

## Direct Independent Care Limited

# Sunbury

### 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

### About the service

Direct Independent Care Limited is a domiciliary care agency providing personal care to 15 people aged 65 and over at the time of the inspection, this included 'live-in care'. At the last inspection the service was supporting 23 people.

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

Improvements had been made since the last inspection. This included new risk assessment processes. This also included new and retrospective pre-assessments completed to ensure the service could meet people's needs.

Management had also introduced a new quality assurance audit system which identified any needs or concerns that required action. We saw from records any concerns identified were being actioned.

People were being supported safely with their medicines, and new audits for medicine administration records (MARs) had been introduced. This ensured that people were receiving their medicines at the correct time, and any errors were identified quickly. People were kept safe from the risk of infection.

People told us that they were well supported by kind and caring staff who were competent and well trained in delivering care. Training records supported this, showing that all staff were up to date with mandatory training. People were kept safe by staff who understood different types of abuse and how to report any concerns correctly.

Staff were supported by a management team who completed regular supervision and sought regular feedback from staff. This ensured staff were comfortable to carry out their role and confident to raise any issues. Staff were recruited safely and there were enough staff deployed to keep people safe and meet people's needs.

Staff respected people's privacy and dignity and encouraged independence where appropriate. People told us they were treated with respect and kindness.

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.

People were supported to express their views and there was a clear complaints policy that was available to

every person using the service. Where people had complex communication needs staff supported them with different communication aids, this was all documented in individual care plans.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 05 December 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Sunbury

## 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

This inspection was carried out by one inspector.

#### Service and service type

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three members of staff including the registered manager, deputy manager and office staff. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three people who used the service on the telephone to talk to them about their experience and three members of staff.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Further improvements were seen to be made on the day of inspection and immediately following the inspection. These included more in-depth risk assessments to improve the service further. An example of this was seen through the risk assessment for a person that had a catheter, this detailed advice for staff on how this was managed and issues to be aware of to monitor.
- Since the last inspection regular reviews were being carried out to ensure any new risks were identified and assessed appropriately.
- A new procedure for recording accidents and incidents had been implemented following the last inspection. Although there had not been any reportable accidents or incidents all care files now contained correct guidance for staff and forms to complete if an incident occurred.

Using medicines safely

- Since the last inspection improvements had been made to the way staff recorded medicine administration. We reviewed Medicine Administration Records (MARs) and relevant guidance was now being followed. Details of when and what time people required their medicines were now recorded. The registered manager now audited the MAR charts that returned to the office each month, this identified whether any issues needed to be addressed.
- People told us that they were supported by staff to take their medicines at correct times. One person said, "They [staff] are very good at reminding me to take my medicines."
- Staff had received medicine administration training. The registered manager had begun to regularly check competencies of staff.
- People's care plans contained medicine profiles, detailing people's medical conditions, what medicines were required, when they were required and what dosage.

Systems and processes to safeguard people from the risk of abuse

- People told us that they were kept safe by staff. One person said, "I feel very safe with staff, they are very good at making sure everything is ok and supporting me in a safe way."
- Staff had received training in safeguarding and were knowledgeable in identifying different types of abuse and how they would report this correctly.
- The provider had a safeguarding policy in place and a whistle-blowing policy that detailed advice and guidance for staff to report safeguarding concerns appropriately.

#### Staffing and recruitment

- There were enough staff to meet people's needs. Some people using the service required 'live-in' care, the staff that completed this care had appropriate cover to ensure breaks were adequate, so they were able to perform their roles correctly.
- People told us that they had no concerns in relation to staffing. One person said, "The staff never seem rushed or in a hurry. There always seem to be the same core staff, it is rare you don't know the carer. I think that's a good sign, they seem to keep all their staff for a long time and they all know what they're doing."
- The registered manager followed safe recruitment processes. This included interviews, thorough reference checks and checks completed with the Disclosure and Barring Service (DBS). This confirmed that potential new members of staff were not known to Police and suitable to support the people using the service.

#### Preventing and controlling infection

- People were kept safe from the risk of infection. One staff said, "PPE (Personal Protective Equipment) is very important. Especially when we are supporting someone with personal care or preparing a person's food." Staff told us that they always had access to any personal protective equipment such as gloves, aprons and hand sanitisers whenever they required them.
- Staff had received infection control training and the provider had an infection control policy in place to offer guidance to 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 Requires Improvement. At this inspection this key question has now improved to Good. 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

At our last inspection the provider had failed to assess the needs of people correctly. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Care plans contained full needs assessments that were completed prior to people using the service. In the last inspection it was identified these had not been completed for people, these had now been completed retrospectively for all of the people that were using the service. This ensured that the service could meet the needs of the people they were supporting.
- Assessments detailed how staff had encouraged people to be involved with this process. This ensured as many details of needs and choices could be documented to ensure that staff were aware of these and could follow guidance.
- Relevant guidelines were now in care plans. Including from sources such as the National Institute of Health and Clinical Excellence (NICE).

Staff support: induction, training, skills and experience

- Staff received regular up to date training, this included refresher training for role specific requirements. Examples were seen in training for mobility and transfer and oxygen training for staff who were supporting people with more complex needs.
- Staff were up to date with all their mandatory training. The registered manager monitored staff training by using a training matrix. This ensured that any gaps in staff training were easily identified and actioned.
- Staff were knowledgeable about people's needs. They could describe how people liked to be supported. One person said, "The staff are all experienced, and they seem to stay with the company, so they really get to know us."
- New staff members completed a thorough induction programme. This included 'shadowing' an experienced member of staff. One staff member said, "You would never be instructed to go and support someone until you were completely confident you were capable to do it."

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

- People were supported to have sufficient amounts to eat and drink by staff who followed guidance when

necessary. There were details in care plans of people's preferences and eating habits to offer guidance for staff to ensure encouragement where possible.

- With people who had more complex needs around eating and drinking, food and fluid charts were completed to ensure they were receiving the correct nutritional intake.
- People told us staff prepared drinks and snacks before they finished their support time. One person said, "The carer always makes sure I have everything I need before she leaves. I always have a drink and a snack and if it's hot they'll leave two drinks. They're always telling me how important it is for me to drink lots of fluids."

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

- Staff worked closely with other agencies to ensure the best results for the people they were supporting. Examples were seen of staff working with a range of social and health care professionals to ensure the best outcomes for people.
- Care plans showed that people were supported to attend healthcare appointments and referrals were made in a timely way if any changes of care needs were noted by staff.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Before people received any care or support staff asked them for their consent and acted in accordance with their wishes. Consent was documented in each care plan to ensure all people provided consent to care and treatment.
- People told us that staff always asked for consent. One person said, "The staff are great, they always ask me if I'm ok with what they are doing. They appreciate that some things that I may have been ok with yesterday, I may not be today."
- Care records documented whether people had capacity to make decisions about their care. Care records showed that people, or their legal representative, signed to give their consent for care and treatment. This confirmed that decisions had been made in their best interests.

# 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

- People told us they were supported by kind and caring staff. One person said, "My carer is great, they treat me so well, I never feel judged or uncomfortable, they always make me feel at ease."
- Staff had received equality and diversity training and showed good knowledge when they were asked about this. One staff member said, "Everyone should be treated the same, exactly how you would want your family treated, with respect and to respect the different ways of how they want us to support them."

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

- Since the last inspection all people that had already been using the service had been asked to work with staff to complete a retrospective assessment of needs. This detailed and recorded how involved people were in this process, one person had written most of the assessment themselves. The registered manager said, "It's important they are involved, as at the end of the day, they are the only ones who are going to know exactly how they want their care."
- People were also involved in the reviews of their care plans, this was all documented within the care plan. When people were spoken with they corroborated this. One person said, "I like that I am involved with the reviews of my care plan, it's important to me."
- We saw that people had signed their care plans. This meant people had the opportunity to contribute ideas and have their say in how they wanted to receive their support.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected by staff. One person said, "The staff are very careful, they make sure that I am comfortable. They respect it's my house and they respect my privacy, they are always checking I am happy for them to be there. They always knock when they arrive."
- Staff supported people to be as independent as possible. People told us of examples where staff were encouraging them to be more independent with mobilising and visiting the local community. One person said, "I never used to go out, I didn't want to, [carer] encouraged me and I enjoy going out now and getting some fresh air."
- Privacy and confidentiality were also maintained in the way information was handled. People's information was kept confidential and staff followed the confidentiality policy. Staff were aware not to share confidential information with people that were not authorised.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had not always planned care and treatment around people's specific needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Since the last inspection people's physical, mental and emotional needs had been obtained and documented in care plans. These were addressed through the retrospective assessments and regular reviews that had been introduced since the last inspection. For example, one person with anxiety had detailed guidance for staff in their care plan about their preferred coping mechanisms and the support they needed.
- When staff were spoken with they showed good knowledge of all people's preferences and choices relating to care. People corroborated that staff had good knowledge of their personal choices. One person said, "They know me very well, they know how I like things done and always make sure that they give me choice."

Meeting people's communication needs

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

- The registered manager and staff were knowledgeable in people's different communication needs and this was detailed in care plans appropriately. An example of this was the use of a word board for someone with complex communication needs.
- Each person's preferred method of communication was documented in their care plans, which showed their communication needs had been considered. The service was able to provide information to people in an accessible format. We spoke with the registered manager who confirmed they made large print of documents for people when this was required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- People were supported to attend activities in the community when they desired to do so. Staff encouraged this engagement. One staff said, "It's great when you can encourage someone to go out who doesn't normally, even if it's just for a coffee, and then they really enjoy themselves. It's so rewarding when that happens."
- Where appropriate, staff communicated regularly with relatives of people that were supported. One person said, "I know it means a lot to my [relative] that the staff keep them informed as well." Staff told us of how they had encouraged positive relationships with people that they supported and family members that they had not previously seen regularly.

Improving care quality in response to complaints or concerns

- People told us that they were confident if they raised a concern or complaint it would be dealt with. One person said, "I've never had a complaint, but if I ever have had a small concern, it has been dealt with immediately."
- The provider had a complaints procedure in place to ensure all concerns or complaints were dealt with in a timely way. The registered manager stated, "We haven't had any complaints since the last inspection, but if we received any we would address it straight away and see if there was anything we could put in place to prevent any concerns being raised in the future."

End of life care and support

- There was nobody receiving end of life care, however choices were documented in care plans. The registered manager and staff were aware of their responsibilities if people entered this stage of their life. For example, the registered manager explained that they would work alongside the district nursing teams and local hospices to ensure the person was as comfortable as possible.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection it was identified that quality assurance processes were not always being completed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection the registered manager and deputy manager had introduced a new digital quality assurance audit system. This ensured that any feedback or concerns found had been addressed and actions set for it to be dealt with in a timely way. An example of this was seen that the management team had addressed a concern that some people may be unsure of who to contact out of hours. This information was included in the next newsletter to ensure everyone was aware.
- There was a clear management structure in place. The registered manager was supported by the office staff and care staff were aware of their responsibilities and the reporting pathways in place.
- The registered manager was knowledgeable about people's needs. She could tell us about the support each person was receiving and other important operational aspects of the service.

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

- People told us that they felt they received person-centred care. One person said, "The staff know me very well, they know exactly how I like things done and I have been impressed with how much they include me in the reviews."
- Care was planned to meet people's needs, preferences and interests. All people knew the registered manager and spoke highly of her. One person said, "She is so kind and approachable, if I ever had a problem I know I could bring it to her."

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; Continuous learning and improving care

- The registered manager could evidence the changes and improvements that had been made to the service since the last inspection. The registered manager and office team had acknowledged that

assessments had not previously been completed correctly to assess people's needs. They had been honest with the people using the service and completed assessments retrospectively with the people involved.

- The registered manager was aware of their legal responsibilities and what they were required to notify to the Care Quality Commission (CQC). Records showed they had done so appropriately.
- The management team stayed up to date with current legislation and best practise through online forums and subscriptions to various newsletters and alerts, such as the CQC public website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and staff were asked to complete feedback forms and these were analysed by the management team to ensure any potential improvement was identified and implemented. An example of this was a gap of staff knowledge in the whistle-blowing procedure was identified. Staff were reminded of the staff handbook through the staff newsletter and the staff WhatsApp group.
- The registered manager and staff worked with a range of social and health care professionals. This included the district nursing team, occupational therapists and general practitioners to ensure the best outcomes for people being supported by the service.