Direct Care Works Ltd

Peepul Centre

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 15 August 2016 and was announced. This meant we gave the provider 48 hours' notice of our visit because we wanted to make sure someone would be in the office to talk with us.

Direct Care Works Ltd is registered with the Care Quality Commission to provide personal care to people who wish to remain independent in their own homes. The service provides support and care for people in and around Leicester and provides for people living with a range of needs, including mental health and physical disabilities. At the time of our inspection there were nine people using the regulated activity.

The service is required to have a registered manager. At the time of our inspection, there was no registered manager in post and the day-to-day operations were being managed by the provider. 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 2008 and associated Regulations about how the service is run. The provider was in the process of recruiting to the post of Registered Manager.

There were good systems in place to keep people safe. Assessments of risk had been undertaken and there was clear guidance for staff on what action to take in order to mitigate risks to people. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. People were supported to take their medicines as prescribed.

People were supported by the number of staff identified as necessary in their care plans to keep them safe. There were robust recruitment and induction processes in place to ensure new members of staff were suitable to support people.

Staff had the skills and knowledge to ensure people received care in line with their care plans and best practice. There were regular formal and informal supervisions and observations of working practices which supported staff to meet people's care needs effectively.

People were supported to maintain good health and had assistance to access health care services when needed.

The provider and staff we spoke with were knowledgeable of and acted in line with the requirements of the Mental Capacity Act 2005. Staff sought consent from people before providing personal care.

People and their relatives told us staff were respectful and caring and supported them to maintain their privacy and dignity. People were offered choices and were involved in their own care. Staff were able to give examples how they supported people to maintain their independence and provided care that was never rushed but at the pace of the individual person.

People told us they were involved in their care plans and were consulted about their care to ensure wishes and preferences were met. Care plans and assessments contained relevant information for staff to help them provide the personalised care people required. People were given opportunities to share their views and opinions about the quality of care they received. People felt confident to complain and information was available in different formats to support people to express concerns and complaints.

People and their relatives were confident in how the service was led and the abilities of the management team. The provider and managers were committed to providing quality care and support for people. Staff had regular opportunities to feedback about people's care and were encouraged to share ideas with managers.

The provider, who was also the Operations Manager, undertook regular monitoring to evaluate the quality of the service. This included spot checks on staff working practices, audits of care records and review and analysis of key information such as complaints and incidents. We found that the Operations Manager was not always aware of their legal responsibilities. Although they had notified and worked with other agencies, such as local authorities, they had not notified Care Quality Commission of significant incidents in a timely manner.

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.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures. Assessments were undertaken and measures were in place to reduce risks to people. People were supported to receive their medicines safely. Staffing levels were assessed and sufficient to meet people's needs as detailed in their care plans.

Is the service effective?

Good

The service was effective.

Staff had a good understanding of the Mental Capacity Act 2005 and supported people to make choices and decisions about their care. Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. People were supported by staff to maintain their health and well-being.

Is the service caring?

Good

The service was caring.

People and their relatives told us staff were caring and friendly. People's privacy and dignity was respected and their independence was promoted. People and their relatives were involved in making decisions about the care they received.

Is the service responsive?

Good

The service was responsive.

Assessments were undertaken and care plans developed to identify people's care needs. Staff were aware of people's preferences and they liked their care to be provided. There was a system to manage complaints and concerns. People felt confident that their concerns would be listened to and acted on.

Is the service well-led?

Requires Improvement

The service was not always well-led.

People and their relatives felt the service was well managed and spoke positively about staff and managers. The Operations Manager who was acting as registered manager was not always aware of their legal responsibilities and had not reported incidents in a timely manner to Care Quality Commission. People were encouraged to share their views about the service. Staff were supported to feedback about people's care. Managers carried out regular audits and checks to monitor the quality of the service and make improvements.

Peepul Centre

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 was planned to check 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 inspection took place on 15 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

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

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is 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. The provider completed and returned the form.

We checked information that we held about the service and the provider. This included statutory notifications. A notification is information about important events which the service is required to send us by law.

During our inspection we spoke with one person who used the service and six relatives of people who used the service. We also spoke with two care workers and the providers of the service.

We reviewed a range of records about people's care and how the service was managed. These included care records for three people, medicine administration record (MAR) sheets, four staff training and employment records, quality assurance audits, incident reports and records relating to the management of the service.

This was the first inspection of this service since its location changed in October 2015.

Good

Is the service safe?

Our findings

People and relatives we spoke with told us they felt safe using the service. One person said, "Yes, I feel safe because staff are very good with me." One relative told us, "My family member is definitely safe when they (staff) are here. They know what they are doing."

People were protected from the risk of harm because staff understood how to identify and report it. Staff who we spoke with told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff were able to describe the sequence of actions they would follow if they suspected abuse was taking place. One staff member told us, "I have completed training in safeguarding (protecting adults from abuse) and I know how to recognise abuse and report it if I had any concerns." Another staff member said, "I would report concerns to the manager straight away. If they were not around or I didn't feel they were responding to the concerns, I would go to the Care Quality Commission or social services." Staff told us they felt confident that management would action their concerns. Staff could therefore protect people by identifying and acting on safeguarding concerns quickly.

Individual risk assessments were reviewed and updated to provide guidance and support for staff to provide safe care in people's homes. People's risk assessments identified the level of risks and the measures taken to minimise risk. These covered a range of possible risks such as use of equipment to support people to mobilise, nutrition, falls and risks associated with people's health conditions. For example, where there was a risk to a person whilst they were eating, clear measures were in place on how to ensure risks were minimalised. These included following guidance from specialist health professionals in relation to the type of food and support to be provided. We saw evidence in the person's daily care notes that staff were following the guidance to ensure people's safety.

Staff were able to tell us the measures required to maintain safety for people in their homes. One staff member told us, "I always follow the care plan and make sure the house is secure before I leave. I make sure water temperatures are safe before I support [name] in the shower. If I feel there are any changes to risks or I have concerns, I immediately ring the office and they respond straight away."

People were supported to receive their medicines safely. We saw policies and procedures had been drawn up by the provider to ensure medicines were managed and administered safely which included training for staff. Staff were able to describe how they completed the medication administration record (MAR) sheets and the process they would undertake. MAR charts included specific guidance for staff to follow to administer medicines safely, such as storage of medicines and application of topical medicines,

The provider assessed staff competency through spot checks and audit of medicines records to ensure they were completed correctly. Care plans included how the person liked to be supported to manage their medicines. Staff told us they felt confident to support people with their medicines. One staff member said, "I have undertaken training in medicines and this gave me the knowledge I need to support people. Medicines are usually supplied in a dosset box (a cassette which is dispensed from the pharmacist) and I support the person to take their medicines from this." This meant that people could be confident that staff had the

knowledge and skills to support them to manage their medicines safely.

Recruitment procedures were robust to ensure that only suitable staff were employed. Recruitment records we saw showed staff had completed a full explanation as to their employment history on application forms. Records also included checks to confirm staff identity, employment references and a check with the Disclosure and Barring Service (DBS). DBS checks are carried out to support employers to make decisions if prospective staff are safe to work with people using the service.

We looked at staff rotas and saw there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. Staffing levels were determined by the people and their care needs. People and their relatives spoke positively about staffing levels. One person told us, "I always have the same care staff unless they are sick or on holiday."

The provider had a recorded system for monitoring and investigating accidents and incidents. We reviewed these records and saw that, where required, the provider had investigated incidents and accidents and noted the action taken to resolve the incident. Examples of previous action taken included review of home environment to ensure people and staff were safe. The provider collated information about accidents and incidents each week to identify and respond to any trends or patterns to reduce the risk of further incidents. Records showed that the provider had notified the local authority about concerns and incidents to investigate and support the provider to keep people safe.

Good

Is the service effective?

Our findings

People and relatives we spoke with felt that staff were well trained and competent in their roles. One person told us, "They (staff) know what they are doing. I have no concerns about their competency." A relative told us, "I think staff are very well trained for the job they do."

Staff told us they were satisfied with the training they received. One staff member told us, "I have undertaken all the training I need to in my role but I am booked for further training to support me to develop." Another staff member told us, "My induction training was brilliant and I have undertaken specialist training since then. For example, the training 'introduction to mental health' has really helped me to support people effectively. I haven't undertaken any recent training but I think some is planned."

The provider recorded all staff training onto a training matrix which showed what training each staff member had undertaken and when the training needed to be refreshed. We saw that staff training was kept up to date and included a range of training from mandatory training to specialist training in mental health and mental capacity. Staff who were new to the service underwent an in-depth induction through the Care Certificate. This is a national qualification that supports care staff to develop the skills, knowledge and behaviours to provide quality care. Records showed and staff confirmed that they had opportunity to shadow experienced members of staff to meet people and observe practice before they started to support them. This meant people were supported by staff who had the skills and knowledge to support them effectively.

Staff had regular formal or informal supervision. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. Supervisions were also used to provide feedback from spot checks and observations of working practices. Staff we spoke with were happy with the supervision and support they received. One staff member to told us, "I have regular supervision and I can also give my manager a call or go into the office to see her if something is urgent. [name] is always available." Another staff member said, "I haven't had formal supervision for a while as it can be difficult to fit in but I speak to my line manager frequently and go straight to them if I have any concerns. They are very approachable."

Staff had regular contact with their manager in the office or via a telephone call to receive support and guidance about their work and to discuss their training and development needs. This was to ensure that the quality of care being delivered was in line with best practice and reflected the person's care plan. This also helped staff if they wanted to discuss any concerns or ideas they had. Staff told us they found this system to be beneficial.

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.

We checked whether the provider was working within the principles of the MCA. People's care plans included consent to their care. Care plans also included guidance for staff to follow to support people to make day-to-day decisions and what support they needed to make more complex decisions. Staff had undertaken training and demonstrated a good understanding of MCA and the importance of ensuring people consented to their care. One staff member told us, "The person I support is able to clearly communicate their consent to me, but I still check with them that everything I am doing is okay." Another staff member told us, "I support someone who uses facial expressions and gestures to communicate. I know that if they push something away or show a specific facial gesture, enough is enough. For example, if they don't want anymore food they will indicate by pushing my hand away. I check this is what they want and respect their choice."

People who needed assistance with their nutrition spoke positively about the choices they were given and how their meals were prepared and served. One relative told us, "Staff prepare lunch for my family member and encourage them to eat. They leave a sandwich which helps us as we know [name] has eaten." People's care plans included the level of support they needed to maintain their nutritional needs, such as gluten free diet or food that needed to be cut into small pieces to reduce the risk of choking. We looked at a sample of people's daily care notes and saw staff were providing meals and drinks in line with people's preferences and needs.

We were told by people using the service and their relatives that most of their health care appointments were co-ordinated by relatives. Staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if they became unwell or their needs changed. For example, we saw care records that showed staff had contacted health professionals in a timely way where they had concerns about changes in a person's skin condition. One staff member was able to describe how they had noticed a change in the condition of a person's skin and immediately report it to the office and to the person's family. As a result of this action, the person was able to receive the right treatment in a timely way to prevent their health deteriorating. This showed that staff had a good understanding of their role in supporting people to maintain their health and well-being.

Good

Is the service caring?

Our findings

People and their relatives told us staff were caring and respectful to them. One person told us, "Staff are friendly, professional and very accommodating." Relatives comments included, "They are caring staff," and "We are very happy with staff, they go above and beyond," and "Staff are very helpful and supportive. We could not do without them."

Records showed that people's care was provided by consistent carers and this was confirmed by people and their relatives. People and staff told us they were introduced to each other before staff provided care and staff tended to stay with the same people. This meant people using the service, relatives and staff had the opportunity to get to know one another and develop positive, caring relationships.

Relatives told us staff treated their family member with respect. One relative described how staff would sit down and talk with their family member. They explained that although their family member's communication is limited, staff were very patient and don't rush them."

Staff were respectful of people's right to privacy and dignity and recognised people's right to be as independent as possible. One staff member told us, "I always make sure the person is covered with a towel or dressing gown when I am supporting them in the bathroom." They went on to describe how they supported a person to get dressed. They told us, "I only help if they ask me, I don't take over and do everything because it's easier. If [name] is struggling, I will ask if they need my help. I let [name] try first; it doesn't matter how long it takes as it's important that they are independent in as much as possible."

People and, where applicable, their relatives were involved in decisions about their care during assessments and reviews. One relative told us, "We are involved in the care plan and are on board with it." Another relative told us, "We are involved in [name] care plan and it meets their needs. We have recently asked for changes and added extra sessions and this has all been added."

Manager's and staff had a good understanding of people's specific care needs. People's care plans were written in a person centred way. They helped staff to understand people's preferences and decisions about how they wanted their care to be provided. This information was available in people's homes so staff had access to it.

Good

Is the service responsive?

Our findings

People and their relatives told us staff arrived on time or called to let them know if they were running late. They told us staff always stayed for the full time they were allotted. One person told us, "They (staff) are generally on time They can be a bit late but they ring and let me know." A relative told us, "They (staff) are usually on time, give or take a few minutes, They always let us know if they are running a bit behind."

Records we viewed and discussions with the Operations Manager demonstrated a full assessment of people's needs had been carried out before people started using the service. Care records contained information about people's initial assessments, risk assessments and correspondence from other health care professionals.

People's care plans were developed with the involvement of people and, where appropriate, their relatives. Care plans described how each area of need was to be supported and included people's individual choices and preferences. For instance, we saw that people's preferences for how their personal care was to be provided and what they liked to be around them was clearly recorded in their care plan. Staff who we spoke with demonstrated that they had a clear understanding of people's needs and provided care in line with people's preferences.

Care plans were personalised and responsive to people's needs and wishes. For example, one care plan recorded that the person may not always be at home when staff arrived for the visit. Care records provided guidance for staff to follow to locate the person and encourage them to return to their home to enable staff to provide the personal care they needed. This showed that staff were able to provide flexible care that responded to people's specific needs.

People and their relatives told us they had been involved in the review of their care. One person told us, "I have a care plan and it is reviewed every year." A relative told us, "My family member has a care plan which reflects their needs. It is reviewed regularly." Care plans and records we looked at confirmed people's care was regularly reviewed. The Operations Manager told us they recorded reviews of people's care on their electronic monitoring system. This showed the date of the review, what had been discussed and any outcomes as a result of the review. However, we found that people's care plans were not always updated in a timely way to reflect changes. For example, the service had reviewed that personal care was to be provided in a different way following discussions with the person and their family member. However, we saw that the care plan had not been updated to reflect this change. We raised this with the Operations Manager who told us they would ensure care plans are updated in a timely way in the event of any changes.

Staff supported some people to access the community which reduced the risk of people being socially isolated. One relative told us, "My family member has one-to-one support to go out [into the community] and they really enjoy these sessions with staff."

People were encouraged to share their views and raise concerns or complaints. At the time of our inspection people and their relatives told us they were confident to express concerns or make a complaint if they

needed to but to date had had no reason to complain.

The provider's complaints procedures was available in standard and easy read format to support people to make a complaint. When we inspected it was in need of updating to better explain the role of the Local Government Ombudsman. The Operations Manager agreed to do this.

Records showed that the provider documented all complaints and concerns and recorded the outcome of investigations. The Operations Manager told us that senior managers met at the beginning of each week. They told us they used the weekly meeting to discuss and review complaints to ensure complaints had been managed correctly and identify any trends or patterns. This showed the provider took complaints seriously and worked with people and their relatives to resolve them and reduce the risk of further complaints.

Requires Improvement

Is the service well-led?

Our findings

All the people we spoke with and their relatives were happy to be supported by the service and expressed no concerns with how it was managed. One person told us, "I can't think of one thing which would improve the service." Relatives spoke positively about the managers, comments included, "We have no problems at all with the managers, we are very happy with them," and "They (managers) always put the person first. It is an excellent service," and "They make sure my family member has everything they need. Everyone in the service goes the extra mile."

The service did not have a registered manager in post but were in the process of appointing a manager who would apply for registration to the Care Quality Commission (CQC). The provider was involved in the day to day running of the service through their role as Operations Manager. They had a comprehensive understanding as to the care needs of people and we observed throughout the day they had a hands on approach to people and staff. However they were not always aware of their responsibilities to the CQC. We found that the provider had not submitted timely notifications to the CQC regarding safeguarding or incidents/accidents that had been investigated. We were given copies of the provider's safeguarding audits and noted that incidents had been reported to local authorities. Although the provider had taken prompt action to keep people safe where required, incidents had not been notified to the CQC. We discussed this with the provider who told us they would notify the CQC of all future significant incidents or events without delay.

Staff who we spoke with told us they had regular opportunities to feedback about people's care. One staff member told us, "I am able to give [Operations Manager] a call or go into the office if I have any concerns or need to discuss anything. They are very good at explaining things and they email me to give me updates and keep me informed of changes." Another staff member told us, "Managers are really well organised. We have staff meetings where we can bounce ideas off each other or talk to managers individually. The managers have a good understanding of what's happening and I think the service is run well." The staff member also explained how managers appreciated the importance of staff having a good work/life balance and this was reflected in staff rotas and working patterns which the staff really appreciated.

People and their relatives told us they were encouraged to share their views about the service. People confirmed that they received questionnaires and periodic telephone calls from the provider asking for their views on the care they received. We looked at a sample of questionnaires and saw that people had made positive comments about staff and the quality of their care, such as good punctuality and professional staff. The Operations Manager told us they recorded people's verbal feedback onto their electronic monitoring system and collated the feedback on a regular basis to monitor the quality of care.

The Operations Manager regularly audited care records to make sure they were completed accurately and professionally. Managers also carried out spot checks whilst staff were undertaking home visits to observe working practices and ensure people were receiving care in line with their care plan.

The Operations Manager told us they collated a range of information including audits and checks and

discussed within the weekly managers meeting. Information included complaints, serious concerns, missed calls, medicine errors, accidents and incidents and feedback. They told us the information was used to support their business planning and was shared with staff. This showed the provider was able to identify areas for development within the service to improve the care people received.