

Homecare Direct Limited

Home Care Direct

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 ●

Summary of findings

Overall summary

We inspected this service on 24, 25 September and 2 October 2018. This was an announced inspection and we telephoned two weeks before our inspection in order to arrange telephone interviews with people. The service offers a service to people who receive a personal health care budget and Home Care Direct manages their care on their behalf. People who use the service choose their own team of staff or employ family members as carers. People referred to these members of care staff as 'personal assistants' and this term has been used within this report. There were 53 people using the service at the time of our inspection. This is the first comprehensive inspection for this provider under their current registration.

The service had a registered manager. 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.

People felt safe and personal assistants were trained in safeguarding adults and understood how to protect people from abuse. Where risks had been identified, measures were taken to reduce or prevent potential risks to people. People had support to take their medicines at the right time and personal assistants knew how to act if medicines were missed. Recruitment checks were carried out prior to assistants starting work to ensure their suitability to work with people who used the service. The registered manager and team of staff reflected on how the service was managed to ensure lessons could be learnt and any improvements made.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were actively involved in making choices and decisions about how they wanted to live their lives. Personal assistants sought people's consent before they provided care and support and people were involved in the planning and reviewing of their care. People were treated with dignity and respect by personal assistants who understood the importance of this. Where assistance was required, people received support to prepare and eat their meals and had access to food and drink between support visits.

People had been involved with developing their care plans and felt these reflected their support. They were positive about the relationships they had formed with their personal assistants and the care they received. Personal assistants were respectful and protected and maintained their privacy and dignity when offering care and support. Staff members understood the need to ensure all information was respected and maintained confidentially. People's care records were kept securely in the provider's office to help ensure that they could only be accessed by people authorised to do so.

The personal assistants were kind and caring and had the right skills and experience to provide the care and support people required. People benefitted from receiving a service from personal assistants who were happy in their work and supported. There were enough suitably trained personal assistants to deliver safe

and effective care to people and they received supervision to ensure they remained competent in their role.

People's care was reviewed with them and family members to ensure it continued to reflect their personal care needs. People knew how to make a complaint if they needed to. People were confident they could raise any concerns or issues with staff in the office and the registered manager, knowing they would be listened to and acted on.

Quality assurance systems had been developed to monitor how the service was delivered and people were able to comment on the quality of the service. The provider worked with other health and social care professionals to ensure people received an individual service that was designed to meet their needs.

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.

People were protected from abuse as personal assistants understood how to identify risks and any action needed to protect people from avoidable harm. Checks were carried out to ensure personal assistants employed were suitable to work with people who used the service. There were sufficient numbers of staff available to provide the support people wanted and to receive their medicines when they needed them.

Is the service effective?

Good ●

The service was effective.

Personal assistants sought people's consent when providing care and knew how to support people to make best interest decisions, where they lacked capacity. Personal assistants knew people well and had completed training so they could provide the support they wanted. People could choose the food and drink they wanted and staff helped them to prepare and eat this safely.

Is the service caring?

Good ●

The service was caring.

People received support from personal assistants who were caring and respectful and knew them well. People's rights to dignity and privacy were respected and they were supported to be as independent as possible and to choose how they wanted to be supported.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personalised and they benefitted from personal assistants who had knowledge and understanding of their individual needs. Where people's support needs changed, this was recognised and care was reviewed. People knew how to raise concerns and confirmed

they were listened to and taken seriously if they did.

Is the service well-led?

The service was well-led.

Personal assistants felt supported by the registered manager and given help to do their job well. People were given opportunities to comment on the quality of the service and felt their views were listened to. Quality assurance systems were in place to monitor the service and drive improvements.

Good ●

Home Care Direct

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 inspection visit took place on 24 and 25 September 2018 and was announced. The provider was given two weeks' notice because the location provides a domiciliary care service and we wanted to make sure personal assistants were available to speak with us. One inspector and an expert by experience carried out this inspection. An expert by experience is a person who has personal knowledge of this type of service.

The provider completed 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. As part of our planning we reviewed the information in the PIR. We reviewed information we held about the service. This included statutory notifications the registered manager had sent us and information received from people that used the service. A statutory notification is information about important events which the provider is required to send to us by law.

We used a range of different methods to help us understand people's experience. We made telephone calls to six people and eleven relatives. We spoke with eight personal assistants, the registered manager, the human resource manager, one nurse, a care manager and two independent living advisors, a director of the service and an external independent case manager. We used this information to make a judgement about the service.

We looked at four people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

Risks to people's safety had been assessed and personal assistants knew how to provide support to reduce the risk of harm. Some people showed behaviour that could challenge others and received support from small teams of staff who knew them well. Where people preferred a more rigid routine to reduce anxiety, this was recorded in the care plan and personal assistants had a good understanding of people's preferences. One relative told us, "Their routines are very important. They can become distressed if things change and need medicines to help them remain calm, so it's really important to us that the plan is followed." Another relative told us, "There is just a small team of personal assistants who know them really well. Their plan records what personal assistants need to do, although as they work so closely together, it's not really needed; they know how to provide the support so they can be safe." We saw the care plan included risk assessments regarding people's behaviour that may put themselves or others at risk. Information and incidents regarding people's behaviour were recorded and reviewed and actions to help ensure people and personal assistants kept safe were then put in place.

Personal assistants knew people well and described how they may recognise possible abuse or neglect. They had a clear understanding of what may constitute abuse and what to do if they had any concerns. Personal assistants were trained to recognise the various forms of abuse and encouraged to report any concerns. They were aware of the process to follow should they be concerned or have suspicions someone may be at risk of abuse. The personal assistants told us that they could report any concerns to their line manager or that they could go directly to the local authority safeguarding team. They were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where concerns had been identified the registered manager had informed the necessary agencies to make sure people were protected and informed us of incidents that had taken place.

People felt safe when they received care and were satisfied with the security arrangements for their home. Some people had an entry code so personal assistants could enter their home as they were unable to move to the door to open it. Where codes and information was recorded, personal assistants knew the importance of keeping this information safe and one told us, "We know this is people's own homes and we keep everything secure as we would want in our own home. We are careful with any code and make sure it's not written down as this could mean the house isn't safe and that's not what we want."

People were supported to take their medicines and had creams applied where this was needed. Personal assistants had received training for safe administration of medicines and if there were medicine errors, the personal assistants contacted the senior personal assistants or the office staff and sought medical guidance to ensure people stayed well. One relative confirmed emergency protocols were in place and up dated on a regular basis to ensure where people needed 'as required medicines' information was correct and personal assistants knew when they needed these. One relative told us, "The personal assistants are trained to give out medicines and to complete record charts and all the record keeping." We saw a medicine administration record was completed after medicines had been given and any concerns were recorded in the daily notes.

There were sufficient personal assistants to provide people with the agreed level of support. People told us

that the personal assistants were reliable and provided them with support they needed. People chose their own team of personal assistants and the provider managed all the requirements of employment including job advertising, recruitment and police checks. The personal assistants confirmed that recruitment checks were completed to ensure they were suitable to work with people. We spoke with one personal assistant who had recently started working in the service. They told us the provider had taken out references and had confirmed their identity. They had reviewed the references of the personal assistants' characters and completed a police check to ensure they were suitable to work with people.

People felt in control of the care package they received. One person told us the provider had organised for their parent to be their main carer and said, "It works really well, I've got my parent who helps at the moment and I can trust. It's just me and them, but we're looking into taking on new carers. Home Care Direct are advertising as we need back up relief, part time and bank, I've had bank personal assistants before but it's family at the moment" They told us their care plan allowed flexibility with the hours booked for care and said, "My care plan is quite flexible and depends on how I am on the day; I can carry hours over, but I don't usually do that."

Relatives felt supported when organising the care package and one relative said, "I oversee all the care and that works for me. Basically, I am now employed as full time live in carer and I get a proper wage." They added "The service is efficient and I've now got a pension, they do all the paper work, we've had huge help from them." Another relative told us, "Basically the way it works is that the care package is set up so I don't do all the paper work just the rotas. The service does all the recruitment and sends us personal assistants information and they deal with all the employment and training. I over see the whole package, but I have to say, Home Care Direct are absolutely brilliant, I am so happy to be with them, they're the sort of company we wanted to work with". Another relative told us, "We have some excellent personal assistants at the moment. We wanted to use a care company that worked with us because we wanted to use our own assistants."

The registered manager and staff had considered how improvements could be made within the service and reviewed how lessons could be learnt. The registered manager discussed that they had learnt the importance of gaining all the information they needed from people and professionals before agreeing to provide care. This meant that training and support could be in place to ensure people received the care they needed and to be safe.

Is the service effective?

Our findings

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, and whether any conditions on authorisations to deprive a person of their liberty were being met. Personal assistants told us that people could make decisions about their care and people confirmed that consent was sought and they signed their care records to evidence this. Some people who used the service were not able to consent to care and assessments had been completed to evidence how the decisions regarding their capacity had been reached. The registered manager said that personal assistants had built up trust with people and had a clear understanding of how to provide care in accordance with their wishes and along with significant others, supported them to make decisions that were in their best interests. Personal assistants had received training to understand MCA and knew that when people no longer had capacity, decisions could be made in their best interests.

Where restrictions were identified or where it had been agreed that to prevent harm or injury, restraint may be needed, we saw a capacity assessment had been completed with health care professionals. This detailed how capacity had been assessed, what was in the person's best interests and how any restraint, for example, using a harness when travelling in a vehicle, was to be used. Where restrictions were placed upon people to help to keep them safe, the provider had recognised this and applications had been applied for through the Court of Protection to ensure this was lawful. One relative told us, "It's important that [Name] is able to make their own choices but personal assistants make sure that they are safe."

New personal assistants received an induction into the service. This included training to meet the specific support people needed and completed the sections of the care certificate that was relevant to this support. One member of staff told us, "It's important that the training is tailored to each person and that means that we all complete the core training like safeguarding people. However, we train the personal assistants to support individual people as they only usually support one person, so it's important it's about them."

The service provided a bespoke training service that was individualised to each person's specific health care needs. People felt satisfied that the personal assistants had the skills they needed to support them. One relative told us, "The personal assistants have had training to give medicines, emergency rescue medicines for treatment when having a seizure, as well as delivering first aid and how to resuscitate in the case of an emergency. I feel they are trained to competently deliver all [Name]'s personal care."

People retained responsibility for managing their health care. Where people needed support from health care professionals, for example an occupational therapist, they were involved with training personal

assistants to ensure they knew how to provide the care safely. One relative told us, "We work closely with them to make sure they have the right training and it's extremely important us that they have good consistent care." The personal assistants were observed carrying out care and support in people's home as part of the supervision and appraisal system. We saw these competency checks included whether personal assistants delivered personal care correctly and gave people their medication as required to ensure they continued to provide the care needed.

Some people needed support to prepare their meals and personal assistants helped them to purchase, prepare and cook meals. Relatives told us that where this support was needed, people had control of how food was cooked and what they wanted to eat. Some people needed support to have their food and drinks through a tube directly into their stomach. People were confident that personal assistants knew how to support them with their diet and knew what to do, to ensure this was safe and maintained infection control standards. One relative told us, "The personal assistants are awesome. They've received all the training and even the family have been trained to step in, if needed."

Is the service caring?

Our findings

People were happy with the way personal assistants supported them and told us they were kind and compassionate. They told us initially it wasn't easy having new people in their home and one relative said, "Sometimes it's weird having someone else in your home but communication is very good." People told us that the personal assistants had positive attitudes and communication helped to make them feel comfortable. One relative told us, "Having a small team of personal assistants means we all get to know each other very quickly. When people are coming into your home, you need to feel at ease and we do. I'm very pleased with how thoughtful and kind the personal assistants are."

People were positive about the relationships they had formed with their personal assistants and the care they received. Relatives felt that there was good continuity of care because of the small team of assistants who worked alongside people. One relative told us, "It makes a difference knowing who is coming and being able to trust them. The only downside of having a small team is covering for holidays and sickness but the manager is looking at linking up with other families in the same area so we can support each other."

People felt that the personal assistants were polite and respected their privacy and dignity and supported people to retain their independence. People received their care and support from a small stable team of personal assistants. The personal assistants told us that this helped to ensure that people's dignity and privacy was respected as they knew the people they looked after well and had built good relationships.

People's preferences for how they received their care were reflected in their care plans including where people had requested gender or cultural specific care. For example, where a person did not wish to receive support with intimate care tasks from a person of the opposite gender this was clearly documented and respected. The provider supported people and family to recruit personal assistants who provided their specific care. They helped them to recruit people who would be able to meet their needs whilst advising people how to recruit personal assistants without discrimination.

People had a copy of their care records either in paper form or electronically and a copy was also stored at the provider's office. Personal assistants understood the importance of confidentiality and had received training on recent legislation about the storage, retention and handling of personal information to ensure they complied with this. This meant people's confidential information was protected in accordance with best practice guidelines.

Personal assistants enjoyed their job and told us it was important to them to make a difference to people's lives. One assistant told us, "We work well together and can see the difference this support makes to people and their family. It's good to look back and see how things used to be and how confident [Name] is now and how they get so much more out of life

Is the service responsive?

Our findings

People had agreed how they wanted to be supported and had a copy of their care records and support agreement in their home. People told us the support had been agreed with them when they started using the service and during any review. One relative told us, "All the planning has been done around their needs and likes; it's very person centred." One relative told us, "I told Home Care Direct what we needed, and they made a plan. They've been helpful, and tailor made it for us. It's all working very well, it's perfect" The provider had organised each locality to have a nurse and manager who had the responsibility for carrying out reviews of care. One nurse told us, "We visit each person so we can carry out the review and to ensure the quality of the service. People and staff receive support so although they are far from the office, there are team groups who are always available."

The registered manager was aware of the Accessible Information Standard (AIS). Organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to people who supported them. The registered manager had facilities to support people to develop their care records in an individual format and for information about the service to be provided in different formats to ensure people were aware of how the service could meet their needs. They had implemented pictorial formats of certain documents to provide information in a more meaningful way to people. We saw people could design and write their care plan in a way that was meaningful to them and included photographs of people and places that were important to them. The care records also included family and friend's views on how care should be provided and what they felt was important. All this information was used to design care to reflect people's personal preferences. The care records were reviewed with people where changes were needed, so it reflected their current circumstances.

People were asked their preferences about how they would like their care provided, this included preferences for who they wanted to support them. People told us being involved in the interview and recruitment process enabled them to choose assistants who would be suitable to provide their care. One relative told us, "[Person who used the service] uses their communication aid and they will say 'no' if they are not keen or 'yes' if they like them, especially if they make them feel safe".

People received their care at the times expected and personal assistants stayed long enough to complete all the tasks required. People had a regular team of personal assistants who had been employed to provide an individual package of care. People confirmed that the personal assistants arrived on time and carried out all the support. One relative told us the personal assistant took their breaks during the day when [Person who used the service] was at school and they covered all their needs, including transport."

People knew how to raise concerns and complaints and were confident that they would be responded to and their concerns would be taken seriously. People had a copy of the service's complaints policy which provided information on how to make a complaint. Where concerns had been raised, we saw the registered

manager had considered the information and responded to them, identifying any outcome or improvement to be made.

At the time of our inspection there was no one receiving end of life care and therefore we have not reported on this.

Is the service well-led?

Our findings

The service had a registered manager who demonstrated a good knowledge of the staff they employed and people who used the service. The service was provided country wide and the registered manager was confident that there was a team of staff within each locality, to ensure the service continued to meet people's needs and personal circumstances to provide a bespoke service.

Quality checks monitored the service people received. Records were regularly audited to make sure people received their medicines as prescribed and care was delivered as outlined in their support plans. Where incidents had occurred, these were investigated to ensure improvements could be made. Where people may exhibit behaviour which challenged others, this was recorded and reviewed to look at the specifics around the incident, including which staff were on shift, the response to the behaviour and how the incident was resolved. The staff told us that using the information in a graph form helped to interpret the information to bring about improvements in how care and support was delivered.

Staff felt that the management team was approachable and that they could talk to them at any time. They said that they were always open to suggestions from the staff team, listened to everybody and provided them with opportunities for improvement. One member of staff said, "You don't feel alone out there. The nurses and managers are always available to speak with and visit you so you can talk any ideas or anything that is bothering you."

Management team meetings were held frequently to discuss such issues as recruitment, the performance of the service and any matters arising. The provider worked in partnership with key organisations to support care provision and service development; this included working with local specialist advisors and clinical professionals in supporting people with their care needs. Other agencies felt communication was good and partnership working enabled people to receive the care they needed.

People were asked for their views and opinions about the service during reviews and through a satisfaction survey. A newsletter was produced and the current one gave details about the outcome of this year's survey. Where people had made comments about their individual service, these were responded to directly to ensure people were satisfied with the service they received.

Staff were aware of the whistle blowing procedure and confident about reporting any concerns or poor practice to their managers. The personal assistants were confident they could speak to a member of the management team in confidence. One personal assistant told us, "I know I must uphold people's rights and if I felt that anyone I was working with didn't, then I wouldn't hesitate to speak out."

The provider and registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.