

Direct Source Healthcare Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Direct Source Limited provides domiciliary care and support for people living in their own homes. At the time of our inspection there were 25 people who were receiving personal care. The service provided care for people with long term health conditions, older people, people with physical disabilities, people living with dementia and people needing end of life care and support. Care staff provide a service to people who need assistance with aspects of their care including mobility needs, personal hygiene and eating and drinking.

People's experience of using this service and what we found

Since our last inspection, improvements had been made to the managerial oversight and governance of the service. The provider had ensured sufficient checks and systems were in place to enable them to assure themselves that the service was meeting the relevant regulations. The provider now had systems in place which helped them continuously improve, including responding to incidents and accidents.

The service provided sufficient numbers of staff to meet people's needs. People's relatives told us there was a good level of staff consistency which benefited their loved ones.

People told us they felt safe. Staff had received training to ensure they could recognise the signs of abuse and report them confidently. Risks associated with people's care were managed. Records showed people had risk assessments in place and that these were reviewed regularly. People told us staff supported them safely.

People and their relatives told us they were supported to take their medicines safely. Staff received training to enable them to administer medicines and processes were in place to ensure staff were competent. Accidents and incidents were recorded and reported. Systems were in place to ensure lessons were learnt when things had gone wrong.

Care plans reflected people's individual needs, and ensured staff were provided with care in support in a person-centred way. Records confirmed that people were given the opportunity to express their views regularly and were involved in their care. People were supported with their food and drink where this was part of their agreed care package.

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

Rating at last inspection

The last rating for this service was requires improvement (published 17 March 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection effective action had been taken to meet the relevant regulation.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met the legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

Enforcement

We imposed conditions on the provider's registration following our previous comprehensive inspection on 17 April 2018. This required the provider to send us a monthly update of progress made to improve the service. We will discuss with the provider if they wish to apply to remove these conditions.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Direct Source Healthcare is a domiciliary care agency. It provides personal care to people living in their own homes. Direct Source provided a service in Gloucestershire and Norfolk. In Norfolk the service predominately focused on providing end of life care. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for domiciliary care. This inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that 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

This inspection was announced. We gave a short period of notice for the inspection to ensure that people and their relatives would be available to be contacted by the inspector via telephone and that the registered managers would be available during the inspection. Inspection activity started on 3 September 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We did not request a

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. We also received feedback from local authority commissioners and healthcare professionals.

During the inspection

On 3 September 2020 we visited the main office for Direct Source and met with one of the registered managers (who was also the director) and a team leader. We reviewed a range of records which included seven people's care records and medicine administration records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service. On 4 and 7 September 2020 we spoke with eight people's relatives and three staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us they felt their relatives were safe with staff. Comments included "They care for mum really well, they are lovely with her" and "I have peace of mind really, we are comfortable with the staff, they are always respectful to us."
- Staff received training on safeguarding adults and were knowledgeable about the procedures to follow if concerns arose.
- Staff knew what action to take if they suspected abuse or poor practice. Staff said they knew how to raise concerns about poor care. Staff were confident to 'whistle blow' and knew which outside agencies to involve if needed. The provider and manager appropriately reported to and worked alongside safeguarding authorities.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. When risks were identified, care plans provided guidance for staff on how to reduce the risk of harm to the individual and staff. Where there was an identified need to have two members of staff attending calls to support a person (such as the use manual handling equipment), this was well-planned and co-ordinated to ensure the person received safe and effective care from staff who were trained in manual handling practises.
- People's care plans were detailed and followed guidance from healthcare professionals. This included actions staff should take to ensure people's skin integrity was maintained and protected.
- Environmental risk assessments of people's homes had been completed to ensure the safety of people receiving care and the staff who supported them. Where concerns were identified, these were raised higher to ensure appropriate support could be provided.

Using medicines safely

- People relatives told us their relatives received their prescribed medicines safely. Only staff who had been trained and assessed as competent could administer medicines to people. Where people were prescribed PRN (as required) medicines these were administered in line with best practise guidance.
- There were clear protocols in place to guide staff to ensure these medicines were administered consistently. The provider undertook regular audits to monitor how medicines were administered and ensure that any mistakes or discrepancies were identified and addressed.

Staffing and recruitment

- People were supported by enough staff who had been recruited safely. People and their relatives told us staff visited them when expected and stayed for the planned duration of their call. Comments included:

"The staff arrive when we expect them to"; "The staff are patient, they really involve [relative], it never seems rushed" and "I think they select their staff carefully. We've had consistent staff which has been great. [relative] has built good relationships with staff, they say they're their friend."

- Staff told us there were enough staff and time to meet people's needs in the way they liked. Comments included: "We have enough staff and we have the time we need to support people" and "We are never rushed."
- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and Barring Service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with at risk groups.

Preventing and controlling infection

- The service had ensured that all staff had received bespoke training in relation to Covid-19. This had been provided to ensure that staff understood the providers expectations. One member of staff told us, "We have all the equipment we need. I think we have coped really well with Covid-19."
- The provider had ensured all staff have appropriate personal protective equipment (PPE). Senior staff carried out spot checks on staff. This enabled them to ensure staff wore PPE as expected. People and their relatives told us that staff wore appropriate PPE. Comments included: "They always have gloves and ensure everything is clean. They've talked to us about Covid-19, it was reassuring."
- Where needed staff ensured people's premises were clean and food products that had gone out of date were removed with people's permission.

Learning lessons when things go wrong

- The provider ensured lessons were learnt when things went wrong. A concern had been raised when one person was admitted to hospital and the service were unaware of this, as the person would often not be present for their scheduled visits. The registered manager responded to this concern and implemented new procedures which staff needed to follow. Staff ensured this process was followed.
- Systems were in place for staff to report and record any accidents and/or incidents. Complaints were documented and actions taken to minimise associated risks. Any concerns were reported to the management team and reported to other professionals where appropriate.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

At the last inspection in February 2020 the provider and registered manager had not always operated systems which enabled them to monitor the quality of the service they provided. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider supplied us with an action plan on how they planned to meet the requirements. They discussed the actions they had taken as part of an emergency support framework call with CQC in June 2020. At this inspection we found improvements had been made and the regulations were now being met.

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

- There were two registered managers in post. One of the registered managers was also the provider. Since the last inspection the provider had employed and sought the advice of a management consultant. As a team they had identified improvements they could make and had implemented systems which gave them oversight on staff recruitment, supervision and training.
- The provider and registered manager had a clear overview of the training needs of all staff. They were able to check the training their staff had completed and ensured that training staff received reflected the needs of people they supported.
- Staff were supported by the manager, a management team and provider and understood their individual roles in supporting people. Comments included: "I feel I have the support and training I need. [Provider] and team leader talk to me and give me everything I need" and "The manager is so approachable. I really feel it is a good place to work."
- The registered manager was fully aware of their legal responsibility to notify CQC of notifiable events. They understood their responsibility to be open and honest when an incident had occurred. They had demonstrated this when following up concerns; they had ensured people and their representatives, as well as appropriate authorities, had been informed.

Continuous learning and improving care

- The manager and care managers had systems to monitor and improve the quality of care people received, as well as assessing people's care to ensure it was effective. This included audits in relation to people's daily care records, people's care assessments, medicine administration records. Any actions identified through audits were assigned to a member of staff and appropriate action taken, such as ensuring that all daily entries were clearly dated.

- The provider and registered manager ensured regular spot checks were carried out when staff assisted people. These checks ensured staff met the providers expectations. People and their relative's views were also sought during these checks. The provider had used these checks to identify some shortfalls in staff appearance, they explained they had taken action, including buying new uniform and name tags for staff and reminding staff of the importance of wearing these.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People's relatives told us that the provider and management team were approachable, listened to them and involved them in managing their relatives care. Comments included: "[team leader] has really kept us informed. If I had any issues, I would be comfortable to raise it to them" and "The management have been good at ringing us and putting lots of things in place."
- The views of staff, people and their relatives were sought in relation to the service. The service carried out spot checks and regular quality assurance calls. At these calls they recorded the views of people and their relatives. Any changes or actions were dealt with. One relative had asked for staff to record any changes in their relative's wellbeing following a change in their prescribed medicines. A team leader explained the action they had taken to ensure this request was acted upon.
- Care staff were provided with clear information about people's needs, the providers expectations and any changes, through meetings, supervisions and frequent communication. The provider used a secure messaging system to ensure staff had up to date information on people's needs and specific matters such as Covid-19.

Working in partnership with others

- The service worked with healthcare professionals. People's relatives explained how staff worked with other services positively. Comments included: "They have been brilliant, they have all worked together well" and "We would be lost without them, they have co-ordinated with occupational therapists and ensured we have had the right equipment in place, it's been invaluable."
- The service worked with local authority commissioners. One commissioner told us, "Direct Source can usually accommodate the request that is asked of them. Quite flexible in their approach. They try and match the care worker to the client. Keep regular checks on the client's needs and will contact us if they need adjustments to the care."