

Dirextions Ltd

Office

Inspection report

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Date of inspection visit:
25 September 2019
26 September 2019

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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

Office is a domiciliary care agency providing personal care to people in their own homes. 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 the inspection, there was one person receiving a regulated activity.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The registered manager had systems and processes in place to keep people safe. Staff had received training in safeguarding and knew their responsibilities. Risks were assessed and regularly reviewed. Accidents and incidents were recorded, and evidence of lessons learned. Safe recruitment processes were in place.

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. The service used some restrictive intervention practices, as a last resort, in line with positive behaviour support principles.

The person told us staff were kind and caring. A relative gave us extremely positive feedback about the registered manager and staff. Staff had completed equality and diversity training, ensuring people's rights were protected. People were involved in decisions about their care and were at the centre of the planning process. Staff respected people's right to privacy and dignity.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The service was well led. The registered manager was open and transparent and there was a positive culture within the service. The registered manager sought feedback to drive improvement and make positive changes.

We have made three recommendations in relation to medicines, recruitment and end of life care.

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 12 October 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Office

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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses.

The service had a manager registered with the Care Quality Commission. 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.

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 25 September 2019 and ended on 26 September 2019. We visited the office location on both days and visited a person in their home on 25 September 2019.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch for feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the one person using the service about their experience of the care provided. We also spoke with four staff members including the nominated individual, registered manager, and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included the persons care records, four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We sought feedback from one relative and four staff members we were unable to speak with during the inspection.

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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had systems and processes in place to protect people from the risk of abuse. Staff told us they had undertaken training in safeguarding and had policies and procedures to guide them in their role. The person using the service told us they felt safe.

Assessing risk, safety monitoring and management

- The registered manager ensured risks to people's health and wellbeing had been assessed. Care records contained detailed risk assessments to guide staff and keep people safe. For example, behaviours that may challenge, communication, mobility and allergies. There were also risk assessments in place relating to the environment. All risk assessments were reviewed.
- A staff member told us, "Specific risk assessments are available in care plans and daily paperwork which are available in people's homes. These can be read at any time."
- Staff completed health and safety checks and a business continuity plan was in place. The registered manager ensured accidents and incidents were recorded and audited to spot for themes and trends.

Staffing and recruitment

- The registered manager had not always ensured recruitment systems and processes were robust. Records showed a full employment history was not always sought, reasons for leaving employment was not consistently documented and it was not always evident what checks had been requested from the disclosure and barring service. The registered manager addressed some issues immediately during our inspection.

We recommend the service considers best practice guidance when recruiting to ensure people are safe.

- The registered manager ensured adequate staff were on duty to meet the needs of the person using the service. They told us there was an occasional use of agency and recruitment was ongoing. In the main, staff told us there were adequate staffing levels and all confirmed shifts were always covered. A relative told us, "There has been ups and downs with staffing, but they have never let us down."

Using medicines safely

- The registered manager did not always ensure medicines were managed safely. A robust capacity assessment had been completed by an external health care professional which deemed the person able to administer their own (regular) medicines. However, we noted their capacity had not been assessed in administering medicines taken 'as required' such as Paracetamol. Whilst the capacity assessment was very robust, the registered manager had not risk assessed the self-administration of medicines.

We recommend the service considers best practice guidance around the safe management of medicines, in particular when the person self-administers.

- Staff supported the person to order and store their medicines and care plans reflected this. Staff told us, and records confirmed, they had completed training on medicines. The registered manager undertook audits of medicines.

Preventing and controlling infection

- Staff had received training on infection control and knew their responsibilities. The registered manager told us staff had access to personal protective equipment.

Learning lessons when things go wrong

- The registered manager ensured lessons learned were shared amongst the staff team. We saw things had changed as a result of lessons learned. For example, the registered manager had ensured practice had changed when working with the person when shopping.

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.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager told us they were currently working with other healthcare professionals for an application to be made to the Court of Protection to deprive the person of their liberty. The registered manager and staff understood their responsibilities in relation to the MCA and any deprivation of liberty was in the persons best interest and least restrictive.
- The staff occasionally had to use restraint techniques due to behaviours that challenged. We found very detailed support plans in place which rigidly identified the least restrictive restraint to be used as a last resort. All staff had received training in positive behavioural support which was also reflected in support plans.
- The registered manager had ensured consent was gained and recorded relating to the use of photographs.

Staff support: induction, training, skills and experience

- The registered manager ensured staff were supported in their roles through appropriate induction, training and supervision. Staff told us they completed an induction when commencing employment and that they had received adequate training to meet the person's needs. One staff member told us, "I have requested extra training" and they confirmed this had been sourced. Records confirmed staff received regular supervisions to support them in their roles.

- A relative we spoke with told us, "Staff have had very intensive training. They have used information I have provided them with, used specialist support teams and [Name of registered manager] has been on specific training [relating to the diagnosis of their family member]. I have a lot of trust in them."

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

- The registered manager ensured the person received a healthy and balanced diet. Staff worked well with the person and a dietician to ensure they had a healthy and nutritional diet. This was important due to a health condition. Care plans reflected how to support the person, including how to support them to independently order their food online.
- A relative we spoke with told us, "They support [name of family member] really well with meal planning. This was really important to us."

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

- The registered manager and staff worked well with external agencies to support them in meeting the needs of the person. For example, they had close links with specialist support teams, psychiatrists, GP, community nurses and dieticians.
- The registered manager ensured support plans included how to support people to with their health care needs. This included detailed information of past and current health conditions. A relative told us, "The registered manager and staff work well with all the professionals to get what [family member] needs. It works really well."

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

- The registered manager ensured the persons needs were assessed prior to them using the service. Records showed the registered manager worked closely with the person and their relatives to ensure the transition to the service was effective.
- The registered manager supported staff to ensure they delivered effective outcomes to the person using current legislation and best practice guidance.

Adapting service, design, decoration to meet people's needs

- The service was managed from purpose-built offices.

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

- The registered manager ensured people were supported in a kind and caring manner. The person we spoke with told us they liked the staff working with them and referred to them as their 'squad'. The person was keen to show us a slideshow they had developed on their iPad containing photographs of staff working with them and what they liked about each staff. A relative told us, "The service has saved our lives. They are absolutely outstanding. Services have always failed, right through school, so how the service works with [name of person] has been a massive achievement."
- Consideration had been made to the Equality Act 2010 and people were protected against any discrimination. The registered manager ensured equality and diversity training was completed by staff and relevant policies and procedures were accessible. The registered manager ensured people's human rights, equality and diversity was reflected in the care planning process.

Respecting and promoting people's privacy, dignity and independence

- The service respected people's privacy and dignity and supported people to maintain their independence. The registered manager ensured support plans contained detailed information about to ensure the person had their privacy and dignity maintained. For example, the support plan detailed staff had to knock on the bedroom door and wait to be invited in.
- The registered manager and staff supported the person to be as independent as possible. Support plans clearly identified what the person was able to do for themselves and how to support them to learn new skills. For example, we saw the person did their own online shopping, cleaned their home and cooked meals.

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

- The registered manager ensured the person was involved in decisions about their care and supported them to express their views. For example, prior to the service providing support, there was a very intense transition period which involved the service working closely with the person and their family. This ensured the person's views were heard and they were involved in the decision-making process from the beginning.

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

- The registered manager ensured the person received care that was responsive and person-centred to meet their needs. Support plans holistically reflected the required support and identified the person's wishes, choices, preferences and things that were important to them. Guidance from external professionals had also been incorporated into the support plans.
- The registered manager ensured support plans were reviewed and updated when needs changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibility in relation to the AIS. They told us, "We have easy read information around consent, complaints and compliments. Quality assurance surveys and policies and procedures are also available in easy read. If there is anything else people require we can develop specific ones."
- The registered manager also ensured communication needs were included in support plans. We saw robust examples of this in care records.

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 supported people to engage in regular activities to prevent social isolation and boredom. We saw the person had a weekly activity planner which included a significant amount of community involvement. For example, trips to Blackpool, local pubs, swimming, trampolining, football and walks. Staff told us, "Activities are planned with the individual's needs, wants and dislikes in mind." A relative told us, "They do a lot of things in the community. It was important for us as they are a local person, and everyone knows them. We wanted to maintain that."
- The registered manager and staff supported the person to maintain contact with family members and people that were important to them. A relative told us, "We managed to have a holiday for two weeks and [name of family member] coped really well. [Name of family member] used facetime every day to speak to us." The service also supported important relationships with their grandparent and girlfriend.

Improving care quality in response to complaints or concerns

- The registered manager had systems and processes in place to respond to complaints and concerns. They

told us, "We have a complaints policy and procedure and an easy read version. We discuss complaints within induction. We encourage complaints as it is important to receive feedback. Family are given a welcome pack which includes the complaints policy and we have an open door."

- A relative told us, "Yes, I have had to raise a complaint, but it was dealt with immediately. I am comfortable to say something." We saw complaints were dealt with in line with policies and procedures.

End of life care and support

- The service was not supporting anyone at the end of their life. However, the registered manager had not explored people's preferences and choices in relation to end of life should a sudden death occur.

We recommend the service considers current best practice guidance on end of life care.

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

- The registered manager promoted a culture within the service that was person-centred, holistic, inclusive and empowering. We saw good outcomes had been achieved for the person being supported through close planning of person-centred care. A relative told us, "The ethos and values of the service is one I have not come across before and is the same as ours."
- Staff told us they felt supported in their roles. Comments we received include, "I feel I can come forward and speak about anything. Everything possible is done to ensure the happiness of staff."

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

- The registered manager understood and acted on their duty of candour responsibilities and promoted and encouraged candour through openness and honesty from staff, for example reporting incidents or complaints. The registered manager and staff were clear about their roles.
- The registered manager had ensured statutory notifications had been submitted to CQC about people using the service, in line with current regulations. A statutory notification is information about important events which the service is required to send us by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager sought feedback from people, relatives, staff and external professionals to drive improvements. The registered manager told us, "We sent surveys out every three months, we review them together and look at what we need to do differently to make improvements." A relative told us, "I get regular quality surveys and [name of family member]'s grandma gets one too for her thoughts."
- Staff confirmed they received regular surveys and had staff meetings and felt some things changed as a result of these. One staff told us there had been two staff meetings within a three-month period.
- The registered manager also had robust quality assurance systems in place to ensure improvements were made within the service. There was a range of audits being completed within the service. These included audits of medicines, recruitment, risk assessments, support plans, accidents and incidents.

Working in partnership with others

- The registered manager and staff worked well with a variety of health and social care professionals and

family members to meet the needs of the person using the service. We saw several positive comments from external professionals about how the staff demonstrated professionalism, honesty and transparency; along with having the persons best interests at heart.