

Direct Care Works Ltd

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Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

This inspection took place on 9 January 2019 and was unannounced.

This was the first comprehensive inspection carried out at Direct Care Works Ltd since they registered with CQC in November 2017.

Direct Care Works Ltd is a domiciliary care agency. By domiciliary care agency (DCA), we mean services that provide personal care (and sometimes other support) to people living in ordinary houses and flats in the community. DCAs vary significantly in size, scope, and service user bands. Most work with older adults, some with younger disabled adults, and some also work with children. They range in size from small to very large, measured in terms of numbers of staff, people provided with care and support, and the settings they live in). Direct Care works Ltd. provides a service to people living with dementia, children and adults who misuse drugs or alcohol. On the day of our visit, there was one person receiving personal care in their own home.

The service had a registered manager. 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.

Risk assessments were in place and reviewed regularly; The person received their care as planned to mitigate their known risks.

The person received their care from a consistent staff team. Relatives found this valuable.

Staff had received training and support to carry out their roles. Staff understood their roles and responsibilities to safeguard people from the risk of harm.

The provider had robust recruitment procedures in place.

The person was supported to access relevant health and social care professionals. There were systems in place to manage medicines in a safe way.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA). Staff understood how to meet the person's best interests where they were unable to express verbal consent.

Family members were involved in the planning of the person's care where the person was unable to be involved. Care plans were person centred and updated regularly.

The person's privacy and dignity was protected and promoted. Staff had a good understanding of the person's needs and preferences.

Relatives knew how to raise a concern or make a complaint. There was a complaints system in place and relatives were confident that any complaints would be responded to appropriately.

Staff and relatives thought the service was well run. The registered manager and office manager had analysed the care provided to people and identified areas of improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Risk assessments were in place and reviewed regularly. Staff understood their responsibilities to keep the person safe from abuse and harm.

Staff followed safe medicines management and infection control procedures.

There were sufficient staff deployed to meet the person's needs. Staff were recruited following safe procedures.

Inspected but not rated

Is the service effective?

The service was effective.

The person's care was delivered in line with current legislation, standards and evidence based guidance.

Staff that received the training and support they required to carry out their roles.

The person was supported to eat and drink enough to maintain a balanced diet.

Staff understood the importance of providing care in a person's best interest where the person was unable to give verbal consent.

Inspected but not rated

Is the service caring?

The service was caring.

The person was treated with kindness and respect by staff.

Where the person was unable to be involved in planning their care, family members were included.

The person's privacy and dignity was maintained and respected.

Inspected but not rated

Is the service responsive?

Inspected but not rated

The service was responsive.

The person received care that met their needs.

The family knew how to make a complaint and the registered manager followed the complaints procedures.

The registered manager understood the importance of ensuring information was accessible to everyone.

The registered manager had systems in place to ensure people received end of life care that was dignified and pain free.

Is the service well-led?

The service was well led.

There was a registered manager who understood their roles and responsibilities.

Quality monitoring systems were in place to identify areas that needed improvement and actions were identified to make improvements.

Relatives told us that management provided a good service and listened to them if they raised issues. Staff told us that the management team were supportive and available.

Inspected but not rated

Direct Care Works 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.

Direct Care Works Ltd. provides personal care for people living in their own homes.

This announced comprehensive inspection took place on 9 January 2019 by one inspector and telephone calls were made to the relatives of the person using the service and staff on 15 and 16 January 2019.

We gave the service 48 hours' notice of the inspection visit because the location provides personal care service and we needed to be sure that someone would be in.

This was the first comprehensive inspection since the service was registered.

We checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually 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 this inspection we spoke with two relatives of the person, as the person was unable to communicate their experiences with us. We spoke with the registered manager, the office manager and five care staff. We also contacted the local authority that commissioned people's care who told us they had currently had no concerns.

We looked at the care records for the one person receiving a regulated service from the provider, including their daily records and medicines charts. We also examined other records relating to the management and

running of the service. These included five staff recruitment files, training records, supervisions and appraisals. We looked at the staff rotas, complaints, incidents and accident reports and quality monitoring information.

We asked the provider to send us further information after the visit regarding staff training. The information was sent to us when we asked for it.

Is the service safe?

Our findings

Relatives said they thought their family member was safe. Staff understood their responsibilities to safeguard the person using the service. All the staff we spoke with knew to report concerns about the person's well-being to the office manager. They also knew how to take concern to outside agencies if they needed to. One staff member explained, "I'd let my manager know if I had concerns. If they didn't do anything, I'd contact CQC (Care Quality Commission). I have every confidence [office manager] would deal with anything we raised."

Records showed that staff were trained in safeguarding as part of their induction when they began working for the service. Staff confirmed this. Although we did note, from the training information sent us following the inspection, some staff training was due to be out of date in the next few days. The office manager told us they were informing all staff, where this was the case, they must update their training.

Relatives we spoke with told us they felt staff supported their loved one safely and ensured they were not placed at risk. Staff were aware of the person's risk assessments and knew if risks changed they should contact the office for risk assessments to be updated.

Records showed risks were identified and staff had the information they needed to keep the person safe. The risk assessments we saw were detailed and included plans to reduce the likelihood of harm. They covered environmental risks, risks relating to the use of equipment, and risks to the person's health and social care. Risk assessments were updated when care plans were reviewed or when a person's needs changed.

We looked at individual examples of how risk was managed. We saw the person was at risk of developing pressure ulcers as they were cared for in bed. The care plan and risk assessment acknowledged this and instructed staff to ensure the person was moved regularly throughout the day to relieve pressure. Staff we spoke with had a really good understanding of the importance of this and monitoring the health of the person's skin. One staff member told us, "We turn [person] regularly and we put cream on as well. If we are concerned and notice any redness we record it on a body map. If we think a district nurse should visit we speak to the manager." Records showed staff were recording any concerns on a body map and reporting issues to the office manager.

Relatives told us they were happy with the consistent staff team and knew that there was always someone with their loved one to keep them safe. The care package Direct Care Works Ltd provided for this person was throughout the day from early morning into the evening. A consistent staff team provided care and enough time was provided at each handover to ensure any personal care needs, such as changing the person's position or washing, was carried out without rushing.

The registered manager followed safe recruitment and selection processes. Staff recruitment files contained all relevant information to demonstrate that staff had the appropriate checks in place. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring

Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Staff were able to describe how they supported the person in their care with medicines. Where the person received their medicine through a patch staff understood the importance of rotating the location of the patch to ensure skin did not become sore or irritated. They told us this was recorded on a 'patch map'. We saw these in records and they showed staff ensured the patch was always located in a different place each day. Staff told us they received training to support people in taking their medicines. Staff were due to receive a refresher training for medicines shortly. This was confirmed by the office manager.

People were protected from the risks of infection as the provider had infection control procedures that staff followed. Staff confirmed they had access to and used personal protective equipment such as gloves and aprons, when providing personal care and washed their hands before and after providing care. All staff had completed infection control training.

The registered manager strived to make improvements to the service by using lessons learnt from reported events and complaints. The registered manager said that only one incident had happened in the last 12 months and lessons had been learnt from this incident with systems put in place. They were aware of the need to analyse these situations when they took place to learn and prevent them from occurring again. For example, the registered manager shared the learning from quality audits, complaints and incidents with staff.

Is the service effective?

Our findings

The provider had systems in place to assess people to identify the support they required before receiving care from Direct Care Works Ltd. The office manager visited people in their homes to assess their needs and create a plan of care. This was updated as they got to know the person or as their needs changed. Relatives confirmed they had been involved in the initial care plan development. Staff also told us care plans were regularly updated.

The person received care from staff who had the skills and knowledge to meet their needs. Relatives we spoke with felt that staff understood the needs of their loved one and had no concerns about staff level of skills and knowledge. The staff we spoke with were knowledgeable about the person they supported and how best to meet their needs. Staff received training in providing personal care, this included moving and handling, basic life support skills, safeguarding and treating people with dignity and respect. Staff confirmed they could access the training they needed and would discuss any specific training with their manager in supervision. We did note some staff training was going to be out of date imminently. We discussed this with the office manager who told us they were in discussion with staff to ensure every-one had carried out refresher training.

Records showed that new staff had received an induction which included time to shadow more experienced staff. One member of staff told us, "The induction was good it prepared me for the work I was going to do."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the capacity to do so for them-selves. 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 it is in their best interests and legally authorised under the MCA.

Records showed that staff at the service were working within the principles of the MCA. Staff were trained in this legislation during their safeguarding training to raise their awareness about the issues involved. Care plans emphasised the importance of staff ensuring people, where possible, consented to the care provided. The manager told us that if there were concerns about people using the service being deprived of their liberty these would be reported to the local authority so action could be taken where necessary to protect and support the person concerned.

The person using the service was supported to maintain a balanced diet. Staff told us the person they cared for had meals bought for them by their family. One staff member told us, "It is all food [person] likes. We also know if they don't like something they wouldn't eat it and we would tell the family." They added, "[Person] has a good appetite at the moment." Staff were also aware if the person did not eat or drink well this must be reported to the office. We were told by the office manager the person went through a brief period of not eating very much. They told us, "We made sure we recorded everything [person] ate and so we could see what they ate though the day. Where we had concerns this was reported to the doctor. A referral to the SALT

team (speech and language team) was made." Records showed the SALT team had given staff advice on how best to support the person with eating. Staff we spoke with confirmed they had read and understood the advice.

The staff gave us examples of how they monitored the person's well-being and told us what they would do if they had concerns. This included liaising with healthcare professionals such as district nurse or the speech and language therapist.

Staff were made aware of people's health care needs in plans of care and had clear instructions on what to do if a person's medical condition changed or deteriorated in any way. This meant they could support people to be healthy and alert health care professionals if they had any concerns.

Is the service caring?

Our findings

Relatives were happy with the care and support their loved one received. One relative told us, "Staff know [person's] needs. They always talk with [person] even though they have advanced dementia. They tell them what they are doing if they are doing personal care. The staff are very good." They added, "It is a consistent staff team and I am glad [person] is able to stay at home as a result of the care." Another relative said, "I am totally happy with the care. I feel [person] is well cared for. I have recommended this service."

The service currently only provides a regulated activity to one person. They were unable to express their views and be actively involved in making decisions about their care. However, some of the staff team who work with the person have done so for a number of years and know the person very well. They were aware of the person's likes and dislikes as well as ensuring they liaised with the family to provide the most compassionate service.

The person's privacy and dignity was maintained. Staff described how they ensured the person's personal care was carried out in private. Staff used towels to keep the person covered. A staff member told us, "When we do personal care we make sure the curtains are closed and if family are visiting we make sure the door is closed so they don't see anything."

Staff also explained to us how they communicated with the person as they had no verbal communication. One staff member said, "You can tell from how they react to something if they are happy or not." Another staff member told us, "[Person] doesn't speak anymore but we know how they move their eyes if they like something."

Staff respected the person's confidentiality. There was a policy on confidentiality to provide staff with guidance. Information about the person was shared on a need to know basis. We saw that the person's files were kept secure in filing cabinets and computers were password protected to ensure that information about the person complied with the Data Protection Act.

Is the service responsive?

Our findings

The person's assessments and care plans considered their values, beliefs and interests. Where appropriate their relatives were involved in developing their care plans. A relative told us, "I was initially involved with the creation of the care plan. I know things get reviewed." The office manager told us staff were in regular contact with the family and if things changed the care plan was updated. Records showed the care plan was updated regularly as the person's needs changed.

The registered manager maintained an on-call system for staff to call in case of emergency or concerns outside office hours. The calls were recorded and acted upon appropriately. Daily records were maintained to demonstrate the care provided. Relatives we spoke with told us they believed their loved one received the care as planned. One relative said, "We are not there most of the time, there is no evidence there is a problem. Staff have identified in the past where [person] was developing a skin problem. This was dealt with. They keep in contact with the family."

The person's care plan was person centred, identifying their background, preferences, communication and support needs. Staff confirmed they found the care plan described the person and their needs very well. One staff member told us, "The care plan describes the care and reflects [person] as a person." Another staff member commented, "The care plan gives a good description of care. Of [person's] needs. They are really helpful."

The registered manager was aware they could take action to ensure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Relatives felt confident that they could make a complaint. Relatives told us they had not had to make a formal complaint. One relative told us, "If I have needed to raise anything I speak to [office manager] in the office and it is sorted." The office manager told us, "I also provide care to [person] so I am aware of anything that may arise and I speak with the family regularly."

The office manager was aware of the importance of ensuring people were supported with dignity and were comfortable at the end of their life. They told us they would liaise with healthcare professionals to ensure people received the care they needed.

Is the service well-led?

Our findings

There was a registered manager who had managed the service since it registered with the Care Quality Commission on 31 July 2017. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager understood and carried out their role of reporting incidents to CQC.

The registered manager and office manager worked together to assess the quality of the service. The office manager showed us an analysis of the care they provided over 2016/17. This analysed staff training, any health and safety or safeguarding issues that arose as well as any complaints received. The analysis identified weaknesses and possible areas to improve. The office manager said they had yet to do an analysis for 2017/18.

Relatives we spoke with were happy with Direct Care Works Ltd and felt the office staff were responsive when they contacted them. One relative told us, "I have no issues, they are consistent. If I contact the office the staff there are responsive. I am confident [person] is well cared for."

Staff told us they thought they were treated fairly and with respect. Staff members confirmed they had regular spot checks to ensure the service they provided to people was as detailed in the care plan and they followed Direct Care Works Ltd standards.

Staff spoke highly of the office manager. They told us they felt the service was well managed and they could speak to the office manager any time they needed to. One staff member said, "I could speak to [office manager] if I had a concern. The managers are supportive." Another staff member commented, "This is a well-managed service. [Office manager] does the job so well. They are for the staff and client. I always feel their support."

The registered manager spoke with us about ideas for improving communication with staff for the future. They understood the difficulty in ensuring staff who worked remotely were kept informed of training or changes that may happen. Currently staff have regular staff meetings and supervision but the registered manager told us they planned to introduce a newsletter to improve communication.

This inspection was Direct Care Works Ltd first inspection since it was registered, therefore there was no previous inspection rating to display.

The registered manager was aware of their responsibility to notify CQC of incidents.