Care Quality Commission

Care Direct UK Limited

Care Direct UK

Inspection report

Shirley Community Centre
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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

This was an announced inspection that took place on 16 January 2016.

Care Direct Ltd is an independent organisation providing personal care and domestic support to 165 people in their own homes.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

At the last inspection in May 2013 the agency met the regulations. At this inspection the regulations were met.

People said the service provided was the type they needed and that it met their expectations. The designated tasks were carried out in the way they wished, although they thought new care workers would benefit from shadowing those with previous experience of people using the service before taking over tasks for them. People felt safe, particularly with well-established care workers and thought the staff team and organisation cared. They thought the service provided was safe, effective, caring, responsive and well led.

The service kept records that were up to date and covered all aspects of the care and support people received, the choices they made and identified and met their needs. The information was clearly recorded, fully completed, and regularly reviewed. This enabled staff to perform their duties appropriately.

Most staff knew about the people they provided a service for, the way they liked to be supported and worked together as a team when required. Newer staff had less knowledge of people, what they required and the way they wanted tasks carried out. People thought staff conducted themselves in a professional and friendly way that was focussed on the individual and their needs. They were trained, knowledgeable and accessible to people using the service and their relatives. Staff thought the organisation was a good one to work for and they enjoyed their work. They had access to good training and support.

People and their relatives said they were able to discuss health and other needs with staff and had agreed information passed on to GPs and other community based health professionals, if required. Staff protected people from nutrition and hydration associated risks by giving advice about healthy food options and balanced diets whilst still making sure people's likes, dislikes and preferences were met.

The agency staff knew about the Mental Capacity Act and their responsibilities regarding it.

People said they were comfortable approaching the manager who was responsive, encouraged feedback from them and monitored and assessed the quality of the service provided.

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.

The agency was suitably staffed, with an experienced team that had been disclosure and barring (DBS) checked. There were effective safeguarding procedures that staff understood, followed and there was no current safeguarding activity.

People were supported to take medicine safely, in a timely manner and records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

Is the service effective?

Good

The service was effective.

People's support needs were assessed and agreed with them and their relatives. Their needs were identified and matched to the skills of trained staff. They also had access to other community based health services that were regularly liaised with.

People's care plans monitored their food and fluid intake to make sure they were nourished, hydrated and balanced diets were encouraged.

The agency was aware of the Mental Capacity Act and its responsibilities regarding it.

Is the service caring?

Good

The service was caring.

People's opinions, preferences and choices were sought and acted upon and their privacy and dignity was respected and promoted by staff.

Staff provided support in a friendly, kind, professional, caring and considerate manner. They were patient, attentive and gave encouragement when supporting people.

Is the service responsive?

Good

The service was responsive.

The agency responded appropriately to people's changing needs. Their care plans identified the support they needed, records confirmed they received it and they were updated to reflect changes in needs.

People told us concerns raised with the agency were discussed and addressed as a matter of urgency.

Is the service well-led?

Good

The service was well-led.

The agency had an enabling culture that was focussed on people as individuals.

The manager enabled people to make decisions and supported staff to do so by encouraging an inclusive atmosphere.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

Care Direct UK

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 was an announced inspection that took place on 15 January 2016. 48 hours' notice of the inspection was given because the service is a domiciliary care agency and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection, we checked notifications made to us by the provider, safeguarding alerts raised regarding people using the service and information we held on our database about the service and provider.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

During the inspection, there were 165 people using the service and 85 staff. We spoke with 14 people using the service, 3 relatives, 7 staff and the registered manager.

When we visited the office premises we looked at 15 copies of care plans for people who use the service. Copies of the care plans were kept in the office as well as in people's homes. Information recorded included needs assessments, risk assessments, feedback from people using the service, relatives, staff training, supervision and appraisal systems and quality assurance. We also looked at five staff files.

Good

Is the service safe?

Our findings

People and their relatives told us that they thought the service was safe and they felt safe when using it particularly regarding more established and experienced staff. They thought there was enough staff available to meet their needs. A relative said, "Could they not shadow the regular carer before they come alone so that they understand the needs better."

Staff had access to the agency policies and procedures for protecting people from abuse and harm. They also received induction and refresher training in how to recognise abuse and possible harm to people, understood what abuse was and how to raise a safeguarding alert if required. Previous safeguarding alerts were suitably reported, investigated and recorded. There was no current safeguarding activity. The staff handbook contained information about the agency's safeguarding, disciplinary and whistle-blowing policies and procedures and how to access them.

There was a staff recruitment procedure that recorded each stage of the process. The stages included advertising the post, providing a job description, person specification and short-listing of prospective staff for interview. The interview included scenario based questions to identify people's skills and knowledge of the field in which they wished to work. References were taken up, work history tracked and disclosure and barring (DBS) security checks carried before people were confirmed in post. There was a three month probationary period. The staff rota showed that people's needs were met flexibly and safely and there were enough staff employed to meet peoples' needs, in an appropriate and timely way.

The agency carried out assessments of risk as part of the initial needs assessments. People using the service, relatives and staff were consulted and contributed to the assessments that were monitored, reviewed and adjusted when people's needs changed. Staff said they shared information regarding risks to people with the office and other members of the team, particularly if they had shared calls. They told us they knew the people they gave a service to well, were able to identify situations where people may be at risk and took action to minimise risks. There were also accident and incident records kept, that were reviewed to learn from any previous incidents.

Staff were trained to safely prompt people to take their medicine and this training was updated annually by a pharmacy. Staff also had access to current guidance. The medicine records for all people using the service were audited by the agency and included in the spot checking system. A sample we looked at showed that they were up to date and completed.

Good

Is the service effective?

Our findings

People told us they decided the type of care and support they received, when it would take place and who would provide it. They also said that staff time keeping was not an issue. People said that staff were aware of their needs and more experienced staff met them in a skilled, patient and effective way that they liked and needed. Some people said new staff did not have a clear idea of how to carry out tasks in the most effective way. People and their relatives felt staff were suitably trained to be able to complete the tasks that were required, although more experienced staff were more confident and competent doing this. One person told us their, "Helper" (Care worker) would come in earlier on a Sunday morning to help her get ready for the person who collected her to take her to Church. Another person said, "My carer (Care worker) takes me out walking and I am getting more confident now." A relative told us, "Relief carers (Care workers) sometimes need to be a bit more mature with some life skills especially around clients' complex needs as sometimes the young ones don't grasp what they need to do around toileting, personal care and/or meals." Another relative said, "Sometimes there are young girls who come as relief carers and seem inexperienced and unsure what to do."

Staff were given mandatory induction and annual on-going training. The induction was comprehensive and based on the 'Care Certificate' induction standards. Training included moving and handling, infection control, safeguarding, food hygiene and end of life care. Staff also received more specialist training that included; mental health, dementia awareness, behaviour that may challenge and pressure sore identification. As well as informal day-to-day supervision and contact with the office and management team, staff meetings, formal supervision and appraisals also provided an opportunity to identify group and individual training needs.

People's care plans included sections for health, nutrition and diet. Where appropriate staff monitored what and how much people had to eat and drink with them. People were advised and supported by staff to prepare meals, make healthy meal choices and meals were provided if required in the care plans. One person told us, "I'm not allowed to cook and have a poor appetite, my carer (Care worker) usually makes me porridge on my lunch time call (which is ok) and tea and biscuits when calling later to give me my tablets about 5pm." Staff said any concerns about people's health were raised and discussed with the person's relatives and GP as appropriate. The records demonstrated that the agency regularly liaised with and made referrals to relevant community based healthcare services such as district nurses. The agency also worked with the hospital discharge teams. Staff received training regarding safe methods to assist people to eat, particularly if they experienced difficulty swallowing.

People's consent to the service provided was recorded in their care plans and they had service contracts with the agency. Staff said they also regularly checked with people that the care and support provided was what they wanted and delivered in the way they wished. The agency had an equality and diversity policy that staff were aware of, understood and had received training in.

We checked whether the service was working within the principles of the MCA and that applications must be made to the Court of Protection if appropriate. No applications had been made to the Court of Protection as

this was not appropriate and the provider was not complying with any Court Order as there were none in place. Staff were aware of the Mental Capacity Act 2005 (MCA), 'Best Interests' decision making process, when people were unable to make decisions themselves and staff had received appropriate training. The manager was aware that they were required to identify if people using the service were subject to any aspect of the MCA, for example requiring someone to act for them under the Court of Protection.

The manager and field supervisors carried out spot checks that included staff conduct, courtesy and respect towards people, delivering care at the agreed time, ensuring people's dignity and competence in the tasks undertaken and in using any equipment.

Good

Is the service caring?

Our findings

People and their relatives said that they were treated with dignity and respect by staff. Staff listened to them, valued their opinions and helped them to do things for themselves, as much as possible. Staff training included respecting people's rights and treating them with dignity and respect. People said this was reflected in the caring, compassionate and respectful support staff provided. Staff provided support in a friendly and helpful way that followed the agency's stated philosophy of enabling people to make their own decisions regarding the support they required and when they needed it. People were positive about having consistent staff that understood their particular needs, preferences and this demonstrated a person-centred approach to the care that was provided. One person we spoke to told us, "I do have carers come in don't know where they come from, my regular one is "brilliant" the others on relief could improve on their times to come, I don't know the office number to ring as just tell my regular carer things." Another person said, "My carer (Care worker) has been coming regularly for some time now and is always polite, will help me with most things and does not mind me asking her for help. It seems a long time since I had a care plan but we work well together." One further person said, "I am quite happy with my care thank you for calling." A relative told us, "My Mother's carer is good at keeping us informed even sometimes leaves us little notes to update us."

People and their relatives said they had received enough information about the agency and service provided to make an informed decision, if they wished to use it. The information was contained in information leaflets and a customer information pack that outlined what people could expect from the agency, way the support would be provided and the agency expectations of them. They confirmed that they had been involved in developing and deciding their care plans and that their views were listened to and respected. Decisions about people's care were made after an assessment of what was needed and agreement was reached as to the best way care could be provided, including frequency of visits, tasks to be carried out and timings.

Interviews with staff and the staff rota demonstrated that people's care was scheduled and co-ordinated to promote the same staff working with people, in order that relationships could develop and staff could understand people's needs and wishes better. Staff we spoke with had a good knowledge of the people they supported. They were able to give us information about people's needs and preferences which showed they knew people well. One member of the care staff told us that where possible their schedule of people to visit was within a manageable area and that travel time between people had been factored in to the schedule.

The agency had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality, dignity and respect were included in induction and on-going training and contained in the staff handbook.

Good

Is the service responsive?

Our findings

People and their relatives said that the agency asked for their views and they were consulted and involved in the decision-making process before a service was provided. They felt that they received personalised care that was responsive to their needs. They said that they decided things for themselves, were listened to and if required action was taken. Staff told us about the importance of knowing the views of people using the service and their relatives so that the support could be focused on the individual's needs. One person said, "I did have a carer (Care worker) who I did not get on with, after informing the office they changed her." Another person told us, ""My Carer (Care worker) comes in every day and I am more than pleased, if I am not happy I just let them know." A relative told us, "We have regular carers (Care workers) and there does not seem to be a high turnover of staff. We have continuity, thankfully and we are informed and involved if changes happen. The personal care is good and they handle things gently."

After an initial enquiry was received, the agency carried out an assessment visit where the support required was identified, checked and agreed with people, to make sure that the person's needs would be met. The visit included assessments of risks to people and staff providing the service. The assessments formed the basis of people's care plans. The care plans were individualised focussed on the person and people were encouraged to take ownership of the plans and contribute to them as much or as little as they wished. The tasks agreed with the agency were regularly reviewed, re-assessed with people and their relatives and care plans changed to meet their needs. One person did say they could not remember the last time their care plan was reviewed. People's personal information including race, religion, disability and beliefs were clearly identified in their care plans. This information enabled staff to understand people's needs, their preferences and choices and respect them. The information gave staff the means to provide the care and support needed. Staff were matched to the people they supported according to their skills and the person's needs.

People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. A relative told us, "If I had a problem, I wouldn't hesitate to make a complaint." There was a thorough system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. Staff were also aware of their duty to enable people using the service to make complaints or raise concerns. The agency had an equality and diversity policy and staff had received training.

Good

Is the service well-led?

Our findings

People and their relatives told us that they felt comfortable speaking with the manager, staff and were happy to approach them if they had any concerns. They said there was frequent telephone communication with the office. They did not directly comment on whether the agency was well led. One person did say, "I have happy carers (Care workers) who come in to help me, they make me a meal and I am quite satisfied."

During our office visit there was an open supportive culture that was clear and honest. The manager, who was registered with the Care Quality Commission (CQC) was able to describe a vision of how they saw the service as one which provided care to a standard that would be acceptable for their own relatives. This vision and values was clearly set out and staff understood them.

Staff told us the support they received from the manager was good. She was in frequent contact with staff and this enabled them to voice their opinions and exchange knowledge and information. One staff member said, "We can select our jobs and discuss in supervision, sometimes I feel they need more office staff to deal with everything, but they do follow procedures, I would like to have better pay for the work though." Another staff member told us, "Any concerns the company listen and were able to action where applicable." Staff felt suggestions they made to improve the service were listened to and given serious consideration. There was also a whistle-blowing procedure. The records demonstrated that regular quarterly staff supervision, bi-monthly staff meetings and annual appraisals took place.

There was a policy and procedure in place to inform other services within the community or elsewhere of relevant information should these services be required. The records showed that accidents and incidents were fully investigated, documented and procedures followed correctly. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely manner.

The care plans recorded that the agency carried out regular reviews with people regarding their care. They identified what worked for people, what did not and considered any compliments and comments to identify what people considered the most important aspects of their service were. There were also satisfaction surveys of people using the service. Frequent quality checks took place that included spot check visits; phone contact with people who use the service and their relatives and audits of people's and staff files, care plans, risk assessments, infection control and medicine recording. The agency used this information to identify how it was performing, areas that required improvement and areas where the agency performed well. Policies and procedures were updated annually by an external organisation.

We saw that records were kept securely and confidentially and these included electronic and paper records.