

Direct Link Care Ltd

Direct Link Care Ltd - Oxfordshire

Inspection report

Regis, John Eccles House
Robert Robinson Avenue
Oxford
OX4 4GP

Tel: 01865338111
Website: www.directlinkcare.com

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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

Direct Link Care Ltd - Oxfordshire provides personal care to people living in their own homes. At the time of our inspection there were 15 people using the service.

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 enough suitably trained staff to support people. Individual risks to people were considered and reviewed and changes made when needed. Medicines were managed in a safe way. There were procedures in place to protect people from potential harm. Infection control procedures were also followed.

People had access to health professionals when needed. People made choices about what they ate, their dietary needs were considered.

People were supported in a kind and caring way by staff that knew them well. They were happy with the support they received from staff. People's privacy and dignity was considered and maintained, and people were encouraged to make choices.

People's preferences, including their likes and dislikes, were considered, and they received support based on these needs. People's communication was considered. There was a complaint policy in place.

Quality checks were completed throughout the service that identified areas of improvement. These improvements were made when needed. When things had gone wrong within the service lessons had been learnt. Staff felt supported and listened to by the registered manager and were able to make suggestions. They ensured they notified us of significant events that occurred in line with our requirements. Relatives spoke positively about the company and the support their relatives received.

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

Rating at last inspection

This service was registered with us on 3 March 2020 and this is the first inspection.

Why we inspected

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

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Direct Link Care Ltd - Oxfordshire

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector and an Expert by Experience who made phone calls to relatives. 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. 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.

Inspection activity started on 14 March 2022 and ended on 17 March 2022. We visited the location's

office/service on 16 March 2022.

What we did before the inspection

We reviewed information we had received about the service since it had registered with us. We sought feedback from professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager who is also the nominated individual. A nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included people's care records. We also looked at records relating to the management of the service, including procedures and governance records.

After the inspection

We spoke with eight relatives of people who used the service about their experience of the care provided. We also sought feedback from care staff and professionals who had knowledge of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- We discussed with the registered manager during the inspection, that although risk assessments were in place, more information should be considered in respect of skin integrity and catheter care. The registered manager agreed that they would put more information about signs to look for. There had been no impact as a result of this finding and staff had known what action to take when a person had a blocked catheter.
- Individual risks to people were considered and assessed, including any health needs. A relative commented, "We did have major trouble with previous care package. Staff couldn't use the equipment and they dropped [person] and left. We changed to Direct Link after that and [person] trusts them and they're very able, they've done very well with [person]."
- Environmental risks in people's homes had been considered to ensure staff were aware and any action needed taken to keep people safe.

Systems and processes to safeguard people from the risk of abuse

- We asked if people felt safe and relatives commented, "Yes very safe, we're sure he's safe" and "They'll come in and they'll say hello, it's always the same squad that go in."
- There were procedures in place to identify and report safeguarding concerns. These procedures were followed when needed. A member of staff said, "My understanding of whistle blowing is the action I take to report concerns on malpractice, the dangerous workers clients may be subjected to which may harm their wellbeing."
- Staff had received training in safeguarding, and they knew how to recognise and report potential abuse. One staff member told us, "My first contact is my line manager and if they do not respond I would raise a safeguarding with the relevant authority to look into the anomaly."
- Staff were kept updated as needed. A member of staff commented, "I am kept up to date by alerts emails and prompted to attend refresher courses."

Staffing and recruitment

- Relatives told us there were enough staff to support people and visits were mostly on time. Comments included, "Yes, most of the time they're on time – they're very good" and "They come in to do his breakfast at 8.30 and 12.30 and at 4.30 onwards for the last visit. It is a bit early but I'm okay with it. They might be a bit late sometimes, but that's fine."
- One relative told us there were issues when the support started with timings, but they contacted the provider and said the concerns had been listened to.
- We saw evidence from UK Visas and Immigration office that the provider had been granted to become a licensed sponsor under the skilled worker route. This requires a skilled worker to work for a UK employer

that is approved by the Home Office.

- Staff had received pre employment checks before working with people to ensure they were safely recruited. For example, Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed. Records we reviewed confirmed this. Relative's comments included, "They give it in the morning with breakfast and pain relief also given as needed" and "They do give medication and no issues on their side. They keep it all on a sheet and it can change on a daily basis and they do their best."
- Staff administering medicines had completed training and their competency was reviewed to ensure they continued to be safe to administer medicines.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date.
- People and staff raised no concerns around staff practice in relation to infection control.
- Staff had received training and there were infection control procedures in place.

Learning lessons when things go wrong

- The registered manager was able to give us examples of how lessons had been learnt when things went wrong.
- They told us about a recent safeguarding, what had happened, what action had been taken and how they would do this differently if it occurred in the future.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, mental and social needs and gender, culture and religion were considered as part of the assessment process.
- Relatives told us that they, and the person, were involved in the assessment of their needs and preferences before receiving support. The provider had asked for information about their needs and how and when they would like care and support to be provided. A relative commented, "[Person] had a stroke and they found the care package through the council and it all went very smoothly. We had an assessment and they found out what [person] likes, doesn't like, and got to know about [their] life."
- The provider used the information from these assessments to develop care plans for people. People's choices and preferences had been recorded in their care records. This helped to make sure staff provided support in line with people's wishes and needs.
- A social care professional provided some feedback in respect of two people who had been discharged from hospital. They said the service was "Caring and compassionate towards clients with a genuine desire to support to provide best possible outcomes."

Staff support: induction, training, skills and experience

- People and relatives told us staff had the knowledge and skills to support them. Relative's commented, "They've been brilliant in helping us" and "[Person] is quite happy with them, they're nice and jovial. There have been a few hiccups but they're receptive to being asked to put that there or not and they communicate well."
- Staff received an induction and ongoing training. During the induction staff had the opportunity to shadow more experienced staff. A member of staff said, "I completed mandatory online training with [training provider]. I completed moving and handling and basic life support. Buddy shadowing was a week after my induction with an experienced team lead."
- When people had individual needs, staff received specific training that related to this and this training was individual for the person. Relatives commented, "They can use the equipment fine" and "Initially, they weren't sure how to use his transfer aid but the [occupational therapist] showed them how to use it."

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

- When needed, staff would support people at mealtimes and with drinks.
- People's dietary and nutritional needs had been assessed; these assessments had also considered people's preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People's health needs were monitored and reviewed. They had access to health professionals. Relatives said where necessary, care staff had ensured people got the health input they needed. Comments included, "They have said in the past that they think he needs to see the GP, so we've sorted that" and "When [person] had an [infection] they were brilliant, helped me and sorted lots out as we had a power cut at the same time."
- A staff member told us about contacting the registered manager to report concerns about a person who had reduced food and fluid intake and low output of urine. This resulted in the person receiving appropriate interventions to improve their conditions.

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 registered manager and staff had received training in this area and understood the principles of seeking consent to care and treatment.
- Consent was sought as appropriate before care and treatment was provided. Relatives commented, "They don't just come in and do it. They ask and explain."

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

- We asked people if their relatives were treated with kindness and compassion by staff. Responses included, "Yes. They love talking to [person] and hearing their stories. [Person's] had a very interesting life and likes to talk and they always listen. It's nice for him to talk about his life" and "[Person] does like the carers and they get along. They do respect [person] and they do care."
- A social care professional commented, 'The carers from Direct Link that I met during a client's visit were cheerful, respectful and had clearly built a good relationship with a client who was not the easiest to support.'
- People were supported in line with their preferences. We asked if they could choose the gender of their staff and relatives commented, "Yes we can ask that, but [person] doesn't mind, but they're mostly male. Sometimes a young lady comes and it's no problem" and "We didn't specify, any carer that's available – so sometimes it's a man but that's fine."

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

- People's records reflected their preferences and choices and how these were made.
- We saw people and relatives were involved in their care and this was regularly reviewed.
- Staff told us they offered people choices throughout the day. Including what they would like to eat or drink and what clothes to wear.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was encouraged and promoted.
- We asked people if their relatives felt they were respected by care staff and if they treated them like they mattered. Comments included, "[Person] likes the [male care staff] and responds well and they're very kind to and encourages them to go for a walk and clean their teeth. The [female care staff] are very nice indeed to, been kindly and have a positive attitude, never heard them talk down to [person] or be abrupt. They're very respectful to him" and "Yes, they take [person] into their own room for toilet and washing" and "[Person] feels respected by care staff."
- Staff made people at ease when care tasks were undertaken. Relatives comments included, "They do listen and make him feel like a person, listen and take notice" and "Oh yes definitely, they respect him and talk to him and laugh."
- Records we reviewed reflected the levels of support people needed.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans which considered their preferences. For example, how people liked to be supported with personal care. We discussed with the registered manager that more information about people's history, previous career, likes and dislikes would make the care plans more personalised. The registered manager agreed to expand on this information in people's records.
- Where possible people had a small staff team that could offer them consistent support.
- Care plans were updated in line with people's changing needs. A member of staff commented, "[Records] are accurate. They are updated regularly every time there is change to health needs."

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.

- The Accessible Information Standard were considered. The registered manager and staff were aware of this.
- People's communication had been assessed. There were care plans in place identifying people's preferred methods. This also gave staff guidance as to how to support people.

Improving care quality in response to complaints or concerns

- No formal complaints had been made at the time of the inspection.
- We asked relatives if they knew how to make a complaint or raise a concern, whether they felt comfortable doing so and if they had whether they were happy with the outcome. Comments included, "No (not made a complaint), the only issue is staff not turning up on time, but the care is fine. Yes, I'd be comfortable to complain" and "I've never made a complaint but if they ask, I'll give feedback about staff etc. I mentioned a staff member who left early, so they didn't come again so that was resolved quickly."
- There was a complaints policy in place.

End of life care and support

- There was no one receiving end of life care at the time of the inspection.

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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, relatives and staff spoke positively about the company and the support they received. We asked if people would recommend Direct Link to other people. Responses included, "Yes I would. Just on the whole they're a good company and when they're here they give good care and he's very happy with them" and "Yes, I'm quite happy with them and so is my [relative]. I didn't know how he'd be initially, but he doesn't seem to have a problem with them coming in. I've noticed recently he's getting a bit better which I think is because of having contact three times a day. More interaction has really helped his memory" and "Yes, I think they're a very together firm and they've not let us down."
- A social care professional commented, '[Registered manager] is professional, friendly, approachable and always available either by phone or email. She has a good knowledge of her client's needs and has gone above and beyond to support them. For example, supporting one of them with a move to extra care housing, liaising with the housing scheme manager. Providing flexible respite to a person who is the main carer for their spouse, to ensure they had a weekly break'.
- Staff worked closely with people and their relatives to ensure good outcomes were achieved.

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

- Quality checks and audits were completed within the service. These covered key areas such as medicines and care planning. Where areas of improvement had been identified there was evidence of the action that had been taken to make these improvements.
- All staff understood their roles and responsibilities and there were clear lines of delegation.
- Staff felt supported by the registered manager. One staff member told us, "I see my line manager regularly and often get the opportunity to work with her in some situations."
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.

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

- Formal feedback had not been sought, but relatives told us they had frequent contact with the registered manager and could provide feedback via this. One commented, "We're in constant contact with them and tell them how we feel, we're always telling the care staff how happy we are with them and what they do."
- Staff felt involved with the company and that they were listened to. One commented, "Managers have an

open-door policy for support to carers concerns, team meetings, daily reflection on zoom, email on urgent matters, WhatsApp calls, impromptu spot checks and call monitoring systems.

Working in partnership with others

- The service worked closely with other agencies to ensure people received the care they needed.

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

- Duty of candour requirements were understood and met by the registered manager.
- No duty of candour incidents had occurred since the service registered with the CQC.