

Homecare Direct Limited

Home Care Direct

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Home Care Direct is a domiciliary care agency providing the regulated activity of personal care to people living in their own homes. People who used the service choose their own team of staff or employed family members as personal assistants. At the time of our inspection 69 people were using the service. The service supports older people, younger adults, people with a learning disability and people who have mental health needs.

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.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People were protected from the risk of abuse and people told us they felt the service was safe. Risks to people and staff had been assessed and people's care plans were regularly reviewed and updated. Staff were recruited safely and there were sufficient numbers of staff with the necessary training to support people safely and meet their needs. Each person using the service was supported by a small team of personal assistants that had been specifically recruited to support them.

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.

Right Care:

Medicines were managed safely, and we were assured that the provider had sufficient infection, prevention and control measures in place. People received care in a safe and consistent way and people's care plans detailed information on the monitoring and preventative actions staff were required to take to reduce risks which had been identified.

Right Culture:

People were empowered to make choices and decisions about their care. People were supported to recruit their personal assistants and direct how they received their support. We found people had been involved in creating their care plans which captured the outcomes they wanted to achieve.

The management team understood the importance of monitoring the quality performance of the service and had identified areas for improvement. The manager demonstrated how they used feedback from people and staff, to improve safety and learning across the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 8 November 2018)

Why we inspected

This inspection was prompted by a review of the information we held about this service. The inspection was prompted in part due to concerns received about the training and competency of staff. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained as good based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Home Care Direct

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 5 months and had submitted an application to register. We are currently assessing this application.

Notice of inspection

We gave the service 24 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 2 March 2023 and ended on 9 March 2023. We visited the location's office on 2 March 2023.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authorities and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with 3 people and 6 relatives about their experience of the care provided. We also spoke with 9 members of staff including the manager, care team manager, care facilitator, training officer and support workers. We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 4 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 also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training in how to safeguard people from abuse and understood how to report any concerns they had to relevant professionals.
- People told us they felt the service was safe. One person told us, "I feel safe, they (staff) are very good, they are lovely. I get the same care worker." Another person told us, "Definitely, I feel very safe, it is a good service because they don't just give me anybody."
- Safeguarding incidents had been correctly reported, recorded and investigated. We found that appropriate actions and referrals to relevant professionals had been made to reduce the risk of re-occurrence.

Assessing risk, safety monitoring and management

- Risks to people were assessed, and measures were taken to mitigate risk. This ensured people received care and support in a consistent and safe way. For example, where people had health conditions, care plans provided detailed information on the monitoring and preventative actions staff were required to take to keep people safe and well.
- The management team had a plan in place which ensured people's care plans were regularly reviewed and updated.
- Environmental risks had been assessed. This ensured staff were aware of any risks when they were providing support to people.

Staffing and recruitment

- Staff were recruited safely. However, we found some staff's recruitment files did not contain records of interviews which had been held to assess their suitability, the manager had already identified this and showed us their plan in place to address this.
- Each person using the service was supported by a small team of personal assistants that had been specifically recruited to support them. We saw evidence that people had been involved in recruiting and selecting the staff they wanted to support them.
- Staff had received mandatory training and competence checks to support people safely and meet their needs, this included training in delegated healthcare tasks, we found there was ongoing support and supervision in place for staff who carried out these tasks.
- Staff consistently told us they felt the training was good. One staff member told us "I have been really impressed with the training, I had worked in care before, but this training was far more thorough and there is far more support available."

Using medicines safely

- Medicines were managed safely. Staff received training in the administration of medicines during their induction. Staff received regular checks and direct observation of their practice to ensure medicines were administered safely.
- Audits of medicine administration records were conducted, and appropriate actions had been taken to address any shortfalls identified.
- Person centred information was included in people's care plans which detailed how they would like to be supported with their medicines, this included details of medicines and their consent for staff support.
- The service worked in partnership with other professionals to ensure people received their prescribed medicines as required. There was clear guidance for staff for safe administration of 'as and when medicines' (PRN). This meant people received these medicines when they needed them.

Preventing and controlling infection

- People were protected from the risk of infection. The service had an infection control policy in place which staff followed. Staff had received training in infection, prevention and control and told us how they managed infection risks.
- The manager ensured risk assessments had been completed to mitigate people's individual risk to infection. These were regularly reviewed and updated.

Learning lessons when things go wrong

- Accidents and incidents were reported correctly by staff to the management team, these were reviewed, to identify if actions were required to reduce any further risks.
- The manager demonstrated how they used feedback from people and staff, to improve safety and learning across the service.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- People were empowered to make choices and decisions about their care. People were supported to recruit their personal assistants and direct how they received their support. We found people had been involved in creating their care plans which captured the outcomes they wanted to achieve.
- People and their relatives spoke positively about the management of the service. One person told us "The manager is brilliant, I have got their number and I can contact them whenever I want. I give them 10 out of 10." And a relative told us, "It is the best agency I have ever had. I have experience with 30 agencies but this one is the best."
- The service promoted a person-centred culture. The management team and staff were passionate about meeting people's individual needs. One staff member told us, "We all work together for [person], we relay information to the office who assists us in getting things we need in place, Home Care Direct genuinely cares about the clients."

Continuous learning and improving care; 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 manager had identified areas for improvement in relation to interview record keeping and infection, prevention and control measures, we saw evidence that this was being addressed and actioned.
- The manager was knowledgeable about the duty of candour, they had not needed to put this into action, however they were able to explain the steps they would take.
- Information had been correctly shared with other agencies such as local authorities when concerns had been raised about a person's safety.

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

- The management team understood the importance of monitoring the quality performance of the service. There was systems and processes in place which regularly provided this information which including medication and training record audits. This information was monitored and actioned appropriately.
- Risks were regularly assessed and reviewed, the manager and staff had a good understanding of how to protect people from harm.
- The manager and staff were clear about their roles and responsibilities. There was a clear process that staff followed if something went wrong. The service operated an on-call system which meant staff and people could seek advice outside of the office's opening hours.

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

- The management team gathered feedback about the quality of the service through surveys, phone calls and in person visits to people. They had analysed this information and had identified and actioned areas for improvements. For example, we found improvements had been made to documentation used to support the continuity of care for a person if they were admitted to hospital.
- Information and learning were shared with staff through meetings and electronically via email. Staff told us communication was good and they felt updated and informed about changes.
- Relatives told us they had a point of contact in the service and confirmed they were asked to feedback on their experience of the service.
- Newsletters were regularly sent people and staff which gave information on key topics such as advocacy. The newsletters also recognised staff success and achievements.

Working in partnership with others

- The service worked in partnership with other professionals such as GPs and district nurses to support people to access healthcare when they needed this.
- We saw that the service had acted promptly when there had been a concern about a person's health, the service had contacted the relevant health professional to seek advice and support.