

Direct Care (Kent)

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Direct Care (Kent) is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of the inspection 21 people were receiving personal care.

People's experience of using this service:

People were not supported by effectively deployed staff and their visits were not monitored. The provider failed to ensure care was provided in a safe way, by assessing and mitigating risks to the health and safety of people. The systems and processes to assess, monitor and improve the quality and safety of the service were not wholly effective.

People and their relatives gave us positive feedback about their safety and told us that staff treated them well. Staff administered prescribed medicines to people safely and were protected from the risk of infection. The provider carried out comprehensive background checks of staff before they started work. The provider had a system to manage accidents and incidents.

Staff received support through training, supervision and appraisal to ensure they could meet people's needs. Staff told us they felt supported and could approach the registered manager at any time for support. The registered manager worked within the principles of Mental Capacity Act (MCA). Staff asked for people's consent, where they had the capacity to consent to their care. 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 assessment of people's needs had been completed to ensure these could be met by staff. The registered manager worked with other external professionals to ensure people were supported to maintain good health. People were involved in making decisions about their care and support. People were treated with dignity, and their privacy was respected, and supported to be as independent in their care as possible.

People's care plans reflected their current needs. Staff showed an understanding of equality and diversity. Staff respected people's choices and preferences. People knew how to make a complaint. The registered manager knew if someone required end-of life care.

Notwithstanding the above, we found there were arrangements in place to assess and monitor the quality of care being provided. There was a management structure at the service. Staff were aware of the roles of the management team. They told us the registered manager was approachable. People and their relatives commented positively about staff and the registered manager. The registered manager had worked in partnership with a range of professionals and acted on their advice.

Rating at last inspection and update

The last rating for this service was good (published 26 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to risk assessment and their management, staff deployment and visit monitoring and effective quality assurance systems at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Direct Care (Kent)

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

One inspector visited the service on 14 and 15 November 2019. One expert by experience made phone calls to people to seek their views about the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise is in older people and a family carer.

Service and service type

Direct Care (Kent) is a domiciliary care agency. It provides personal care and support to people living in own homes and flats. It mainly supports older people.

The service had two managers 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 visit because the manager was often out of the office supporting staff. We needed to be sure that they would be in. Inspection activity started on 14 November 2019 and ended on 21 November 2019.

What we did before the inspection

We looked at all the information we held about the service. This information included the statutory notifications that the service sent to the Care Quality Commission. A notification is information about important events that the service is required to send us by law. We also looked at the monthly audit reports sent to us by the provider. 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 also contacted the commissioners and the local authority safeguarding team for their feedback about the service.

During the inspection

We spoke with two registered managers, five staff members, five people and five relatives to seek their views about the service. We looked at five people's care records, five staff records, and records related to the management of the service, such as the complaints, accidents and incidents, medicines management, safeguarding, call monitoring and policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- People were not supported by effectively deployed staff. Staff rostering records showed staff were not always given clear time of visits, which impacted on their ability to arrive promptly or stay the full time with people. For example, one staff member's calls were rostered as six people for 'morning call', four people for 'teatime call', and five people for 'evening call', with no specific time to go in and come out of people's home. This meant staff did not always arrive at people's home and depart at the times required.
- Staff did not always attend people's care calls as required. For example, one person's care plan showed their scheduled visit was from 9.30am but they were visited from 8.30am; another person's visit was scheduled from 8.30pm but were visited at 9.00pm, and a third person's care plan reflected seven days per week, two carers for am call and one carer for afternoon call, with no specific time of visit. There was no record to show what time people had requested staff to come to clarify if the time's in people's care plans were accurate.
- Some staff had not always recorded what time they left people's homes. For example, one staff member visited a person at 8.35am but there was no record to show what time they left. Another staff member visited a person at 9.30am, 12.15pm, and 4pm but there was no record to show how much time they had spent at the person's home.
- People were not always supported in line with their care and support needs. Call records showed that on some occasions staff had not spent the full allocated time at people's homes. For example, one person had a scheduled call visit for 30 minutes, but they were visited for 10 minutes and recorded they had completed all personal care tasks. We asked the registered manager, if it was possible for staff to complete all the tasks they recorded in the care log in 10 minutes. The registered manager told us, "It is not possible to do all tasks in 10 minutes, we will speak with the staff." As a result, it was not clear whether people had requested staff leave early or if staff were in a rush to complete their allocated tasks.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate staff were effectively deployed. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding the above, people and their relatives told us they had no issue with late calls, and if staff were delayed they were informed. They confirmed with us, there had been no missed calls to them.
- The provider carried out satisfactory background checks for all staff before they started working. These included checks on staff member's qualifications and relevant experience, their employment history and consideration of any gaps in employment, references, and criminal record checks and proof of

identification. This reduced the risk of unsuitable staff working with people who used the service.

Assessing risk, safety monitoring and management

- The registered manager identified some people having risks in relation to hoisting, transfers, and catheter care. However, there were no risk assessments or management plans for people with guidance for staff about how to manage these risks. Staff were working independently in people's homes without supervision, so there was a risk that without risk management plans people may receive unsafe or inconsistent support.
- One staff member told us, one person had few falls earlier in the year, and in the last month when they had a fall, staff informed the office and they called the ambulance, the person had not suffered an injury. However, a risk assessment was not carried out following the fall, and there was no risk management plan in place to prevent similar incidents.
- We discussed with the registered manager, who agreed risk management plans with staff guidance should be in place and told us, they would immediately review risks for all people and complete risk management plans by 18 December 2019.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate risks were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Health and Safety) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager wrote to us about how they plan to make improvements. We shall check the improvements made, at our next inspection.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives gave us positive feedback about their safety and told us that staff treated them well. One person told us, "They [staff] put me at ease, they're easy to get on with and they really care." A relative said, "Yeah, my [loved one] is very vocal and would tell one of us for sure if they weren't happy. I have every confidence in them [staff]."
- The provider had a policy and procedure for safeguarding adults from abuse. The registered manager and staff understood what abuse was, the types of abuse, and the signs to look for. This included reporting their concerns to the registered manager and the local authority safeguarding team. Staff completed safeguarding training.
- Staff knew the procedure for whistle-blowing and said they would use it if they needed to.
- The registered manager told us there had been no safeguarding concerns since their previous inspection in March 2017. Records we saw further confirmed this.□

Using medicines safely

- Staff administered prescribed medicines to people safely and in a timely manner. People told us they were happy with the administration of medicines and they were offered a drink to take tablets with.
- The provider trained and assessed the competency of staff authorised to administer medicines. MARs were up to date and clear records were kept of the medicines administered.
- The service had PRN (as required) medicine protocols in place for any medicines that people had been prescribed but did not need routinely. Regular medicines checks were carried out by the registered manager and if any areas of improvement identified, these were discussed with staff.

Preventing and controlling infection

- People were protected from the risk of infection. Staff understood the importance of effective hand washing, using personal protective equipment (PPE) such as aprons and gloves and disposing of waste

appropriately, to protect people and themselves from infection and cross-contamination.

- The service had infection control procedures in place and records showed that staff had completed infection control training to ensure they knew how to prevent the spread of diseases.

Learning lessons when things go wrong

- The provider had a system to manage accidents and incidents to reduce the likelihood of them happening again. These included action staff took timely action to minimise future risks, and who they notified, such as a relative or healthcare professional.
- The registered manager monitored these events to identify possible learning and discussed this with staff.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed to ensure these could be met by the service. The registered manager carried out an initial assessment of each person's needs to see if the service was suitable to meet them. This looked at people's medical conditions, likes and dislikes, physical and mental health; mobility, and nutrition.
- Where appropriate, the registered manager involved relatives in this assessment and the information was used as a basis for developing personalised care plans to meet each person's needs.

Staff support: induction, training, skills and experience

- The provider trained staff to support people and meet their needs. One person told us, "I get regular carers, they know what they are doing, and they are good at their jobs." Another person said, "These girls [staff] are well trained." A third person commented, "I have to use a hoist and they [staff] know what they are doing with that."
- Staff told us they completed comprehensive induction training and a brief period of shadowing experienced staff, when they started work.
- The registered manager told us all staff completed training required to do their jobs. Staff training records confirmed this. The training covered areas such as basic food hygiene, health and safety, moving and handling, administration of medicines, infection control and safeguarding adults.
- Staff told us the training programmes enabled them to deliver the care and support people needed. The registered manager supported staff through regular supervision and appraisal.
- Staff told us they felt supported and could approach the registered manager at any time.

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

- Most people catered for themselves or had family to prepare their meals. When people required this support, staff ensured them to eat and drink enough to meet their needs. One person's meals were delivered, and another person had all their meals prepared by staff and told us they were happy with the food they got.
- People's care plans included a section on their diet and nutritional needs. Staff told us people made choices about what food they wanted to eat, and their preferences were met.

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 worked with other external professionals to ensure people were supported to maintain good health. People's health needs were recorded in their care plans along with any support required from staff in relation to this need.

- People were supported to maintain good health. People's health needs were recorded in their care plans and any support required from staff in relation to this need.
- Relatives coordinated people's health care appointments and health care needs, and staff were available to support people to access healthcare appointments if needed.
- Staff told us they would notify the office if people's needs changed and if they required the input of a health professional such as a district nurse or GP appointment.

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.

- People's capacity to consent to their care and support was documented. People and their relatives, where relevant, were involved in making decisions about their care. People and their relatives confirmed that staff obtained consent from them before delivering care to them.
- One relative told us, "They [staff] always ask my [relative] how they are. They ask how my [relative] wants things done and in what order. They don't rush my [relative] with anything."
- Staff had received MCA training and understood people's rights under this legislation. The registered manager and staff understood their responsibilities under the MCA.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff treated people with kindness and respect. People and their relatives told us they were happy with the service and staff.
- One person told us, "It just comes naturally. The way they [staff] talk to me and treat me is always caring." Another person said, "If I need a little extra help, they [staff] will always give it. They are always there to help me." A relative commented, "By the way they [staff] speak to my [loved one]. I know they are caring."
- Staff showed an understanding of equality and diversity. People's care plans included details about their ethnicity, faith and culture. The service was non-discriminatory, and staff supported people with any needs they had with regards to their disability, race, religion, sexual orientation or gender.

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

- Staff involved people in making decisions about their care. People and their relatives told us they were involved in making decisions about their care and support, including in the assessment, planning and review of their care.
- One person said, "They [staff] have been around several times to see what I want." One relative said, "The manager came over. I said what I wanted for my [loved one] and the care plan was tailored for them."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, and their privacy was respected. One person said, "Yes, they [staff] put me at ease." Another person said, "Very well. They [staff] are discreet. They don't talk about what happens here."
- People were supported to be as independent in their care as possible. One relative told us, "They [staff] are very good. They'll make sure my [relative] is not overlooked. They allow them to wash areas that my [relative] wishes and only help when they ask. They make sure my [relative] has privacy."
- Staff told us they would encourage people to complete tasks for themselves as much as they were able to. For example, with washing, eating and walking with mobility aids.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Care plans were person centred and contained information about people's personal life and social history, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals.
- Care plans included the level of support people needed from staff and what they could manage to do for themselves.
- Staff told us, before they went to people's homes, they looked at their care plans to know how to support them.
- Staff completed daily care records to show what support and care they provided to each person. These care records showed staff provided support to people in line with their care plans.

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.

- Staff communicated with people in the way they understood. The registered manager told us if people required information in different formats, they would make this available in line with the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- Complaints were managed in line with the provider's policy. The provider had a policy and procedure for managing complaints and this was accessible to people and their relatives. People told us they knew how to make a complaint and would do so if necessary.
- The provider maintained a complaints log which showed when concerns had been raised the registered manager had investigated and responded to any complaints in a timely manner. Where necessary they held meetings with the complainant to resolve their concerns.

End of life care and support

- The provider had a policy and procedure to provide end-of-life support to people. The registered manager was aware of what to do if someone required end-of life care.
- Staff received training to support people if they required end-of life support. However, no-one using the service required end-of-life support at the time of our inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The systems and processes for assessing, monitoring and improving the quality and safety of the services had not been operated effectively.
- Although audits had been carried out of people's care plans, these had not identified that risk assessments and guidance for staff to ensure people's assessed needs were being met were not always in place.
- The provider had not always monitored and analysed staff rostering, short calls, early or late visits, so patterns could be identified, and improvements made.
- There was no call monitoring in place, to ensure people received the care they needed at appropriate times.
- We brought the above issues to the attention of the registered manager, who developed an action plan to show how they planned to make improvements. We shall look at these improvements at our next inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The service had two registered managers in post. They demonstrated good knowledge of people's needs and the needs of the staffing team.
- There was a duty of candour policy and the registered managers understood their roles and responsibilities. Staff were encouraged to report all accidents, incidents or near misses and to be open and honest if something went wrong.

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

- The registered managers and staff worked as a good team. There was a clear management structure at the service. Staff were aware of the roles of the management team.

- Staff told us the registered managers were approachable. We saw the registered managers interact with staff in a positive and supportive manner.
- Staff described the leadership at the service positively. One member of staff told us, "I can talk to [name of registered managers] and they are always there to help." Another member of staff said, "They [registered managers] are really good and flexible. For example, if I have a private appointment and tell them I can't work a shift, they cover for me with other staff."
- People and their relatives commented positively about staff and the registered managers. One person told us, "Excellent, they [registered managers] come to visit from time to time and they also come to care as well." Another person said, "They are always prompt." One relative commented, "They [registered managers] are very accommodating and down to earth."

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

- The registered managers had sent questionnaires to people and their relatives to ask for feedback in 2018 and 2019. All responses received were positive. Some of their comments included; "Very good teams, I am very happy with the girls [staff], and all carers have respect for me."
- One person told us, "I would be able to suggest anything." Another person said, "We [manager and the person] meet at least once or twice a year and have a chat to make sure things are going in the right direction."
- Staff meetings were held to discuss any changes in people's needs and guidance to staff about the day to day management of the service, coordination with health care professionals, and any changes or developments within the service.

Working in partnership with others

- The registered managers had worked in partnership with a range of professionals and acted on their advice. For example, they worked with commissioners, GPs, and district nursing.
- The registered managers remained committed to working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure care was provided in a safe way, by assessing and mitigating risks to the health and safety of people. |
| Regulated activity | Regulation |
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to operate effective systems and processes to assess, monitor and improve the quality and safety of the service. |
| Regulated activity | Regulation |
| Personal care | Regulation 18 HSCA RA Regulations 2014 Staffing People were not supported by effectively deployed staff. |