

Direct Carers Ltd

Direct Carers Ltd - York

Inspection report

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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

We undertook an announced comprehensive inspection on Monday 30 November 2015. We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service and we needed to be sure that someone would be at the agency office that could assist us with the inspection. The registered provider first registered this service with the Care Quality Commission on 29 April 2015 and this was the first inspection for this location.

This domiciliary care service is registered to provide personal care for people with a range of varying needs including dementia, learning disabilities or autistic spectrum disorder, mental health, older people, people who misuse drugs and alcohol, people with an eating disorder, physical disability, sensory impairment and younger people who live in their own homes. At the time of our inspection eight people received a personal care service.

The registered provider is required to have a registered manager in post and on the day of this inspection there was a registered manager registered with the Care Quality Commission [CQC]. A registered manager is a person who has registered with the 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.

People who used the service told us they felt safe and we found that staff knew how to protect people from avoidable harm. Risk assessments and risk management plans were in place and they were regularly reviewed and updated in line with the person's needs.

The service had a robust recruitment policy and sufficient numbers of staff were employed to ensure there was minimal disruption to the service people received. People had regular carers who they knew and who knew them.

People spoke positively about the care they received. It was clear from talking to people and looking at care plans that care was person centred. People told us they felt safe and we found that staff knew how to protect people from avoidable harm.

The registered provider understood the importance of risk management and had policies and procedures in place. This ensured people were safely supported to undertake daily activities and that their freedom was supported. Care workers told us how they undertook routine environmental and health and safety checks in people's homes to help keep people safe.

We saw from peoples files how the registered provider undertook safe recruitment of staff so that only people considered suitable to work with vulnerable people had been employed; this included obtaining two references and checks with the Disclosure and Barring Service [DBS] for each employee.

Care workers had received training in managing medication. The provider had a medication policy and procedure in place. People required assistance from staff to take their medicines. Care plans included protocols for medicines which people were prescribed for specific conditions.

Care workers told us they felt well supported and we saw good communication and relationships between care workers, management, people who used the service and outside agencies such as the local authority and health workers.

We saw that a person's religious or cultural beliefs were respected and documented and a physical health assessment was in place. More detailed assessments in care files included information about people's physical health, their sleeping, diet and personal care needs.

Care workers had a training plan in place and we saw how this was managed and recorded electronically to ensure that they had the up to date skills they needed to carry out their duties effectively. Competencies were annually reviewed. Training included mandatory areas such as safeguarding, moving and handling, medicine management and health and safety.

Care workers we spoke with had a good understanding of the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards [DoLS]. People receiving care and support were encouraged to make their own decisions and we saw care was delivered with their consent and understanding.

The registered manager was a dignity in care champion. This reflected on the service we saw in people's homes where care workers delivered compassionate care with dignity and respect to people whilst maintaining their confidentiality.

People told us that the service was responsive to their needs. We saw that care plans were person centred and focused on the individual needs of the person being supported. They included people's preferences, likes and dislikes and all of the people we spoke with confirmed that they had been involved in discussions regarding their care.

The registered provider had a compliments and complaints policy and procedure. People said they were confident in raising concerns. Each person was given a copy of the complaints procedures. People told us that complaints were listened to and resolved. Staff told us they knew how to complain and that they were confident any complaints would be listened to and acted on.

We saw from local authority feedback and care plans that the registered provider worked effectively with external agencies and other health and social care professionals to provide consistent care to a high standard for people that was responsive to their changing needs.

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

People we spoke with told us they felt safe.

There was sufficient numbers of competent staff on duty and staffing levels were monitored using electronic rostering software that helped to ensure calls to people were not missed.

Management and staff understood how to recognise different signs of abuse and were clear about what action to take if they suspected abuse was taking place.

Comprehensive risk assessments were in place ensuring people could safely undertake daily activities. These were regularly reviewed and updated with involvement of people, families and professionals.

Staff were appropriately trained and understood how to ensure people's medicines were effectively managed and administered in a safe way.

Is the service effective?

Good ●

The service was effective.

Staff were safely recruited with appropriate induction and training in place to ensure people received person centred care from employees who were best able to meet their needs. Care workers underwent direct observations, supervisions and competency spot checks to monitor their performance.

The registered provider and staff understood the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were encouraged to share their views and consent to any care or treatment.

People were encouraged to maintain a healthy balanced diet. Care files included food and diet charts to monitor people's intake and staff ensured drinks and fruit snacks were available

when they left the persons home.

Is the service caring?

Good ●

The service was caring.

We saw and people we spoke with told us they received person centred care from regular care workers who understood their needs, likes and dislikes.

The registered manager was a dignity champion and we saw how the service focused on providing compassionate, respectful, dignified care to people. We saw that confidentiality was maintained at all times.

People were encouraged to be independent and to make their own choices wherever possible.

Is the service responsive?

Good ●

The service was responsive.

People's care packages were regularly reviewed and updated as and when their needs changed.

The registered provider had a compliments and complaints policy and procedure. Staff told us that people knew how to complain and they were confident any complaints would be listened to and acted on.

Where people's needs changed or they required specialised care the provider worked with the person, their families and other health professionals to ensure they were fully supported and cared for.

Is the service well-led?

Good ●

The service was well-led.

Everybody we spoke with felt supported by the registered manager and staff.

The ethos of the agency was positive; there was an open and transparent culture of learning and providing person centred care.

There was a clear management structure in place and staff understood their roles and responsibilities.

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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 was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 November 2015 and was announced. The service was given 48 hours' notice of our inspection because the location provides a domiciliary care service and we needed to be sure that someone would be at the agency office who could assist us with this inspection.

The inspection was undertaken by two adult social care inspectors. Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider and information we had received from the local authority who commissioned a service from the agency. The registered provider submitted a provider information return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spent time with two people receiving services in their own home. We interviewed two care workers at the office and we spoke with the registered manager and the service manager. We looked at records which related to people's individual care; this included the care planning documentation for two people and other records associated with running a community care service. We also looked at two care workers recruitment and training records, the care worker rotas, records of audits, policies and procedures and records of meetings.

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person receiving a service said, "I feel safe and secure, they [care workers] see me a lot" and "I have no complaints to make."

There had not been any safeguarding incidents prior to our visit but the registered provider had a safeguarding policy and procedure in place to deal with such events. We saw care workers had completed safeguarding training as part of their recruitment and induction programme and they told us what signs of abuse they looked out for. They told us how they would respond to signs of abuse and that they would not hesitate in raising concerns with their manager, the local authority or the Care Quality Commission [CQC]. One care worker told us "We look after some vulnerable people, it is important that we make sure they are safe and do not suffer any type of abuse." We also saw information about 'protecting people from abuse' within the service user's guide.

All the staff we spoke with said they understood how and when to undertake whistleblowing. One staff member told us "I have never had to undertake whistleblowing, but would not hesitate should the need arise" and they added "We all have access to the Care Quality Commission [CQC] so there are no secrets here." They told us they felt comfortable to approach any one of the management team and felt that management would retain confidentiality and deal with the information in a professional manner.

The provider understood the importance of risk management to keep people safe. Care workers told us how they undertook environmental and health and safety checks in properties. We saw that risk assessments were completed in people's care files and included a domestic workplace inspection report and environmental home care risk assessment. A care worker told us "When we visit people's homes we make sure the home is safe by looking out for trip hazards, lights that don't work, leaks and that equipment we use is in place and checked." This showed the care workers understood that safety was important to protect themselves, people and their visitors from avoidable harm.

We also saw that the provider undertook risk assessments on daily activities that took place with people. This included medication administration, manual handling, the use of walking frames and the use of a 'lifeline' to alert the service of an incident. These are personal alarms that enable people to contact someone quickly in an emergency. This ensured people were safely supported to undertake daily activities and that their freedom was supported.

There were sufficient numbers of staff available to keep people safe. A care worker told us "We have enough staff for the number of people we care for and we don't need to worry about cover if we are sick." The registered provider had access to a bank of staff in the organisation and this included a team leader. A care worker told us "People like to see the same faces; a lot of people tell us they have not had this consistency with previous services."

We saw from the provider information return [PIR] that the registered provider used an electronic rostering system; 'QuikPlan'. The registered manager told us, "QuikPlan can calculate travel time and distance

automatically which together with effective planning allows coordinators to compile good effective schedules for the staff." We saw how the new call monitoring system monitored arrival of care workers and call duration at a person's home. This helped to ensure that no calls were missed and people were kept safe.

We checked the recruitment records for two members of staff. We saw that an application form had been completed, two references obtained and checks made with the Disclosure and Barring Service [DBS] for each employee. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with children and vulnerable adults. We saw that this information had been received prior to the new employees starting work at the home.

We saw care workers had received training in Medication. The provider had a medication policy and procedure in place. People required assistance from staff to take their medicines. Care plans included protocols for medicines which people had prescribed for specific conditions. We looked at Medication Administration Records [MAR] in peoples care files. We saw that these were completed in line with the prescription and that there were no gaps in recording.

The provider had completed weekly medication audits. We looked at a medication audit from June 2015. The audit included information about a medication error. We saw a medication error sheet had been completed and that the action required as a result of the error had also been recorded. This included evaluating, monitoring and retraining of the care worker involved. This showed that people's medicines were effectively managed to make sure they received the right medicines at the right time.

Is the service effective?

Our findings

One person who used the service told us that the staff knew them very well and always offered them choices. They told us "I like to have scrambled eggs each morning for breakfast and carers know this, they don't have to ask but they do."

The profile also contained the service user name and contact details for their doctor and other health professionals. Staff told us they knew who to contact if they had any concerns about a person's health.

We saw that person's religious or cultural beliefs were documented and a physical health assessment was in place. More detailed assessments in the persons care files included information about people's physical health, their sleeping, diet and personal care needs.

Care workers told us the registered provider supported them to ensure they had the right skills to undertake their work. They told us and we saw from employment records they had attended an induction and additional essential training before working independently with people. The registered manager told us, "The induction programme covers fifteen standards under the new Care Certificate." The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working. This demonstrated how care workers were supported to understand the fundamentals of care.

Care workers had a training plan in place and we saw how this was managed and recorded electronically to ensure that they had the up to date skills they needed to carry out their duties effectively. Competencies were annually reviewed and records were kept in care workers files. Training included mandatory areas such as safeguarding, moving and handling, medicine management and health and safety.

Staff training was also personalised to meet a person's individual needs. A care worker told us "If a person has new care needs identified as part of their review and we haven't received training in this we only have to ask and it will be provided." They added "We usually know if we need to undertake new training from the person's first assessment of need."

We saw that staff completed a personal profile as part of their initial induction. The profile was used to match staff with people who required care and support and ensured care workers had the correct skills and knowledge to support people's individual needs and personal preferences. Staff told us "We get to know a person from their single page profile and their care plan but we really understand their likes and dislikes by spending time with and talking with them." Once staff were matched a compatibility list was maintained on the rota system ensuring people received care and support from the care worker best suited to their needs.

To ensure staff remained competent and up to date with best practice we saw documented observations, supervisions and appraisals were undertaken by senior staff. Observations were both announced; when the care worker was accompanied by a manager on a call and unannounced; when a senior manager turned up whilst the person was providing care and support. We saw these were recorded over a thirty minute period and that they were followed up by an appraisal meeting. Care workers told us "We have observations by

management - they are really good as they identify what we are doing well and what we need to improve on" and "If we need some more training, that's discussed and it gets scheduled."

Care workers told us and we saw from files that they were also updated about a variety of changes including people [but also about the service and best practice] by electronic memos, communication books, task notes, trackers and meetings.

Staff files contained details of training in food hygiene and staff were aware of safe food handling practices. The PIR advised "We encourage staff to use labels to date mark when food has been taken from the freezer" and "Food and diet charts are also available in each person's support plan to monitor intake if necessary."

We spoke with care workers who had a good understanding of the importance of a person maintaining a balanced diet. Staff told us a person's dietary needs were recorded in the care plan. They said this information included input from the person and other health professionals including a dietician. One person told us "Care workers visit me and cook my breakfast, lunch and dinner" and "They always leave me some juice and fruit when they leave."

Care workers we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The 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.

The registered manager told us that all the people they were providing care and support to had capacity to make their own decisions. One care worker told us "I encourage the people I care and support to make their own decisions such as what to wear, and what to buy at the supermarket" and "It is important that we always ask peoples consent and that they understand what we are asking from them and why we are asking it."

We saw in care worker files that they had undertaken training in MCA and that consent to provide people with care and treatment was always sought in line with this legislation.

Is the service caring?

Our findings

People told us they received care that met their needs from regular care workers. One person told us "The care I receive from my carer is excellent and [carer] always does that little bit extra to make sure that I am well looked after." It was evident from talking with care workers that they were caring and that they knew and understood the person's needs. Care workers told us "We know the people we care for and they know us."

We saw from people's care files that care plans were person centred and reviewed annually, taking into account the views and wishes of people and their families. Care files contained a single page profile of the person providing a quick person centred reference point for care workers. The registered provider told us in the PIR "Some service users are supported by staff to access healthcare appointments, day care services or a trip to the hairdressers" and "If support needs change then we will always liaise with health and social care professionals as necessary to meet people's needs."

The registered manager was a Dignity Champion for the service. A Dignity Champion is someone who believes that care services must be compassionate and person centred, as well as efficient, and is willing to try to do something to achieve this. Part of the role is to influence and inform colleagues.

We spoke to staff who told us they understood the importance of treating people with dignity.

We visited people in their own homes and we saw that staff treated people with dignity and respect. We saw they knocked on the door and waited for a response before entering. We saw that they spoke to people in the way wanted to be addressed. One person had difficulty hearing and we saw the care worker bend down to their eye level speaking audibly and with compassion to communicate effectively.

A care worker told us "It is important that we respect people's dignity, for example, if a person wants to have a bath I will make sure they are not rushed, have towels available and offer a shower shirt if appropriate." The registered provider told us in the PIR "We aim to focus more on dignity in care and wish to introduce dignity challenges at our team meetings and supervision sessions."

The care workers did not seem rushed and we saw they had time to discuss the person's wellbeing, their needs and that they undertook meaningful person centred conversations. It was clear by the smile on the person's face that they were pleased to see the worker and that the worker was also pleased to see the person. The person told us, "I have to use this hop-around [walking frame] to get about because I have just come out of hospital" and "Care workers are really patient with me because I am slower now, but they understand."

People told us that staff supported them in maintaining their independence. One person said "I really depend on the carers but I can go to the shop on my own again now, I know they would take me but I like to do things on my own sometimes."

Staff signed to confirm that they had read and understood the registered provides confidentiality policy and told us they understood how to maintain confidentiality with people. "We never discuss people other than with staff and health professionals who need to know." One care worker added "If we were told something that was a safeguarding concern we would talk to the person and let them know we would need to share it."

Care staff told us and we saw in their files that they had completed training in end of life care. The registered manager told us they were not currently caring for anybody receiving end of life care. They told us they worked closely in partnership with health professionals including Macmillan nurses to ensure that any rapidly changing care needs were responded to. The registered provider told us in the PIR "Care of the dying and terminal care requires a team approach and we liaise closely with family and other professionals to ensure a caring and coordinated service."

Is the service responsive?

Our findings

People told us that the service was responsive to their needs. We saw that Care plans were person centred and focused on the individual needs of the person being supported. Each person received a detailed assessment to see whether the registered provider could provide the care and support that the person needed. Care files included a one page person profile. This provided a summary of the person and identified 'what's important to me,' 'what people like/admire about me' and 'how best to support me'. People we spoke with confirmed that they had been involved in discussions regarding their care.

We saw that people's needs were effectively managed and reviewed. Care plans were reviewed annually and where a person's needs changed at other times we saw that care files contained a 'care plan adjustment form'. Care workers told us they knew about the form and found it a useful reference point. We saw that staff completed a personal information profile and were matched to a person to ensure they received person centred care that met with their choice, for example, diversity and gender of the care worker. The registered provider told us in their PIR "Staff are matched to the people they support according to the needs of the person, ensuring communication and religious needs are met."

We spoke with one care worker who told us that one person wanted to go to church on Sundays. They told us they had spoken with the care supervisor and that this had been set up; the care plan and one page profile had been updated and the call changed to accommodate the person's wishes. This provided choice and control of the care and support that the person had requested.

People told us they were encouraged to be involved in planning and reviewing their package of care. They told us their families were also involved in their reviews. One person said "I depend on the carers for most of my daily needs; they speak well to me and seem to really care about me." They added "Since I have been with Direct Carers they helped me decorate my room and have helped me to get back in touch with my sister who now comes to visit me again."

The registered provider told us in the PIR "We work closely with social services and other professionals regarding the general welfare of each service user" and "For example, if a staff member is concerned that an individual is becoming socially isolated then we would request a home review visit with the social worker where the care package can be discussed and reviewed." People we visited told us that staff supported them to access the community and other activities. One person told us "I like to join in with the games in the communal area downstairs with my friends." Another person told us "Staff help me to go out and to the shops." This showed the provider was taking steps to minimise the risk of social isolation for people.

The registered provider had a compliments and complaints policy and procedure. Staff told us they knew how to complain and they were confident any complaints would be listened to and acted on. We saw the complaints procedure was included within the service information pack and a copy of this was given to each person who was supported by the service. People we visited told us "I don't have any complaints and I am not sure who I would speak to if I did have any" and with a prompt from the service manager they told us "I would speak to the care worker or care supervisor." The service manager showed us the contact information

in the persons file that was in the home.

We saw people had complained and that complaints were recorded with documented actions and outcomes. One complaint we looked at mentioned that a commode pan had not been emptied. An investigation stated that the care worker had asked the person if it required emptying and the person had said no. The care worker did not check for themselves. We saw that a team brief had been held and that all staff had been reminded that they needed to carry out this and other important checks at every visit. We also saw that an unannounced three monthly check had been carried out to ensure staff were undertaking the required checks. We also saw that one care worker had not stayed the allocated care time with a person and that this had been resolved through staff supervision.

A compliment we looked at provided positive feedback for a care worker who had spent extra time with a person to assist them further with their diet and their mobility needs. This was fed back to the care worker by email and recorded in their file.

This showed that the service actively responded to concerns and compliments and that people's concerns were listened to with actions and outcomes recorded.

The registered manager told us they worked closely with the local authority and other care professionals to ensure that they only agreed to provide a service for people whose needs could be met by the Direct Carers Ltd. Where people's needs changed or they required specialised care the provider told us they would work with the person, their families and other health professionals to ensure they received the appropriate care and support, or that they were communicated with and supported to transition to a service more appropriate for their needs.

Is the service well-led?

Our findings

There was a registered manager in place. The registered manager was on duty and along with a service manager they supported us during the inspection. There was positive feedback from everyone we spoke with about the leadership and there was a high degree of confidence in how the service was run. There was a clear management structure in place and staff understood their roles and responsibilities.

Management knew about their registration requirements under their registration with the Care Quality Commission [CQC] and were able to discuss notifications they had submitted. The Health and Social Care Act 2008 (HSCA) requires providers to notify CQC of certain incidents and events. The provider was submitting notifications as required and this meant they were meeting the conditions of their registration.

The service manager told us that the annual quality assurance programme had not yet been implemented but we saw that there was a person centred quality assurance programme in place. Staff told us that people were asked to provide feedback using a 'service user feedback form.' They told us that the feedback was evaluated and shared across teams electronically and at team meetings. Staff told us they thought quality assurance helped to drive and shape improvement in service delivery for people. They told us that feedback was shared and helped them to understand when they were doing a good job and where they needed to improve.

Staff told us and we saw in their files that they had completed a robust induction programme with ongoing refresher training. The registered manager told us and we saw there was a quality assurance data base that generated automatic alerts when training updates were required and when compliance documents required renewing.

Staff spoke highly of the management and told us they were happy with the way the service was managed. One care worker told us "The manager is one of the most understanding managers I have ever met" and "They are good at saying what they need doing without making you feel that you are at fault and they are so approachable."

The registered provider had a statement of purpose that included details of the aims and objectives of the agency, the ethos and philosophy, the nature of the services provided, people for whom care was provided and the range of qualifications of the care workers employed. We saw that this document was kept under review and revised annually as a minimum in line with CQC regulations.

Staff felt the service culture was transparent with an open door policy. The registered provider told us in the PIR "The staff are aware that we have an open door policy and can call in at any time to speak with the manager about any concerns or issues they may have that are work related or personal." The staff who we spoke with agreed. Care workers told us felt valued by the management team. They told us they thought all staff were caring and would go above and beyond to ensure people received the best possible care and support for their needs. One person who received a service told us "Care workers do more than I ask; they make sure I am happy."

Staff told us that they attended regular team meetings and all of those spoken with confirmed that they felt able to raise concerns and issues. They told us they could make suggestions to improve the service and said that they felt confident these would be listened to.

The service produced and sent out a quarterly newsletter to staff. Staff told us they found this a useful form of communication as it included details on staff changes, rotas, discounts available [as a staff incentive] and details of how to make suggestions.

We saw from care plans, and staff and people told us, that the registered provider worked effectively with external agencies and other health and social care professionals to provide consistent care to a high standard for people.

We saw that the provider involved partner organisations in all aspects of peoples care. The local authority told us "Direct Carers have always worked responsively with us and feedback from both customers and operational colleagues is that they offer a quality service with 100 % satisfaction across the board in our consultations."