

Caring Direct Ltd

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Inspection report

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Date of inspection visit:
16 April 2019

Date of publication:
15 May 2019

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

Caring Direct is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection, 66 people were using the service.

People's experience of using this service:

People were cared for by a consistent team of staff who were skilled and competent in providing care and support. Staff knew how to keep people safe from harm. There were enough staff and they were appropriately recruited with relevant checks in place.

People's needs were assessed and monitored and risks to their health and wellbeing were recorded.

However, we recommended that the provider refer to best practice guidance on managing the risks of emollients and smoking.

Safe infection control procedures were in place and people were given their medicines as prescribed.

The service followed good practice guidance and met their legal requirements. The service was meeting the requirements of the Accessible Information Standard. People's capacity was considered and they or their legal representatives consented to their care.

Staff had effective induction, training and support to carry out their role. Staff were caring, kind and considerate.

Care and support were personalised and met people's needs. People told us the service enabled them to remain as independent as possible and to live in their own homes.

Staff had access to up to date information about how to support people and communication with health and social care professionals was effective in ensuring people received joined up care.

Complaints had been dealt with appropriately, lessons had been learnt and improvements made.

The service was well led, and management and staff knew their roles and responsibilities. Systems were in place to audit the quality and delivery of care to people.

However, we recommended that the provider focus on how they will sustain good outcomes in the delivery of high quality care for everyone using the service.

Rating at last inspection:

The service was rated as Good in safe and effective and Requires Improvement in caring, responsive and well led with an overall rating of Requires Improvement. The last report was published 22 May 2018.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received. Well led was given a rating of Requires improvement with an overall rating of Good.

Follow up: We will continue to monitor the service through the information we receive.

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

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?

Requires Improvement ●

The service was not always well led.

Details are in our Well led findings below.

Caring Direct Ltd

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

Inspection team:

The inspection team consisted of two inspectors and two experts 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. Our experts by experience had personal experience of using domiciliary care services.

Service and service type:

Caring Direct is a domiciliary care service. It provides personal care to older and younger people, people with learning disabilities and/ or autism, physical or sensory impairments and people with dementia living in their own homes.

The service was required to have a registered manager. This means that the registered manager/s and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. Two managers had made applications to apply to be registered with the Care Quality Commission and these were in progress at the time of the inspection.

Notice of inspection:

We gave the service nine days' notice of the inspection because we needed to send letters to people letting them know that an expert by experience may be calling to speak to them about their views of the service.

Inspection activity started on 3 April 2019 and ended on 26 April 2019. It included making telephone calls to

people who used the service to gather their feedback. We visited the office location on 16 April 2019 to see the manager and staff; and to review care records and policies and procedures.

Prior to the inspection we reviewed information we held about the service since their last inspection. This included any notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. The provider had also completed a Provider Information Return (a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make).

We looked at the care plans for six people. Records relating to the administration and management of medicines, five staff recruitment files, incidents, accidents, complaints and the quality assurance process were also checked to ensure they met the Regulations.

During the inspection we spoke with 11 people who used the service and 11 relatives. We met with the two managers, a director, administrative staff and two care staff and all made themselves available and very helpful during the inspection. We had emails from four staff along with correspondence from four health and social care professionals.

We requested additional evidence to be sent to us after our inspection. This was received in the timescales given and the information was used as part of our inspection.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and had trust in the staff who provided their care. One person said, "I feel very content when they are here and very safe." Another said, "I feel safe when they are using the hoist to move me into my chair." A family member told us, "Yes I do think [relative] is safe. They trust the staff and they would tell me if they did not feel safe with them."
- Staff understood their safeguarding responsibilities. Concern forms were in place for staff to use to document any issues. We saw these being used by staff who had identified and reported poor practice to help people to stay safe.
- The service had a whistle-blowing policy in place and this topic was covered during induction so that staff knew how to raise concerns about other staff if necessary.

Assessing risk, safety monitoring and management

- Risks to people had been assessed, these were specific to each person and contained guidance for staff on how the risk was managed. Staff we spoke with were aware of the risks to people and how to manage them.
- We found risks with the use of emollients and smoking had not been considered. One person had been identified at risk due to smoking in bed. There were documented conversations between care staff and the person explaining the risks. In addition, a risk assessment had been added to their care plan highlighting the risk. However, there was no information on how to reduce the risk so that staff would know what action to take to reduce the risk.

We recommend that the provider refer to best practice guidance on managing the risks of using emollients and smoking.

- Environmental risks in the person's home were assessed and support from professionals was obtained for the safety of people and the staff.

Staffing and recruitment

- Staff were recruited safely. Robust recruitment processes were in place to ensure staff had the right values to care and support for people.

Using medicines safely

- The service had systems in place to manage people's medicines and people were supported to take them

safely.

- Staff completed training in medicine administration and records showed that medicines had been administered as prescribed. One person told us, "They give me my tablets with my breakfast and there has never been any problems." A family member said, "Risk assessments are done with [relative's] medicine and the charts are ticked off one by one."
- Staff liaised with, and followed the guidelines provided by health practitioners to ensure medicines were given as prescribed.

Preventing and controlling infection

- Staff received training in infection control and had access to protective clothing and gloves to prevent the spread of infection. People told us that these were used when providing their care.
- People's care records provided guidance to staff reminding them of the importance of good infection control practice. Spot checks of staff practice were completed to ensure staff were following the guidance. Where poor practice was observed, staff received refresher training and monitoring of their performance.

Learning lessons when things go wrong

- The provider had undertaken an evaluation of the hospital discharge service they provided through a contract with the local authority. The evaluation found a range of issues relating to people being inappropriately discharged home, the availability and flexibility of staff and rota arrangements resulting in late calls and complaints by staff and people who used the service. The manager told us that the management team had listened to people and staff and learnt many lessons. From this, they had decided to hand back the contract so they could focus on providing consistent and ongoing long term care to people in line with their core values.

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

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 comprehensively assessed and regularly reviewed. This included the outcomes people hoped to achieve from their planned care and support.
- People and their family members were involved in the assessment and review process to make sure staff had all the information they needed to meet people's needs.
- The manager researched and used best practice guidance, sought updates about current good practice and subscribed to relevant organisations to keep abreast of developments and changes in the home care sector.
- People's protected characteristics under the Equality Act 2010 were acknowledged as part of the assessment of their needs, although more robust recording was needed. This included people's needs in relation to their sex, age, religion, ethnicity, sexual orientation and disability.

Staff support: induction, training, skills and experience

- When staff joined the service, they received an induction which was based on the Care Certificate. The Care Certificate is a recognised set of standards specifically for inducting new staff into the care sector. Staff undertook three shifts shadowing staff which was followed by two weeks visits supervised by senior staff. During this time their practice was observed, recorded and discussed with them for their ongoing development.
- Staff received regular training, supervision, spot checks of practice and an annual appraisal. These provided staff with support and guidance and enabled management to monitor staff competence and identify any learning needs. One staff member said, "They are great at training us, anything we need to know to care for someone better, they organise. Another said, "Fantastic training, excellent. You ask for it and they organise it. For example, a person needed to use oxygen, so they organised for the district nurse to come in and train the staff on how to manage it. The virtual tour about dementia care we did was the best."
- Staff told us they felt very well supported and that the management team was helpful, friendly and accessible if they needed additional help or guidance. One staff member said, "The managers have done well for me and taught me a lot of things. They are supportive and friendly and pushed me a long with taking more responsibility. If I'm ever stuck on a call, I can literally call any of them and they will help me."

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

- Where it was part of an assessed need, people were supported to have enough to eat and drink. One person told us, "Yes, they do some meals for me. I choose whatever I fancy at the time."

- Staff had received training in food hygiene. Where it was identified that people might be at risk of malnutrition or dehydration, food and fluid charts were kept. These were monitored by the management team to establish whether referrals were needed to the GP or dietician.

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

- The service worked in partnership with a range of health and social care professionals such as GPs, district nurses and therapy services to secure good outcomes for people.
- Records showed that advice from professionals was recorded and followed by staff so that people could maintain their health and independence.

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

- Where people required health or social care services, the staff made referrals in a timely way and liaised well with professionals.
- People's health care needs were recorded in their care plans. We saw that staff were vigilant at picking up when people became unwell and reported their concerns to the office who took appropriate action such as contacting the GP or calling paramedics. For example, the management team had identified that a person was low in mood due to feeling isolated. The manager contacted the person's social worker to negotiate additional hours, so the person could be supported by staff to socialise and access the community to lift their spirits.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.
- The service had systems in place which were working effectively. All safeguards were in place to ensure people's rights were upheld.
- Staff had received training and understood the importance of gaining consent before providing support.
- Assessments of people's capacity to make decisions for themselves were undertaken and recorded. People as well as their relatives and legal representatives, where appropriate, were fully involved.
- Staff knew how to support and respond to people whose ability to make choices and consent to their care and support fluctuated.
- Advocacy services to support people in having an independent voice about their care were sourced if needed through local organisations.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

- At our inspection on 26 March 2018, further improvements were needed in relation to staffing arrangements and caring was rated as 'Requires Improvement'. At this inspection, improvements had been made to the staffing arrangements so people got consistent staff.

Ensuring people are well treated and supported; respecting equality and diversity

- Most people told us that they now saw the same staff more often and staff were not rushed. People said, "Generally we have the same team, they don't vary much" and "I have the same ones. Some ladies and two men." Family members said, "I think they are mostly the same ones according to the daily book anyway" and "We usually have the same team and know most of them. We get the odd one who we have never seen before."

- People told us that the staff were friendly, caring and kind. One person said, "The people themselves are lovely and when it comes down to things, they always try their best to help." Another told us, "Staff have never been rude; we have a laugh and a joke together - a bundle of joy and I would never complain. They motivate me, saying, 'come on, you can do it. I reply, 'I know I can'".

- Staff knew people's needs well and people told us that staff talked to them appropriately. People were happy with the staff who provided their care. One person said, "They are wonderful people to have around, especially when I'm down and they cuddle me when I am upset." A family member told us, "My [relative] does not accept help easily and it is sometimes difficult for staff to support them. They are very understanding and patient." Another said, "I do think they are very kind and caring people. They have a difficult job and are compassionate and thoughtful."

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

- People were included in the assessment process and able to express their views on how they would like their care and support provided. One person said, "I am involved in the review meetings. It had been reviewed recently." A family member told us, "I do like the fact they always include me in any discussions and listen to my opinion." Another said, "They always listen to my [relative] which I appreciate. They are a good support to me as well."

- The staff team understood people's communication and sensory needs and how they should be met. The records showed people's individual ways of communicating. Information, if required, could be provided in an accessible format, such as in large print. The service was meeting the Accessible Information Standard.

Respecting and promoting people's privacy, dignity and independence

- The service demonstrated a commitment to ensuring people were treated with dignity and respect and their privacy maintained. Regular spot checks of staff practice were completed and, where issues were identified, staff were subject to performance management to ensure people's privacy and dignity was promoted. One family member told us, "The staff are very respectful and very aware of [relative's] dignity when they are washing and changing them."
- People's information was kept confidential and the service followed the General Data Protection Regulations.
- Care plans identified people's strengths and abilities so that staff could support people to be independent where possible. Guidance instructed staff to support people to do what they could for themselves. One family member said, "The staff are so respectful but at the same time try to gee [relative] up a bit to do things and a bit of a laugh helps."
- The service worked with health and social care professionals to support people's independence. We saw evidence where a manager had identified a person's low morale and listened to their concerns. They had contacted occupational therapy and the wheelchair services to have ramps installed and an electric wheelchair, so they could access the community independently.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The new manager told us they had spent three months providing care to people, so they got to know them and how they liked things done. This information was used to make sure people received person-centred care, which meant care was provided the way people liked. They also watched to see how care staff gelled with people, so staff could be matched with people they had developed a positive relationship with.
- Care plans were written in a person-centred way and contained information about people's likes, dislikes, routines and preferences. People's choices were known and respected. This included preference of the gender of staff and any spiritual or cultural preferences.
- Staff understood what person-centred care looked like and were able to give examples of how they applied this in practice. For example, one staff member described the specific way a person liked to be washed; they told us, "It takes us about an hour instead of the ten minutes it would take to help them shower; but this is the way they like things done."
- Regular reviews of people's care were undertaken to make sure care plans reflected people's current needs. People and their representatives, if appropriate, were involved and their views were recorded and acted upon so that people were happy with the service. One relative said, "We have agreed reviews on a six-monthly basis, in most cases the company have listened to us and made changes to areas we have suggested."
- Care reviews were also an opportunity for people to set themselves goals. The service worked with people to help them achieve their desired outcomes. For example, one person set the goal of using a rotunda (a piece of equipment that helps people stand). We saw the service had worked with therapy services who provided an exercise programme which staff prompted and encouraged the person to complete. Consequently, the person had reached their goal and no longer needed a full body hoist to stand.

Improving care quality in response to complaints or concerns

- There were systems in place to manage and respond to people's complaints and concerns. The service was receptive to people's feedback and pro-active at dealing with people's concerns to ensure people were satisfied with the care and support they received. One person said, "I did complain, and it was handled correctly and I was satisfied." A family member told us, "One staff member had a conflict of personality with us, but the office sorted this out and made sure the staff member was apologetic but hasn't come again. The managers visit frequently or phone us up to check all okay."
- We reported back to the manager some people's concerns about their care which were responded to quickly. For example, one person needed support with their medicines only and did not want staff staying for the rest of the allocated time. To assist the person to become independent with their medicines, the manager contacted social service to see if they could implement an automatic, alarmed medicine dispenser

box, that would alert the person when they were due to take their medicines and dispense it. Another person was unhappy about the times the staff came to help them with their lunch. The person's preferred times were established and put in place. The manager confirmed that they were, "Very happy about this and with the immediate response."

End of life care and support

- No-one at the service was receiving palliative care at the time of our inspection.
- People's wishes and preferences for their care and support towards the end of their life had not always been explored or documented. The new manager showed us a person's care plan where some of their end of life wishes had been recorded. They agreed that a section on the care plan would help senior staff to explore these important issues when undertaking the assessment of need. Staff would have the correct information to respond to people's needs and wishes appropriately at a very difficult time.
- Staff had received end of life care and funeral and bereavement training. Staff described how they supported people at the end of life, making them comfortable and giving them mouth care.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality person-centred care.

- At our inspection on 26 March 2018, further improvements were needed in relation to staffing and rota arrangements and Well led was rated as 'Requires Improvement'. At this inspection, improvements had been made and more people were satisfied with their calls being on time. Improvements to people's preferred schedule of care and arranging the rota to accommodate their preferences was still ongoing. The service was focussing on further improvements needed to ensure everyone's outcomes were positive.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The new manager responded appropriately to people's feedback we received about calls being late. They provided evidence that people's call times were as preferred and as agreed, reassured people and changed people's times if they requested it. However, communication systems about calls within the one-hour time slot given for staff to attend needed to be more robust to be effective so people were clear about service delivery.

We recommend that the provider focus on how they will sustain good outcomes in the delivery of high quality care for everyone using the service.

- New systems were in place to review the planning and delivering of people's care to ensure it was person centred. This included people's preferred care arrangements, effective communication with them about delivery and monitoring the quality of the service to ensure it met their needs.
- The rotas had been amended to incorporate breaks so that staff had three separate times during the day to have a break. Staff told us this had made a difference especially those working a long day. One said, "It's good to stop, go for a break, get a coffee, chill for a while and recharge your batteries." Another said, "I find rounds running a lot smoother now. The changes have been because there were so many calls, people were getting stressed. The introduction of breaks has been popular."
- The provider had reviewed the management structure to make it more effective and accountable. Two senior staff had applied to be registered as registered managers to jointly have responsibility for the service.
- The company is led by managers who have hands on experience, have a closer working relationship with the staff team and people who use the service will know who to contact if they have a concern. The new manager was aware of their duty of candour and we saw how lessons learnt reflected the more open and accessible management approach.

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

regulatory requirements

- People told us they thought the service was well led and managed. One person said, "Yes, I think it is, overall well managed." Another said, "I would say it runs quite well."
- Management and staff were clear about their role and responsibilities.
- The staff were respected, supported and valued and they were positive about the service they worked for. One staff member told us, "I really enjoy working here now. Everyone is approachable. I have a good working relationship with staff and service users. It's nice they see a familiar face and you can have a nice chat with them."
- The registered manager completed checks on a wide range of service provision including medicine audits, care plans, observations of care, recruitment files and health and safety. They were aware of their responsibilities to provide information and notifications to the Care Quality Commission.

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

- Annual surveys were sent requesting people and staff feedback. If concerns were raised this was followed up by management. We reviewed results of the satisfaction survey for 2019. The scores and feedback from people were positive. Comments included; "The care is spot on" and "I'm receiving gold standard care, cannot fault, very very happy." We saw that where people had raised issues, these had been dealt with.
- Staff knew the needs, personalities and circumstances of people they supported. People were fully involved in their care and staff were respectful of people's cultural and lifestyles.

Continuous learning and improving care

- The management team completed performance reports on staff. These were an observation exercise looking at all aspects of care provided. The information gathered was then used to feed into the care plan to make them more person centred and up to date. For example, the manager went out and did a performance report and noticed a person had difficulty carrying their meal from the kitchen to the living room. This meant the staff had to carry the meal for them. They contacted the person's social worker to request a trolley with a tray to promote their dignity and independence.

Working in partnership with others

- The service had forged links with local organisations such as Age UK and provided information and signposted people to them to receive additional support as required.