

Direct Care Works Ltd

# Direct Care Works Ltd

## Inspection report

28 Uppingham Road  
Leicester  
Leicestershire  
LE5 0QD

Tel: 01162629332

Date of inspection visit:  
04 October 2019

Date of publication:  
01 November 2019

## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Inspected but not rated**

Is the service caring?

**Inspected but not rated**

Is the service responsive?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

Direct Care Works Ltd is a domiciliary care agency providing personal care to a range of people living in their own homes. The Care Quality Commission (CQC) only inspects where people received personal care. This is to help with personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection one person was receiving personal care. There was insufficient information to give the service a rating.

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

Relatives said their family member was safe with staff from the service. Staff understood how to protect people from the risk of harm and understood potential signs of abuse. Care plans provided guidance for staff to follow, and staff had read the care plans. Risk assessments reduced risk for people. Staff went through a recruitment process that ensured the provider only employed suitable staff.

There was a system in place to ensure that people receive their medicines as prescribed and they were protected from the risk of infections through staff working practices. There were enough staff to meet the person's needs. Staff undertook induction and training which provided knowledge and skills to meet people's needs, though more specialist training was to be provided to staff.

The person was supported to have as much choice and control as possible and staff supported them in the least restrictive way possible and in their best interests. The systems in the service had not fully supported this practice as they had not assessed the person's capacity to make decisions. The registered manager rectified this after the inspection visit.

The person was provided with care and support that ensured they had good nutrition and hydration. They had access to healthcare that maintained their health and wellbeing.

Staff had developed positive relationship with the person. Staff respected the person's privacy and dignity. Relatives had been involved and consulted when deciding how support was provided. Staff knew and understood the needs of the person using the service and care was provided based on their assessed needs. Staff were responsive to changes in the person's needs to ensure they received help to maintain their health and well-being.

Relatives knew how to raise any concerns or make a complaint. The provider responded to concerns by following up any issues to put things right. The complaints policy provided information about how these would be managed and responded to.

Relatives and staff spoke positively about the management and leadership of the service. Relatives told us staff were very friendly and caring, and they had built good relationships with them.

Systems were in place to monitor the quality of care and support people experienced through quality

assurance systems and processes to improve the service. The service worked in partnership with external agencies to ensure people achieved good outcomes from their care and support.

#### Rating at last inspection

The last rating for this service was unrated. The inspection report for this inspection was published on 14 February 2019.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

Details are in our responsive findings below.

**Inspected but not rated**

### **Is the service effective?**

Details are in our effective findings below.

**Inspected but not rated**

### **Is the service caring?**

Details are in our caring findings below.

**Inspected but not rated**

### **Is the service responsive?**

Details are in our responsive findings below.

**Inspected but not rated**

### **Is the service well-led?**

Details are in our well led findings below.

**Inspected but not rated**

# Direct Care Works Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that there would be staff in the office to support the inspection.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority.

#### During the inspection

We spoke with the relatives of one person who used the service. We could not speak the person as they had communication difficulties. We also spoke with two members of care staff, the registered manager, and the office manager, who carried out the day-to-day management of the service.

We reviewed a range of records. This included the person's care records. We looked at two staff files in

relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found, including risk assessments and amended procedures. We received this information after the inspection visit.

# 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 not rated. At this inspection this key question has remained the same.

### Assessing risk, safety monitoring and management

- An assessment of health and safety of premises had been carried out for the person's home. This was largely comprehensive though had not included all aspects of fire safety such as, a plan to evacuate safely in the event of fire or whether there were smoke detectors installed in the person's home. This could have safety implications for the person and staff in the event of fire in their home. After the inspection visit, the registered manager sent us information outlining how this risk would be dealt with.
- The registered manager had assessed individual risks to people's safety. Information was in place for staff of action that needed to be taken to reduce these risks such as how to reduce the risk of choking.
- Staff members had a good understanding of people's needs in order to keep them safe. For example, how to maintain skin integrity to ensure the person was protected from developing pressure sores.

### Staffing and recruitment

- Prospective staff members suitability was checked before they started work. The Disclosure and Barring Service (DBS) allows providers to check the criminal history of anyone applying for a job in a care setting.
- There were enough staff to meet people's needs. Relatives said that sufficient staff had always been available to support their family member.
- Staff said there were enough staff attending calls to keep the person safe.

### Systems and processes to safeguard people from the risk of abuse

- Relatives confirmed their family member felt safe and secure with staff from the service.
- Staff members knew how to recognise signs of abuse and to act, including referring any incidents to a relevant outside agency if needed. The whistleblowing procedure in the staff handbook did not have details of relevant agencies for staff to contact in the event of an incident. The registered manager amended the procedure after the inspection visit to include this information.
- Staff had safeguarding training to know how to safeguard people in the event of an incident.

### Using medicines safely

- The person did not take prescribed medicines apart from having a cream applied. Past medicines records showed that the person had received their medicines.
- The provider had a policy and procedure for the receipt, storage, administration and disposal of medicines so that medicines could be supplied safely to people.
- A medicine audit had checked in the past that medicine had been supplied to the person as prescribed. This meant there was a system in place to do this in future.

### Preventing and controlling infection

- A relative told us that staff wore protective equipment when assisting their family member with personal care.
- Staff were aware of the need to use protective equipment when providing people with personal care.
- Staff had been trained on maintaining infection control. This helped to protect people from acquiring infectious diseases. Staff were aware of the need to wash their hands thoroughly after completing a task to prevent infections being passed to people.

#### Learning lessons when things go wrong

- The registered manager said that the service was aware of the need to learn if situations had gone wrong, though this had not yet occurred.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was unrated. At this inspection this key question remains the same.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff providing consistent, effective, timely care within and across organisations

- The person's needs had been assessed to ensure they received the right support. Staff said that care and support plans helped them to provide care that met these needs.
- Relatives said their family members needs were fully met by staff. Timely care had been provided to the person.
- Staff understood the person as an individual.

Staff support: induction, training, skills and experience

- Relatives said staff had been well trained to do their jobs. A relative said, "Staff do their job well."
- The person was supported by staff who had received relevant training. If staff requested more training, they said management would arrange this for them. Additional guidance notes were in place for procedures needed to move the person. However, not all training had been supplied, such as dementia and end of life training. The registered manager said this would be provided.
- On joining the service, staff received an induction and training in relevant issues such as how to assist people to move safely, and how to safeguard people.
- Staff were given opportunities to review their individual work and development needs in supervision sessions.

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

- Relatives told us that staff provided food of their family members choice.
- Staff were aware of the person's dietary requirements.
- There was information in place for staff to supply food that was safe to eat.

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

- People's care plans included information on meeting their health and social needs.
- If the person needed specialist equipment, management were aware of who to contact to arrange this.

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

- The person's health and wellbeing was supported by staff. Records of the person's care showed this happened.
- A staff member said that they had referred the person to the GP when they had an infection.

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

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

- A mental capacity assessment had not been recorded to assess the person's capacity to independently make decisions about their lives. This information was supplied to us after the inspection visit.
- Staff understood they should ask people for consent before providing personal care.
- Staff were not all trained to understand the MCA. The registered manager confirmed this training would be put into place and provided to staff.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was not rated. At this inspection the key question has remained the same.

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

- Relatives spoke warmly of the care staff. One relative said, "Staff are excellent. Really friendly."
- Evidence was in place which showed respect for the person's religious background.
- The service user handbook stated that staff should treat people equally whatever their backgrounds. This gave a positive signal to staff on treating every person well.

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

- Relatives told us that they had been involved in care planning at the beginning of involvement with the service.
- They agreed with the care plan that had been drawn up. This was shown in records.
- There was evidence that relatives had been consulted in reviews of care about whether the care provided still met their family member's needs.

Respecting and promoting people's privacy, dignity and independence

- Relatives said staff respected their family member's privacy and dignity. A relative told us, "As far as I know, everything is respected."
- Staff were aware of maintaining the person's dignity and privacy. One staff member said, "We ask visitors to leave when we provide personal care."
- Relatives said staff would support their family member's independence but this was not possible because their condition meant they were not able to do anything for themselves.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as unrated. At this inspection this key question has remained the same.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Personalised care was provided to the person. Relatives said staff provided their family member with care that met their family member's individual needs. One relative said, "They [staff] have to do everything and they do it very well."
- The care plan had some information about the person's preferences but little information about their life history. The registered manager followed this up and included this information after the inspection visit. This meant staff had more information about the person to help meet individual needs.
- Staff members were aware of the person's important routines.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). The service identified the person's information and communication needs by assessing them.
- The registered manager understood that large print documents would be made available in the future for people with reading difficulties. They were also aware of other communication methods such as gestures and picture cards to help people understand what was happening.

Improving care quality in response to complaints or concerns

- Relatives said they had no cause to complain and felt that they could approach the office if they needed to. One relative said, "There have only been small issues in the past which have been quickly followed up." A relative said that communication from the office manager had been very good.
- Complaints received in the past had been properly investigated and complainants provided with a response in line with the providers policy..
- There was a complaints procedure in the service user's guide which set out how complaints would be investigated with a response provided to the complainant. The procedure included that people could refer their complaint to the local authority but implied that CQC would investigate complaints. It also gave no information about the role of the local government ombudsman. The registered manager amended the policy and sent it to us after the inspection visit.

End of life care and support

- There was only information about resuscitation in the person's end-of-life care plan. The registered manager submitted further information of preferences important to the person.
- Staff training had not yet been carried out for end-of-life care. The registered manager said this would be provided to staff.

# 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 unrated. At this inspection this key question has remained the same.

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

- Relatives told us individualised care was provided to meet their family member's needs.
- Management worked with healthcare professionals to improve people's health when needed.
- The registered manager was aware of their legal responsibilities under their CQC registration, including notifying CQC of significant events and incidents in the service.

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

- Relatives had opportunities to share their views about the service through review meetings. They said the service was well led and they did not have any suggestions to improve the personal care provided. There was evidence that the person receiving care had had their religious views taken into account and respected.
- Staff were supported to share their views about people's care directly with management and in staff meetings. They told us they felt encouraged to share ideas to further improve the service.
- The management promoted positive team working. Staff were thanked for their work and positively encouraged to put forward their suggestions. One staff member told us of the office manager, "[Name of office manager] is wonderful and always helps."

Continuous learning and improving care

- The management was looking to make improvements to the care and support provided, to achieve the best possible quality of life for people.
- This included reviews of people's needs to ensure the care provided was appropriate, and reviews of aspects of the service to ensure people had the best care possible.

Working in partnership with others

- The management were aware of importance of working with health and social care professionals to ensure the person's needs were met.
- People would be supported in future to use local services if this is what they wanted.

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

- The registered manager had a good understanding of their responsibilities.
- Quality audits were carried out to drive improvement of the service.
- Relatives and staff were positive about the management and leadership of the service. There was a reliable

staff team who said they took pride in providing care and support to people using the service.