

Direct Independent Care Limited







Twickenham

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	

Overall summary

This was an announced inspection that took place on 3 November 2015.

The agency provides personal care to people living in their own homes. It is located in the Twickenham area. There were 24 people using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

This was the first inspection since a move to new premises and met the regulations.

People said the service provided was what they required and met their expectations. The designated tasks were

Summary of findings

carried out to their satisfaction, they felt safe and the staff team and organisation really cared. They thought the service provided was safe, effective, caring, responsive and well led.

The service kept up to date records that covered all aspects of the care and support provided for people, the choices they had made and identified and met their needs. The information was clearly recorded, fully completed, and regularly reviewed. This enabled staff to perform their duties well.

Staff were knowledgeable about the people they supported, the way they liked to be supported and worked well as a team. They provided care and support in a professional, friendly and skilled way that was focussed on the individual and their needs. They were well trained, knowledgeable and accessible to people using the

service and their relatives. Staff thought the organisation was a good one to work for and they enjoyed their work. They had access to good training, support and there were opportunities for career advancement.

People and their relatives said they were encouraged to discuss health and other needs with staff and had agreed information passed on to GPs and other community based health professionals, if required. Staff protected people from nutrition and hydration associated risks by giving advice about healthy food options and balanced diets whilst still making sure people's likes, dislikes and preferences were met.

The agency staff knew about the Mental Capacity Act and their responsibilities regarding it.

People said the management team and organisation were approachable, responsive, encouraged feedback from them and consistently monitored and assessed the quality of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Good



The agency was suitably staffed, with an experienced team that had been criminal records checked. There were effective safeguarding procedures that staff understood, followed and there was no current safeguarding activity.

People were supported to take medication safely, in a timely manner and records were completed and up to date. Medicine was safely administered and safely stored.

Is the service effective?

The service was effective.

Good



People's support needs were assessed and agreed with them and their relatives. Their needs were identified and matched to the skills of well trained staff. They also had access to other community based health services that were regularly liaised with.

People's care plans monitored their food and fluid intake to make sure they were nourished, hydrated and balanced diets were encouraged.

The agency was aware of the Mental Capacity Act and its responsibilities regarding it.

Is the service caring?

The service was caring.

Good



People's opinions, preferences and choices were sought and acted upon and their privacy and dignity were respected and promoted by staff.

Staff provided support in a friendly, kind, professional, caring and considerate manner. They were patient, attentive and gave encouragement when supporting people.

Is the service responsive?

The service was responsive.

Good



The agency responded appropriately to people's changing needs. Their care plans identified the support they needed, records confirmed they received it and they were updated to reflect changes in needs.

People told us concerns raised with the agency were discussed and addressed as a matter of urgency.

Is the service well-led?

The service was well-led.

Good



Summary of findings

The agency had an enabling culture that was focussed on people as individuals.

The manager enabled people to make decisions and supported staff to do so by encouraging an inclusive atmosphere.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

Twickenham

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.

This was an announced inspection and took place on 3 November 2015. 48 hours' notice of the inspection was given because the service is a domiciliary care agency and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection, we checked notifications made to us by the provider, safeguarding alerts raised regarding people using the service and information we held on our database about the service and provider.

The inspection was carried out by one inspector and expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

During the inspection, we spoke with 10 people using the service, three relatives, three staff and the registered manager.

When we visited the office premises we looked at four copies of care plans for people who use the service. Copies of the care plans were kept in the office as well as in people's homes. Information recorded included needs assessments, risk assessments, feedback from people using the service, relatives, staff training, supervision and appraisal systems and quality assurance.

Is the service safe?

Our findings

People and their relatives said that they thought the service was safe, they felt safe when using it and there were enough staff to meet their needs. One person told us, "I feel very safe with them." Another person said, "Yes I do!" This was in response to the question do you feel safe using the service. A further person commented, "Safe and secure? I am I am!"

The agency policies and procedures enabled staff to protect people from abuse and harm. Staff also received induction and refresher training in how to recognise abuse and possible harm to people that underpinned the policies and procedures. They understood what abuse was and the action to take if it was encountered. Staff were also aware of how to raise a safeguarding alert by informing the office and when this should happen. The staff handbook contained information about the agency's safeguarding, disciplinary and whistle-blowing policies and procedures and how to access them. Previous safeguarding alerts were suitably reported, investigated and recorded. There was no current safeguarding activity.

The staff recruitment procedure recorded stages of the process. This included advertising the post, providing a job description, person specification and short-listing of prospective staff for interview. The interview included scenario based questions to identify people's skills and knowledge of the care field they were working in. References were taken up, work history scrutinised and disclosure and barring (DBS) security checks carried before people were confirmed in post. There were enough staff

employed to meet peoples' needs, in an appropriate and timely way. One person said that carers would phone him and tell him that they were on their way, if there was a problem. The staff rota met people's needs flexibly and safely during our visit.

The agency carried out risk assessments that enabled people to take acceptable risks as safely as possible. The risks assessments were monitored, reviewed and adjusted as people's needs changed and were contributed to by people using the service, relatives and staff. Staff encouraged input from people whenever possible and were trained to identify and assess risks to people. The staff said they shared information regarding risks to people with the office and other members of the team, particularly if they had shared calls. They told us they knew people who used the service well, were able to identify situations where people may be at risk or in discomfort and take action to minimise the risk and remove any discomfort. People told us that the care workers made sure that there were no obstacles which could cause a fall and one man said that he is in a wheelchair and the care worker made sure he could move about. There were also accident and incident records kept.

Staff safely prompted people to take medicine or administered it as appropriate. The staff who prompted or administered medicine were trained and this training was updated annually. The last training took place on 5 August 2015. Staff also had access to updated guidance. The medicine records for all people using the service were checked by the agency with copies of the medicine administration records kept on file in the office.

Is the service effective?

Our findings

People said they made decisions about the type of care and support they received, when this would take place and who would provide it. We were told that staff were aware of people's needs and met them in a skilled, patient and relaxed way that people liked. They said the type of care and support provided by staff was what they needed. People and relatives said that they felt the staff were appropriately trained to be able to complete the tasks that were required. One person told us, "Good skills and experience." Another person said that their care worker had, "Exceptional skills." A relative said, "They are well trained."

Staff received mandatory induction and annual on-going training. The induction was comprehensive; person focussed and new staff shadowed more experienced ones before working alone and spot checks took place to monitor progress. Feedback was also taken from the care worker being shadowed. Shadowing also took place as part of the client handover process. One person said, "Yes, the care is excellent." Training included moving and handling, safeguarding, infection control, lone working, medicine, food hygiene and equality and diversity. More specialist training was also provided such as dementia awareness and end of life care. Staff meetings, supervision and appraisals provided an opportunity to identify group and individual training needs in addition to the informal day-to-day supervision and contact with the office and management team. Staff had training and development plans.

The care plans included sections for health, nutrition and diet. Where appropriate staff monitored what and how much people had to eat and drink with them. People were

advised and supported by staff to prepare meals, make healthy meal choices and healthy meals were provided if this was a service included in the care plans. Staff said any concerns were raised and discussed with the person's relatives and GP as appropriate. The records demonstrated that the agency regularly liaised with and made referrals to relevant community based healthcare services such as district nurses. The agency also worked closely with the hospital discharge teams. Three people said that the care workers prepared their food and that it was good.

People's consent to the service provided was recorded in the care plans and they had service contracts with the agency. Staff said they also regularly checked with people that the care and support provided was what they wanted and delivered in the way they wished. One person told us, "I'm well informed about what they are going to do." A relative said, "They always explain what they are going to do." The agency had an equality and diversity policy that staff were aware of, understood and had received training in.

Staff were aware of and appropriate staff had received training in the Mental Capacity Act 2005 (MCA) and 'Best Interests' decision making process, when people were unable to make decisions themselves. The manager was aware that they were required to identify if people using the service were subject to any aspect of the MCA, for example requiring someone to act for them under the Court of Protection.

The care supervisors carried out spot checks in people's homes which included areas such as staff conduct and presentation, courtesy and respect towards people, maintaining time schedules, ensuring people's dignity, competence in the tasks undertaken and in using any equipment.

Is the service caring?

Our findings

People and their relatives told us that staff treated them with dignity and respect. They listened to people, valued their opinions and helped them to do as much as possible for themselves. They also provided support in a friendly and helpful way. This followed the agency's philosophy of enabling people to make their own decisions regarding the support they required and when they needed it. People also spoke positively of having consistent staff that understood their needs and preferences as individuals. This demonstrated a person-centred approach to the care that was provided. One person we spoke to told us, "They are very caring." Another person said, "They're too caring sometimes." One person said that the care workers don't give the impression that they are rushed and a care worker spent extra time with him one day when he was feeling "A bit low". A relative told us, "Completely caring." Another relative said, "Very, very caring."

People and their relatives said enough information was provided by the agency about the service they delivered.

This was contained in information leaflets and an information pack that outlined what they could expect from the agency, way the support would be provided and the agency expectations of them. They also confirmed that they had been involved in developing and deciding their care plans and that their views were listened to and respected. Decisions about people's care were made after an assessment of what was needed and agreement was reached as to how best to provide the care, including frequency of visits, tasks to be carried out and time schedules.

Staff training included respecting people's rights and treating them with dignity and respect. People said this was reflected in the caring, compassionate and respectful support staff provided. One relative said, "His dignity and privacy are respected all the time."

The agency had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality, dignity and respect were included in induction and on going training and contained in the staff handbook.

Is the service responsive?

Our findings

People and their relatives said that the agency asked for their views and they were fully consulted and involved in the decision-making process before the agency provided a service. One person said, "I'm getting everything I need as I like it." A relative told us, "The carer was very flexible," which allowed for his feelings at the time."

People were also confident that they received personalised care that was responsive to their needs. They said staff enabled them to decide things for themselves, listened to them and if required action was taken. Staff told us about the importance of knowing the views of people using the service and their relatives so that the support could be focused on the individual's needs. One person said, "The care worker knows what I like."

Having received an enquiry, the agency manager and a supervisor would carry out an assessment visit. During this visit the tasks identified and required by people would be checked and agreed with them, to make sure that the person's needs would be met. This visit would include assessments of any risks to the person and staff.

People's care plans were individualised, person focused and people were encouraged to take ownership of the

plans and contribute to them. They agreed tasks with the agency that were regularly reviewed, re-assessed with them and their relatives and care plans changed to meet their needs. People's personal information including race, religion, disability and beliefs were clearly identified in their care plans. This information enabled staff to understand people's needs, their preferences, choices and respect them. The information gave staff the means to provide the care and support needed. Staff were matched to the people they supported according to their skills and the person's needs.

People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. A person using the service said, "I would tell the carer as she would listen." A relative told us, "I'd speak to the manager and then to social services."

There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. Staff were also aware of their duty to enable people using the service to make complaints or raise concerns. The agency had equality and diversity policy and staff had received training.

Is the service well-led?

Our findings

People and their relatives told us that they felt comfortable speaking with the manager, staff and agency and were happy to approach them if they had any concerns. They said there was frequent telephone communication with the office and they liked the fact that it was a small organisation that made the service more personal. One person told us, “Yes, they are good on the phone. She (The manager) phones all the time.” A further person said, “The manager is very kind.” A relative said, “The manager is in contact twice a week when any changes to the care plan would be discussed.” Another relative told us, “Caring, obliging and helpful.” A further relative said, “Someone from the office visits every 6 months to check on his care plan.”

During our visit to the office there was an open culture of supportive, clear, honest and enabling leadership. The manager, who was registered with the Care Quality Commission (CQC) was able to describe a vision of how they saw the service as one which provided care to a standard that would be suitable for their own relatives. This vision and values was clearly set out and staff understood them.

Staff told us the support they received from the manager and supervisors was very good. They were in frequent contact with staff and this enabled them to voice their opinions and exchange knowledge and information. They felt suggestions they made to improve the service were listened to and given serious consideration. There was also a whistle-blowing procedure that staff felt confident in. They said they really enjoyed working for the agency. There was a clear career development pathway and senior staff had been promoted internally.

The records demonstrated that regular staff supervision and annual appraisals took place with input from people who use the service. This was to help identify if the staff member was person centred in their work. Records showed that spot checks took place.

There was a policy and procedure in place to inform other services of relevant information should other services within the community or elsewhere be required. The records showed that safeguarding alerts, accidents and incidents were fully investigated, documented and procedures followed correctly. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely manner.

The agency carried out regular reviews with people regarding their care. They noted what worked for people, what did not and any compliments and comments to identify what people considered the most important aspects of the service for them. One person said, “They’re friendly, it’s a good firm.” Another person told us, “I couldn’t think of anything I would change, it’s extremely good.” A further person said, “I’m happy with things as they are, it’s a very good agency.” The current small number of people using the service enabled the agency to have a very individualised approach to monitoring the quality of their care. Frequent quality checks took place that included spot check visits; phone contact with people who use the service and their relatives and audits of people’s and staff files, care plans, risk assessments, infection control and medicine recording. The agency used this information to identify how it was performing, areas that required improvement and areas where the agency performed well.

We saw that records were kept securely and confidentially and these included electronic and paper records.