member out to work alone if they did not feel prepared for the role.

We spoke with two members of staff who had been recently employed to work within the service. They told us they undertook an induction period at the commencement of their employment. This induction period was flexible, according to staff's previous experiences of working in care and competence. Staff told us they were supported on visits and shadowed experienced members of staff. One staff member said, "I definitely felt confident at the end of my induction."

There was a focus on providing on-going training for staff. The registered manager said they were committed to ensuring staff received appropriate training. At the time of the inspection visit a large proportion of staff were completing nationally accredited qualifications. The registered manager said it was their aim to have all staff to have an accredited qualification.

Staff praised the standard of training and the training opportunities they received. One staff member said, "I would tell the office if I needed extra training. I wouldn't like to get things wrong. [Registered Manager] is brilliant we can ask for extra training at any time."

The registered manager responded to the needs of the people who used the service. When people had certain health conditions, extra training was provided to equip staff with additional knowledge. One staff member said, "We had training in stoma care. I support someone with a stoma. They self-manage this but we had the training just in case."

We spoke with staff about supervision. They confirmed they received regular supervision. Staff said

managers were approachable and they were not afraid to discuss any concerns they may have in between supervisions. One staff member said, "If we have any concerns we can contact any member of staff to help us."

We looked at supervision records and noted any concerns about staff performance was openly discussed and addressed within supervisions.

People who used the service and relatives were happy with the way in which people's health needs were addressed and monitored. One relative told us they used to liaise with the District Nursing team in regards to their family members health. They said they now had confidence in the staff team and let them liaise regarding their relative. They told us their relative's skin integrity had improved since their family member had started receiving care from Delight Support Living Ltd.

Individual care records showed health care needs were monitored and action taken to ensure health was maintained. A variety of assessments were used to assess people's safety, mental and physical health. Assessments were reviewed regularly. A relative told us, "Care plans are reviewed when my [family member's] health needs change." We reviewed five care records and noted that changes in assessed needs were recorded within a person's care plan.

We asked staff how they supported people to maintain good health. Staff said they monitored health of people and would seek advice and guidance from other professionals if they were concerned. Staff said because they were not rushed on their visits they had time to sit with people to see how they were. This allowed them to assess each person and identify any concerns in a timely manner.

Where people required support at mealtimes staff were allocated to assist them in a timely manner. When people required special diets this was detailed within the care plan. Records clearly documented people's likes and dislikes and preferred foods. We noted good practice guidelines were referred to when required. One person had a poor appetite and was at risk of malnutrition. We saw the registered manager had consulted with NICE guidelines in order to encourage the person to eat more. Staff told us the person was now eating more regularly and was not refusing foods.

Staff took a person centred approach to meeting the person's dietary needs. They told us they sat with the person and planned their food shop so they had suitable amounts of food in which the person liked. A staff member told us it was important staff listened to the person and supported them to plan meals. This encouraged the person to eat.

We visited one person who required assistance with their meals. The person had a medical condition which required them to plan and monitor their food intake. They told us staff had worked with them to design a menu which offered them choices but also supported them with their medical condition. We saw the menu was on display in the person's kitchen so staff could support the person to choose what they wanted to eat.

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.

We spoke with staff to assess their working knowledge of the MCA. Staff we spoke with were aware of the need to consider capacity and what to do when people lacked capacity. One staff member told us they had

referred concerns to a family member when a decision had to be made for the person they cared for. They said decisions would only be made if they were in the best interests of the person. This was confirmed by a family member who said, "They always speak to us if decisions need to be made."

Is the service caring?

Our findings

People who received a service from Delight Supported Living Ltd were very complimentary about the service. Feedback included, "The staff are great, some of them do more than is expected." And, "I have not had a bad one yet." Also, "They are all very nice people and a good help to me." In addition, "I couldn't do without my carers."

People consistently told us that all care provided was person centred and tailored to their needs and preferences. Feedback included, "They always call me by the name I like to be called." And, "I always come first."

The registered manager and staff understood the need for ensuring person centred care was provided at all times. Feedback included, "We are aware we are not to put our own values onto people we support." And, "Everything is about what [person who uses the service] needs, not what I think they need."

People spoke fondly of the relationships they had developed with staff and what they had achieved as a result of being supported by staff at Delight Supported Living Ltd. Two people told us staff were enabling them to become more independent. One person laughed as they told us they had recently had a new kitchen fitted. Staff were going to help them regain some cooking skills.

Staff spoke fondly about the people they supported through their job role. One staff member said, "This is the longest I have ever stayed in a job. The people I support are amazing!" Another person said, "I am so proud of [person who uses the service] they have come up trumps. They call me their angel sent from heaven."

Staff said they were encouraged to have a regular caseload of people they visited so relationships could be built and maintained. This promoted continuity of care and created satisfaction. One staff member said, "We get to build up a rapport with people." People who used the service confirmed consistency of staffing occurred so relationships could be developed.

Staff showed a genuine interest in the people they supported. One staff member told us all about a person they supported. They had a good understanding of the person's life history and relationships and how these had impacted upon them as a person.

People told us staff did not rush when they were on visits and always had time to sit with them and chat. People spoke positively of the relationships they had developed with their member of staff. One person said, "I look forward to them coming."

We watched staff carrying out their duties. We noted staff had a good understanding of people's daily routines and rituals. For example, we observed one person getting comfortable in their chair before the member of staff left. The staff member ensured the person had everything they required in front of them for that morning. The staff member told us the person liked to sit in this particular chair and told us what they

liked to do that morning.

People who used the service told us they were treated with dignity and respect. One person said, "They always treat me with dignity and respect."

During our visits we observed staff considering dignity and respect at all times. For example, we saw one person had their bedroom curtains drawn. The member of staff explained they had been supporting the person with personal care. They told us they had drawn the curtains to protect the person's privacy and dignity. We observed the curtains were not opened until all personal care had been provided and the person was in a dignified state.

We observed interactions between people who used the service and staff. We saw people were relaxed and happy in the presence of staff. There was a light hearted atmosphere where people shared jokes and laughed with each other.

Is the service responsive?

Our findings

People and relatives we spoke with told us they had no complaints about the service provided. Feedback included, "Truthfully speaking, I have never had to make a complaint." And, "I am happy with everybody. I don't have any complaints."

People were aware of their rights to complain. One person said, "If I wasn't happy I know I could ring the office and let them know." One relative praised the responsiveness of the senior management team and the ways in which they dealt with things. They said, "Any problems always get sorted."

Staff told us they were aware of the complaints procedure and would inform the registered provider if people complained. On the day of the inspection visit we overheard someone on the phone raising a concern. The member of staff taking the call reassured the person and thanked them for raising the concern. The manner in which the concern was handled showed us that concerns were taken seriously and responded to in a positive manner.

One person told us they had made a complaint a long time ago. They said they were happy with how the matter was handled and the response they received. We noted when formal complaints were raised they were dealt with in a timely manner, in line with the organisations complaints procedure. Letters of explanation were sent to people following investigation.

People who used the service and relatives praised the responsiveness of the management team and their ability to provide staff to support people to appointments and in emergencies. One person told us they could contact the office if they required a change to their support. This allowed the person flexibility. One person said, "They managed to help me out at short notice."

We looked at care records relating to five people who used the service. We saw evidence pre-assessment checks took place prior to a service being provided. Two relatives confirmed they were involved at the pre-assessment stage in developing care plans for the person who required the service.

Care records were personalised and contained detailed information surrounding people's likes, preferences and daily routines. They highlighted key points of people's likes, dislikes and important factors to consider when supporting them. Peoples consent was sought throughout the care planning process.

Care plans were detailed, up to date and addressed a number of topics including managing health conditions, medicines administration, personal care, diet and nutrition needs and personal safety. Care plans detailed people's own abilities as a means to promote independence, wherever possible. Relatives confirmed they were involved where appropriate in developing care plans and said care plans were reviewed and updated when people's needs changed.

Daily notes were completed for each person in relation to care provided. Care notes were audited by management and concerns identified within care records were discussed with staff.

Is the service well-led?

Our findings

People who used the service and relatives told us the service was well managed. Feedback included, "The managers are very proactive and organised. If they see something they act," And, "They are brilliant. They lead from the top."

As part of the inspection process we reviewed statutory notifications submitted to the Care Quality Commission (CQC.) During the inspection process we noted that not all safeguarding concerns had been reported to the CQC. We discussed these with the registered manager. The registered manager agreed to review their reporting systems. They provided us with evidence at the end of the inspection visit to show new systems would be implemented. Following our inspection visit the registered manager submitted the required notifications as discussed.

We recommend the registered manager consults with guidance and ensures all statutory notifications are received in a timely manner.

The registered manager told us the service had recently increased in size. In order to meet the increased needs they had invested in a new electronic system to assist them with care planning and scheduling of staff. They said they hoped the new system would increase efficiencies and contribute to better care. This showed us the registered provider was committed to developing efficient high quality services.

Staff praised the skills of the registered manager. They described them as knowledgeable, passionate and approachable. One staff member said, "[Registered Manager] cares a lot." Another staff member said, "Anyone can go to [registered manager] they are good. They will guide you and support you in difficult situations."

Staff had a clear understanding of their role and understood their responsibilities. They told us when they required assistance they knew who to go to in the office as the management team had clear roles and responsibilities.

Staff said they were valued by the management team and this contributed to high morale. This positivity resulted in better outcomes for people as staff were committed to providing a high quality service. One staff member said, "You get rewards, you get motivated. It's nice to know they appreciate what you do."

Staff repeatedly described team work as good. Staff spoke passionately and proudly about the service they worked for. Feedback included, "I am proud to wear the badge that says I work for Delight. We make a big impact upon people's lives." Another staff member said, "They are one of the best companies to work for. I wouldn't want to work for another company."

Communication with staff occurred through a variety of channels. Staff told us they had regular communication through text messages and emails. They had the opportunity to talk with other staff and the management team at regular team meetings. Staff described communication as good. We spoke with a

senior manager they told us they always checked staff's understanding when new information was passed on. They wanted to ensure people understood what was being asked of them. This showed us the registered provider was committed to getting things right.

Staff described an open and transparent culture where they could make suggestions and were listened to. The registered manager said, "I am not precious. I appreciate advice on how to improve and be efficient." Another staff member said, "We don't always get it right but we try."

During the course of inspection we saw that feedback was sought from varying people including people who used the service, relatives and staff. Feedback gained was positive. Comments included, 'My carers do an amazing job.' And, 'We appreciate the care given each day as well as the chats which go with it. Having one main carer makes the routine go so much smoother.'

Staff told us senior managers reviewed the working practices of staff and the quality of the documentation maintained. One staff member said, "[Registered Manager] audits my work all the time." A senior support worker told us that a new structure had been implemented within the service. Seniors had been introduced who were responsible for managing small staff teams. The seniors had responsibility for meeting with people who used the service on a weekly basis to ensure paperwork was up to date and people were happy with the service.

During the inspection visit we spoke with senior management about quality assurance within the service. They told us they audited work on a daily basis. They did not however document this to show it took place. They agreed to implement a plan to ensure all audits undertaken were recorded.

We saw evidence of partnership working. The registered provider attended provider forums to keep themselves up to date. They told us they had worked with the Fire and Rescue service to develop an environmental risk assessment for vulnerable people living in their own homes.