

Direct Personnel Agency Limited

# Direct Personnel Agency Limited

## 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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service:

Direct Personnel Agency Limited is a domiciliary care service. It is registered to provide personal care to people living in their own homes in the community, including older people and people living with dementia. The service operates in various locations in Lincolnshire. At the time of our inspection, approximately 20 people were receiving a personal care service.

### People's experience of using this service:

The provider was exceptionally kind and caring and often went far beyond formal contractual requirements to promote people's welfare and happiness. Staff at all levels understood people's individual care needs and preferences and used this knowledge to provide them with flexible, responsive support.

Staff worked in a non-discriminatory way and promoted people's dignity, privacy and independence. The provider took care to involve people and their relatives in planning and reviewing their care and to deploy staffing resources in accordance with their individual preferences. People were provided with food and drink of their choice which met their nutritional requirements.

Training and supervision systems were in place to provide staff with the knowledge and skills they required to meet people's needs effectively. Staff worked together in a mutually supportive way and communicated effectively with a range of external organisations.

Systems were in place to ensure effective infection prevention and control and people's medicines were managed safely in line with their individual needs and preferences. Staff worked collaboratively with local health and social care services to ensure people had access to any support they required.

Staff were aware of people's rights under the Mental Capacity Act 2005 and supported people to have maximum choice and control of their lives, in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

People's individual risk assessments were reviewed and updated to take account of changes in their needs. Staff knew how to recognise and report any concerns to keep people safe from harm.

The service was well-managed and well-led. The registered managers provided open, supportive leadership and were respected and appreciated by their team. A range of audits was in place to monitor the quality and safety of service provision. There was organisational learning from significant events and any complaints were managed effectively. The provider was committed to the continuous improvement of the service in the future.

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:

The last rating for this service was Good (published 22 June 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 not consistently 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?

Outstanding ☆

The service was exceptionally 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.

# Direct Personnel Agency Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

Our inspection was conducted by a single inspector.

#### Service and service type:

Direct Personnel Agency Limited is a domiciliary care service, registered to provide personal care to people living in their own homes in the community.

The service had two managers registered with the Care Quality Commission (CQC). This means 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 two working days' notice of the inspection visit. This was because we needed to be sure that senior staff would be available to support the inspection. We visited the office on 4 November 2019 to interview staff and to review care records and other documentation. On 6 November, we telephoned people who used the service to seek their feedback.

#### What we did:

In planning our inspection, we reviewed information we had received about the service. This included any notifications (events which happened in the service that the provider is required to tell us about). We also 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 our inspection we spoke with four people to ask about their experience of the care provided. We also spoke with three relatives, both registered managers and two members of the care team.

We reviewed a range of written records including four people's care plans, four staff recruitment files and information relating to the auditing and monitoring of service provision.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- In organising staffing resources and scheduling care calls, the provider took care to ensure each person was supported consistently by the same team of staff, whenever this was possible. For example, one relative said, "It's pretty well the same faces. We are very comfortable with them. [With our previous care company] we used to get different carers every time. Not the level [of service] we get with DPA."
- People also told us that staff arrived on time. For example, one relative said, "The timings are excellent. We are very, very happy. I am glad we found them."
- We reviewed recent staff recruitment records and found the provider had completed DBS checks for all new starters. However, in some cases there was no evidence that the provider had obtained references prior to new members of the care team delivering care on their own. We found no evidence that anyone unsuitable had been employed and the provider took prompt action to improve recruitment procedures for the future.

### Systems and processes to safeguard people from the risk of abuse

- The provider had a range of measures in place to help safeguard people from the risk of abuse. For instance, staff had received training in safeguarding procedures and were aware of how to report any concerns relating to people's welfare, including how to contact the local authority or CQC.
- Everyone we spoke with told us they felt entirely safe using the service. For example, one relative said, "They are proud of what they do. I trust them." Commenting on one positive benefit of providing people with staffing continuity, a staff member told us, "The clients feel safe [because] they know who is coming. We are used to each other."

### Assessing risk, safety monitoring and management

- The provider maintained effective systems to ensure potential risks to people's safety and welfare had been considered and assessed. For example, one person had been assessed as being at risk of falling in certain situations and staff had been provided with guidance on how to prevent this. Senior staff reviewed and updated people's risk assessments on a regular basis.
- As a further means of promoting people's safety at home, one member of staff had been appointed as a 'nutrition and hydration champion'. In this role, she visited people regularly and supported them to check the temperature of their fridge and to remove any out of date food items.
- The provider was also committed to the safety of staff, most of whom worked on their own. For example, one staff member told us, "[The office staff] are available 24 hours a day. They are good at responding and [are helpful] if I have any issues."

### Using medicines safely

- When people needed support to take their medicines, this was provided safely in line with their individual needs and preferences. Commenting approvingly on the provider's approach in this area, one relative told us, "I can't fault them. The staff come at the correct time which makes it safer to administer [name]'s medicines. [Our previous care company] used to come early, so couldn't give the medicines. It was ... dangerous."
- Staff maintained a detailed record of any medicines they administered and senior staff audited these records regularly to ensure they had been completed correctly. Staff had recently received advanced training in 'Understanding the Safe Handling of Medication in Health and Social Care'. Commenting positively on this training, one staff member told us, "It was interesting. I feel [my practice is] safe with the skills and knowledge [I have learned]."

#### Preventing and controlling infection

- The provider had implemented a range of measures to help prevent the risk of infection. For example, staff received training in food hygiene and hand-washing practice. Care staff were also provided with disposable gloves and aprons for use when providing personal care.

#### Learning lessons when things go wrong

- Both registered managers displayed an open and reflective leadership style and reviewed any incidents to help reduce future risks to people's safety and welfare. Describing the importance of candour in promoting effective organisational learning, one of the registered managers told us, "I say to all our staff that, if something does go wrong, they must admit it and be reflective."



# 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

- Effective systems were in place to assess and determine people's individual needs and preferences. These were set out in each person's care plan and were reviewed regularly by senior staff.
- The provider used a variety of online and other information sources to ensure staff at all levels were aware of any changes to good practice guidance and legislative requirements. As a further means of promoting awareness and knowledge within the team, the provider supported experienced staff to become 'champions' in areas such as nutrition and medicines.

Staff support: induction, training, skills and experience

- People told us staff had the right knowledge and skills to meet their needs effectively. For example, one person said, "They know what they're doing." Another person's relative told us, "They do seem to have them well-trained up."
- The provider maintained a regular programme of staff training. Commenting positively on the provider's approach in this area, one staff member told us, "We had an all-day moving and handling course at Boston College. I find it easier [to learn in this way rather than through] online training." New recruits undertook the national Care Certificate which sets out common induction standards for social care staff.
- Staff at all levels were also supported to undertake additional qualifications. For example, one staff member told us, "They have asked me to do an NVQ 3. They are supporting me."
- One of the registered managers took the lead on training and was in the process of setting up a training room and gaining a 'train the trainer' qualification, to enable her to deliver more in-house training. She was also reviewing the provider's approach to refresher training to ensure this was provided regularly and effectively.
- Staff told us that they felt well supervised and supported by senior staff. Talking of the registered managers, a staff member said, "They will listen if I raise any issues [and things are] sorted out very quickly." Staff received regular one-to-one supervision from senior staff.

Staff working with other agencies to provide consistent, effective, timely care

- Senior staff had established effective working relationships with a range of external organisations to support them in the provision of effective care and support. For example, they worked closely with the occupational therapy service to ensure people had the right equipment to enable them to live as independently as possible.
- To further enhance communication with local healthcare providers, the provider was in the process of applying for an NHS email address to enable people's confidential medical information to be shared securely when required.

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

- People told us that staff understood their individual food preferences and assisted them to enjoy food and drink of their choice. For example, one relative said, "They help [name] do her meals. For breakfast, she has porridge in winter and toast in summer."
- People also told us that staff were aware of potential risks relating to nutrition and hydration and took steps to address them. For example, a relative said, "They always give [name] three cups of water to keep UTI's (urinary tract infections) at bay." Staff also completed 'nutrition charts' as a means of checking people were eating and drinking enough to stay healthy.

Supporting people to live healthier lives, access healthcare services and support

- Staff worked proactively with GPs, district nurses and other health and social care professionals to ensure people had prompt access to local services whenever this was necessary. Talking of the staff team, one of the registered managers said, "Our staff have a small pool of clients and know if someone is not well. They are very conscientious. For example, [name] had a spot [on their skin]. The carer was worried ... and rang the office. We rang the relatives and suggested they request a GP visit. The GP visited the next day."

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. 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.

- As part of our inspection, we checked whether the service was working within the principles of the MCA and were satisfied that staff understood the importance of seeking consent before providing care or support. The registered managers were aware of formal best interests decision-making processes but, reflecting feedback from our inspector, told us they would undertake refresher training to update their knowledge in this area.

# 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 improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported

- Without exception, people told us that the staff who worked for the service were warm-hearted, caring and kind. One person said, "They are all very friendly. I am very happy with the care." A relative told us, "[Name]'s life revolves around the carers. She always pleased to see them."
- The provider's 'service user guide', issued to each person when they first started using the service, stated, 'DPA Ltd aims ... to place the Service User first at all times ... and... deliver services which fully reflect the needs, wishes and preferences of our Service Users.'
- This determination to support people in a compassionate, completely person-centred way was clearly understood by staff at all levels and reflected in their practice. For example, one staff member who worked mainly in the office told us, "[Name needed their heating adjusted]. I could have called their son to come over. But I thought, as I was [passing] I would pop in [and do it myself] so they would soon be nice and toasty!" Talking of another person who used the service, one of the registered managers said, "We took [name] to A&E and waited two hours for their son to arrive. [Name] wouldn't have gone to A&E on their own. We didn't charge this as an extra care call." Describing the approach of the staff who cared for their loved one, a relative told us, "[Staff] sit chatting to [name], giving her the occasional hug. I literally couldn't fault them."
- During our inspection we identified other examples of the provider's exceptionally caring approach, which often went far beyond the formal contractual agreement. For instance, both registered managers conducted 'social calls' to people which were not charged as additional care calls. Describing these visits, one of the registered managers told us, "We go ... just to have a chat if the person is lonely. I visited five clients last week. It's definitely beneficial." Talking of one person who used the service, one of the registered managers said, "[Name] was 100 last week. [One of the care staff] picked her up and took her to [a local retail park] in her own time. The carer paid for lunch, which we will reimburse. It's not often we have someone who is 100!"
- One of the registered managers told us of another person who had used the service for several years. She said, "I would collect fish and chips for him on Fridays as he had no family near. When he became in need of further company, I arranged for him to go to a day centre and for his fish and chips to be delivered there [every Friday]." This registered manager also told us that she gave each person one of her homemade fruit cakes as a Christmas gift every year.

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

- People told us that the provider encouraged them to play an active part in planning and reviewing their care. For example, a relative told us, "They bend over backwards [to provide the service we want]. We've

developed a good rapport. I couldn't speak too highly of them." Another person said, "[The staff] look out for things and tell me if I [need to think] about getting the GP out. [They] make a difference to my life."

- Describing their commitment to respecting people's individual wishes and preferences, one staff member told us, "It's their home, their way. How they want to do things." Commenting positively on the approach of staff in this area, a relative said, "They always ask [name] what she wants for dinner. They offer her a choice."
- There were no lay advocates involved in service at the time of our inspection. However, the registered managers told us they would help people obtain this type of support if it was ever necessary. Lay advocacy services are independent of the provider and the local authority and can support people to make and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence; respecting equality and diversity

- The provider was committed to supporting people retain their independence for as long as possible. For example, one of the registered managers told us, "We are very strong on independence. Not going in and taking over. Some clients like to make their own breakfast ... [or] ... wash their own feet." Describing their own approach in this area, one staff member said, "I try to encourage people to brush their own hair. I think we have to keep [people] independent. It's good for them."
- Staff also understood the importance of supporting people in ways which helped maintain their privacy and dignity. For example, one staff member told us, "I close the door when I [am helping people] have a wash."
- The provider was aware of the need to maintain confidentiality in relation to people's personal information. People's care plans were stored securely and computers were password protected.
- Staff had access to equality and diversity policy guidance and were aware of the importance of supporting people in a non-discriminatory way which reflected their cultural preferences. One person told us, "They treat me fairly."

# 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 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

- Describing the provider's conscientious approach towards handling new enquiries and referrals, one of the registered managers told us, "I always tell [potential new clients] we will not take them on, if there is a risk we will let them down. I turn a lot down. We have to."
- If the provider had sufficient staffing resources to support a new client safely in a person-centred way, senior staff conducted a home visit to discuss the person's needs and preferences and agree an individual plan of care. Describing her client-led approach to this process, one of the registered managers said, "The first thing I say is, 'We are only here to give you a hand. You are the boss, you call the shots. What do you think you need a hand with?'."
- The care plans we reviewed set out people's personal needs and wishes for staff to follow. For example, one person's plan stated, '[Name] does not like staff to assist her with showering. [Name] also likes to prepare her meals herself.' Describing the value of the care plan in helping them provide person-centred support, a staff member told us, "I usually look at them when I have a new client [or] if I need to know something more [about a specific incident]. Senior staff reviewed each person's care plan whenever this was necessary, in consultation with the person and their family."
- As described in the Safe section of this report, the provider was committed to ensuring people were supported by the same small group of staff, whenever possible. Commenting positively on this approach, a relative said, "This is one of the key things I wanted. It becomes very confusing for people as dementia develops. [With our last care company] we had no idea who was coming in." Similarly, the provider took care to gradually introduce new staff to the people they would be working with. One person told us, "The new ones are usually with a well-trained carer. They shadow and gradually pick it up." A relative said, "If a new one starts, they go with one of my mum's [regular carers]. It helps them know where everything is."
- Reflecting the provider's person-centred approach to care planning and the management of staffing resources, people told us staff had a good understanding of their individual preferences and provided them with responsive, personalised support. One person told us, "I've got my daily routine. All of them know what I [want]. It's working out [well] for me." A relative commented, "They are very conscious of the need to ensure the safety of their clients. They will always get in touch if they have any concerns. It's an excellent service, very responsive."

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 provider was aware of the AIS and understood the importance of responding to people's individual communication needs and preferences. For example, staff knew to give one person who was recovering from a stroke, all the time they needed to communicate their wishes.

Improving care quality in response to complaints or concerns

- Information on how to raise a complaint was given to people when they first started using the service. However, everyone we spoke with told us they were highly satisfied with the care they received and had no reason to complain. For example, one person said, "[We] made a very good choice. I am very lucky." Reflecting this feedback, the provider received very few formal complaints. Any which had been received, had been handled correctly in accordance with the provider's policy.

End of life care and support

- The provider operated a specialist 'night sitting' service for people who had chosen to die at home. Staff in this team worked as part of an integrated, county-wide palliative care service, providing people with personal care and emotional comfort throughout the night. Describing the work of this team, one of the registered managers told us, "They work a waking night shift which allows the relatives to get some sleep. They [work alongside] ... Marie Curie ... and would contact them [if specialist support was needed during the night]." In a letter to one member of the night sitting team, a relative had written, 'Thank you for all your caring and professional help looking after [name]. Before this, I would have said doctors and nurses were the most important but it's definitely night sitters.'

# 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 remained the same. 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; 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

- Everyone we spoke with during our inspection told us the service was well-managed. For example, one person told us, "It's hard to find a good company in this business. I would recommend [this one]. It's well-run [and] there's nothing [I'd] change." A relative said, "I would recommend them [and] I don't usually recommend anything! It's excellent."
- Both registered managers were involved in all aspects of the running of the service and were well-known to people and their relatives. One relative told us, "[The registered managers] pop round about once a month. They are very friendly." Another relative said, "I've met [the registered managers]. They try to help [us] wherever possible."
- Throughout our inspection, both registered managers displayed an admirably candid approach. For example, talking to a member of staff just before they were interviewed by our inspector, one of the registered managers said, "Tell them the truth [name]. It's the most important thing."
- The leadership team's open, supportive style set the cultural tone within the service and was clearly respected and appreciated by staff. Describing the registered managers, one member of staff told us, "They are very approachable and will help you with anything. [Although] I've ... been told off when I've done wrong. But it's not harsh, the way they do it."
- The provider promoted the welfare and happiness of the staff team in a variety of ways. For example, staff had received a £50 gift voucher at Christmas. Commenting on this gift, one staff member said, "It was nice. It made me feel valued. My husband has worked for his company for 13 years and got nothing [at Christmas]. He was jealous!"
- Reflecting this caring approach and the positive organisational culture it had created, staff told us they were pleased to work for the provider and enjoyed coming to work. One staff member said, "I love coming to work. Making a difference to someone's life. Doing something positive."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- As described elsewhere in this report, the provider took care to involve people and their relatives in planning and reviewing their care and to deploy staffing resources in accordance with their individual preferences. Commenting positively on the provider's proactive approach to communication, one relative

told us, "I had a call only last week to say the carer had gone in and noticed the WC was leaking. We [got it sorted]. They are not just providing care."

- The provider maintained a variety of systems to monitor the quality of the service. These included care plan reviews and monthly audits of medication records and daily care notes. Looking ahead, the provider took action to strengthen the monitoring of recruitment procedures to address the issues we identified in this area.
- The regular 'social visits' described in the Caring section of this report also provided an important means of monitoring people's satisfaction with the service. One of the registered managers told us, "People don't like clipboards. We just sit down and talk to them. We ask them if they are still happy with the service and if there is anything they want to change. I ask for preferences re staff [and] blocked staff from one client [in response to their feedback]."
- The registered managers were committed to the ongoing improvement of the service in the future. One of them told us, "You've got to evolve all the time. You will never be able to say you've got there. [But] we don't want to get any bigger."
  - As detailed elsewhere in this report, the provider had established effective partnerships with a range of other professionals including GPs, district nurses, therapists and palliative care specialists.
- The provider was aware of the need to notify CQC and other agencies of any untoward incidents or events within the service.