Care Quality Commission

Direct Independent Care Limited

Sunbury

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This was as unannounced inspection on 22 October 2018.

Sunbury is a domiciliary care agency that provides care to people living in their own homes as well as 'live-in' care. It provides a service to older people, some of whom may have a physical disability or are living with dementia. At the time of our inspection the service provided a regulated activity to 23 people. At the previous inspection the service was rated Good.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 told us they felt safe, however risks to people were not always fully assessed and did not provide clear guidance to staff to help reduce the risk of harm to people. Accidents and incidents were not always being recorded by staff. When incidents did occur, there was no analysis being completed to reduce the risk of them happening again. People received their medicines however they were not always managed safely. Medicines Administration Records were checked but not routinely audited to identify errors.

When people first started using the service there was not always a pre-admission assessment completed. This meant there was a risk that the service might not be the most suitable placement for them.

Care plans did not fully reflect people's needs and interests and had not been reviewed regularly to ensure they were up to date. End of life care planning was not always being completed. Whilst there had been no complaints since the last inspection the complaints policy needed to be updated so people would be aware who they could raise concerns with and a timescale for response.

Audits of the quality of the service were not always taking place to identify areas for improvement and to provide assurance that staff were staying for the correct time at visits. Feedback from people was received and an annual questionnaire completed however the results were not always acted upon.

There were sufficient numbers of staff working at the service and recruitment processes were robust. Staff understood what they needed to do to protect people from the risk of abuse. Staff followed safe infection control practices.

The principles of the Mental Capacity Act were being followed and staff ensured that they gained consent from people before delivering care. Staff had the necessary training and supervision required to carry out their role effectively. People and relatives told us staff were competent and knew people's needs well in order to deliver the care required. Staff worked with health care professionals to ensure that people were supported with the health care needs. This included being supported with their food and hydration needs.

People and relatives felt that staff were very caring and respectful, treated them with dignity and upheld their privacy. People felt that staff assisted with their independence and included them in any decision-making. People and relatives developed positive relationships with staff.

People, relatives and staff thought the leadership of the service was good and were confident any concerns would be acted upon where necessary. Staff told us they felt supported and valued and they understood the need to provide a good service to people. The service worked closely with other agencies outside the organisation. The registered manager knew what they needed to do should there be a notifiable incident.

There were three breaches of regulations. See the end of the report for actions that we have taken.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risk assessments did not provide sufficient guidance to staff to help mitigate them. Where accidents and incidents occurred, these were not analysed to look for patterns or trends.

Medicines were not always managed in a safe way. People however did say that they had their medicines when needed.

Staff followed best practice with regards to infection control.

There were sufficient numbers of staff to meet people's needs. The provider carried out appropriate checks on new staff to ensure they were suitable before they started work.

Staff understood how to respond to suspected abuse. People told us that they felt safe.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People's needs and choices were not assessed in line with best practice before they started using the service.

Staff understood the principles of the Mental Capacity Act.

People were supported with their meals in line with their dietary needs and preferences. Staff worked with healthcare professionals to meet people's needs.

Staff were trained to carry out their roles and worked well together to ensure they worked within best practice guidelines. Staff received an induction and had regular one to ones with their line managers to discuss their work.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and compassion. Friendships

developed between people and staff and the focus from staff was on ensuring that people's emotional as well as personal needs were being met.

People felt that staff always treated them with dignity and respect.

People were able to express their opinions about the service and were involved in the decisions about their care. People were supported with their independence.

Care was centred on people's individual needs.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans did not reflect people's needs and interests. Care needs were not reviewed regularly.

People were supported to go out when they wanted.

End of life care planning was not always considered.

There was a complaints policy in place that was accessible to people but this needed to be updated with relevant contact details.

Is the service well-led?

Requires Improvement

The service was not consistently well- led.

Audits of the quality of the service were not always taking place. Feedback from people was received but not always acted upon.

Staff understood the ethos of the service and bought into the values demonstrated by management. People, relatives and staff thought the registered manager was supportive and they could go to them with any concerns.

The culture of the service was supportive and staff felt valued and included.

The staff at the service worked with organisations outside the service to support people's care.

Care Quality Commission

Sunbury

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 was a comprehensive inspection and was announced and was carried out by one inspector. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be in the office.

The inspection site visit activity started on 22 October 2018 and lasted one day. It included visiting the office location to see the registered manager and office staff, and to review care records and policies and procedures.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We telephoned and spoke to seven people and five relatives. At the office we spoke with the registered manager and two office staff. We reviewed three people's care plans, medicines records and documents relating to audits and surveys.

Following the inspection, we asked the registered manager to send us information in respect of staff training, staff rotas and supervisions, which they did. We also spoke to three staff about their experience of working for the service and obtained feed back from a healthcare professional.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe. One person told us, "I feel very safe as they pretty much help me with everything" whilst another told us, "I have been very fortunate as I have a great carer; when I have to do any transfers [staff] is very careful in that way, [staff] helps when my legs can't move along." A third told us, "When I go out they make me feel very confident because they know I am good on flat surfaces and tell me when the surface is uneven."

Relatives also told us their loved ones were safe, one told us, "The same carer comes every time and she is very well aware of mum's needs and take good care of her, which is a comfort for me." Despite these positive comments, improvements were needed to ensure people were kept safe.

Not all risks to people had been fully assessed. Where risks had been identified, there was limited or no information available for staff on how to mitigate them. One person had significant medical conditions, there was an assessment completed which highlighted they were at high risk in relation to their mobility and their skin care. Whilst a moving and handling assessment had been completed, to manage this particular risk there was no other information to guide staff about how to maintain their skin integrity. Another person was living with a life-limiting condition, there had been risks identified in relation to their mobility, speech, and mental health, however there was no guidance created for staff on how to reduce the risks in respect of this. There was a lack of guidance in respect of risks in all the care plans we reviewed. This would be particularly important when staff who were unfamiliar with people's needs were providing care to them. For the risk assessments that were undertaken there was no evidence that these were being reviewed regularly.

Incidents and accidents were not recorded with actions taken to ensure the risks of similar events happening again were minimised. We saw from a care plan that incidents had occurred which related to a person harming themselves. We were also made aware that one person had a fall and staff called an ambulance. None of these had been recorded on an incident form. The registered manager told us that no incidents or accidents had taken place however the care plan that we looked at contradicted this. There was insufficient evidence that staff were recording incidents within the homes and no evidence that the registered manager was then analysing them to look for trends.

There were people who used the service who required support with their medicines. People and relatives fed back that staff managed medicines safely. One person told us, "They give my medication." Another told us, "I have never had any issues and it is monitored very well. They give medication on time."

However, despite this feedback we found that medicines were not always managed in a safe way. Medication Administration Records (MARs) were not always completed according to relevant guidance. Prescription medicines had been hand-written on to MAR charts, which requires two people to sign that they have checked the information is correct. However, we found no evidence of this happening. There was not always detail regarding how many times medicines should be administered a day or at what times. For example, one person required a specific medicine for their health condition that required it to be administered four times each day. There were no times on the MAR chart to guide staff when that should be.

There were periods when the medicine had only been given three times a day instead of four. There was no guidance for 'as and when' [PRN] medicines where people were unable to verbally communicate that they were in pain. The registered manager told us they relied on the supervisors to check MARs and ensure they were being appropriately completed. The registered manager did not audit the MAR charts that were returned to the office each month but said they would now start to do so. All staff were required to have medicine training which was up to date; however, there was no evidence that staff had been observed by senior staff to ensure they gave medicines safely.

As risks were not always assessed, accidents and incidents were not always recorded and analysed and medicines were not always being managed in a safe way this is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff understood what they needed to do to reduce the risks of spreading infection. Staff wore gloves where needed and people confirmed that staff washed their hands regularly. Staff had access to protective equipment such as hand gels, gloves and aprons when they needed. One person told us, "They [staff] always have a good supply of gloves and aprons, and they all wear uniform." Another said, "They have gloves at the house always, they have everything they need."

People were supported by sufficient numbers of staff to meet their needs. There were 22 care staff providing support to people. There were five people who received live-in care, and when care staff required breaks, assistance from other care staff was provided. People and relatives told us they would be introduced to those providing cover before they started to give care to them. Additional staff were providing home care visits and if needed a senior member of staff would cover the shifts. Appropriate checks were undertaken before staff began work. Criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who use care and support services.

Staff had a good understanding about safeguarding and the procedures to be followed should they need to raise concerns. There had not been any safeguarding incidents since the last inspection but staff and the registered manager knew what needed to be reported and to which agency.

Requires Improvement

Is the service effective?

Our findings

People's needs and choices were not assessed formally before they used the service. The registered manager told us they did not complete pre-admission assessments but relied on the information given by the local authority or other healthcare professionals before deciding as to whether they could meet the person's needs. They said they met with people before they used the service but did not record this. Once the person started using the service, the registered manager said they would create a client profile and develop a care plan for them. We did not see any pre-admission assessments that had been completed in the care plans we reviewed. There was a risk that people's needs were not going to be met as a full assessment had not been completed. One person with a complex medical history had started using the service without having a full pre-admission assessment.

Failure to complete an assessment of needs is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives told us that staff were competent, well-trained and knew how to provide care effectively. One person told us, "I think they are very skilled and have experience; it's not just the attitude of being a carer, they have empathy," another said, "They are competent and very experienced at what they do." A third said, "I know they are well trained because they [staff] know my needs and how to deal with someone like me." A relative told us, "I would say the staff are skilled, in my view they do over and above that they should."

We checked the training records and found that staff were up to date with their training. This included training around the specific conditions that people had. Staff told us that the training helped them provide effective care and was relevant to their role. As well as mandatory training such as safeguarding and moving and handling there was more specific training for people who had more complex needs. Some spot checks on quality and competencies were completed on staff to check that they were using correct procedures and that both the person and member of staff were happy with the service. People, relatives and staff told us this happened regularly and was a useful way to help improve their practice.

Staff monitored people's health and liaised with relevant health care professionals to ensure people received the care and treatment they required. One person said, "They will watch if my skin is sore and use the right creams and will keep an eye on it over a few days to make sure it does not break." One relative said, "The carers are very good they will take mum for blood test, eye test, they will tell me if they notice anything different about mum's behaviour." Another told us, "The staff will alert me or my dad of any change in mum's condition and advise to get the district nurse and they would them keep an eye on it until the district nurse arrived the following day or give a call back and that was reassuring." People were supported with their nutrition and hydration needs. One person told us, "They can all cook really well and encourage me to eat healthy." One relative said, "They leave fruit and snacks out for mum between meals."

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. We checked whether the service was working within the principles of the MCA . Staff understood the MCA and could explain what they would do to if a person was deemed as lacking capacity. There was evidence in people's care plans that consent was obtained appropriately. One person told us, "I have been asked to sign consent. It's all on the system". A relative told us that staff, "Always tell her what they are doing". One member of staff told us they "Always ask what the client wants" whilst another said they would ask the person for their consent and if they refused they would respect their decision.

Good

Is the service caring?

Our findings

People and relatives were complimentary about the caring nature of staff. One person told us, "They [staff] are nice, and kind." Another person said, "I think carers are very compassionate and flexible according to my needs." A third told us, "I think the staff are kind, caring and genuine and not here just for the money, but actually want to be here." A relative told us, "I think the carers are friendly and professional and caring. I have a good relationship with them and they have a good relationship with my mum." Another said, "I have no concerns about them [staff] they are very good; they talk to [their family member] and cheer him up."

People said that staff were always respectful and treated them with dignity. One person told us, "They [staff] are always nice and very friendly and where I have lost my sight they don't just order me about; come like a dog. If they give tea, they will guide my hand over to the cup." Another told us, "They [staff] do at all times keep me covered, and when they roll me over they say what they are going to do, so no sudden surprises." Other comments included, "They [staff] treat me with dignity and respect, yes very good as much as I could expect really", "They do treat me with dignity and respect because when my friend is here they close the door" and "They make sure my dignity is protected, they don't just stand over me, they treat me with respect, they don't make me feel ashamed."

Relatives also felt that staff treated their family members with respect. One relative said, "They [staff] come on time, and sometimes mum may refuse to get out of bed, and they will come back later, they are understanding and flexible." Another told us, "When I arrive, mum is always clean and smelling fresh." A third said, "I would say they treat her with dignity and they show respect, I would complain if they didn't."

Positive relationships were built between people and the staff that cared for them. One person said of staff, "They are lovely people and I adore them, they are more like friends; very approachable and I appreciate them." One relative told us, "The staff are very good, and I know them very well. I see what they do for [their family member] and I am happy with that." Another told us, "He [their family member] is happy, so I am happy; they are very, very good. I don't have
anything to complain about." A third told us that their family member been admitted to hospital and staff continued to visit the person's elderly relative until the person returned home.

Staff were positive about the people they cared for and what the role meant to them. One told us, "It's about putting smiles on people's faces and giving them reassurance." Another told us, "It's seeing their [people's] faces and making a difference to their lives."

People and their representatives were involved in the planning of care. One relative said, "I have been given all the information I need about the service and we are able to speak to the supervisor about what we want for [their family member] and it's in her care plan." One person told us, "I believe I have the information I need about the service; sometimes I ask advice and opinion, but generally it's my choice what happens, and I am able to make decisions."

People were supported with their independence. One person told us, "When I am up I like to do things

around the house and the carers that come are able to drive my vehicle and take me to the garden centre or visit family." Another told us, "I feel as independent as possible being in a wheelchair." A relative said, "I think the staff are very caring and kind especially the one who comes regularly." Another told us, "They will encourage [their family member] to help herself, but will help with personal care."

People and their representatives were informed when there were any changes to the member of staff attending to their call. One person told us, "I had the same staff coming for the past six months but now they are doubling up the other one is always someone different. But they do introduce them and let me know it will be someone different." Another person said, "They will not just send someone around they will introduce them and give a bit of background about the person. I will have a good talk with the new person and that is good, communication is second to none." One relative said, "They will always let us know when someone new is coming."

Requires Improvement

Is the service responsive?

Our findings

Care plans were not personalised and did not always have detailed guidance for staff specific to each person's needs. For example, one person had an addiction. There was no information or guidance for staff on how staff needed to support the person with this. Another person had a condition that would require immediate medical attention should they become unwell. The care plan stated that, "[Staff] must be familiar with this condition able to take appropriate actions" however there was no further information on the actions they needed to take. A third care plan stated, "[Person's] condition can cause her to get agitated or have involuntary movements." There was no guidance for staff on how to manage this.

There was insufficient evidence in the care plans that people's physical, mental and emotional needs were being met. For example, one person had depression. There was no guidance in the care plan to identify to staff what care they should provide to support the person with this. Another care plan stated that staff should, "Observe the body language for guidance" however there was no information on what the person's body language would indicate to them.

Although one relative told us that their family member was being supported with end of life care, there was no evidence in the care plans that discussions had taken place with people about end of life care, their choices or preferences.

As care and treatment was not always being planned around people's specific needs this is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us the service and staff were flexible and responsive if they requested changes to the care that was needed. One person said, "There, have been situations where I want to go back to bed earlier and they will make the effort to come as early as they can after I have called them. It's amazing." Another told us, "This is the first agency that has been responsive. They are pretty much in my world with me and that is wonderful." One person had a particular way of requiring food to be given to them. Their relative said, "They [staff] make sure feed is going through and then give water to flush it through; I am very happy with care 100%."

Where people needed support to go out this was provided appropriately. The service viewed concerns and complaints as part of driving improvement. We asked people and relatives if they knew how to complain and how the agency had responded if they had complained. One person said, "If I have any complaints I would speak to the supervisor or the lady in charge. I have complained on a couple of occasions and spoke to the supervisor and it was dealt with very swiftly and professionally." Another said, "I did have to speak to the supervisor once because one carer left the bathroom very untidy; I rang the manager and it was dealt with and that carer did not come back." One relative said, "They listened to me, and my concerns and I was happy it was resolved. I don't have any complaints about the service." Another told us, "I don't have any complaints about the service, but I do believe I would be listened to. It was not a complaint but when we wanted something put on the care plan it was done."

There was a complaints policy in place however it did not give a timescale of when complaints would be responded to should one be received. This meant people would not know when they could expect a response. Other organisations such as the Local Government and Social Care Ombudsman were not referenced to guide people or relatives should they not be satisfied with the complaint response from the provider. The registered manager told us they would address this to make it clear.

Requires Improvement

Is the service well-led?

Our findings

People, relatives and staff told us that they were very happy with how the service was managed. Comments from people included, "I think it is a very good and well led service", "I don't always give positive feedback but it is well-deserved because I have had bad experiences in the past and this by far the best agency; I am very happy" and "The manager is marvellous". Relatives also told us the service was well-led, one told us, "This is a very good agency."

Whilst these comments about the care being provided were positive, improvements were needed in how the service was monitored.

Care plans were brief and did not give a full picture of the person being supported whilst risks were not always recorded fully. There was a reliance on supervisors conducting spot checks to maintain the standard of care; however there were insufficient audits being completed to monitor the service fully. Whilst people and staff told us they had regular 'spot checks' completed, there was no overall monitoring of staff to ensure that visits lasted the required length of time. Instead there was a reliance on people or relatives contacting the office to tell them if care staff did not stay for the full length of time. The way calls were scheduled meant that visit times did not allow for any travelling time between calls. In practice this meant that staff would be late for their next call although feedback from people was that calls were usually on time and staff would tell them if they were running late. The registered manager told us after the inspection that they had advised people there would be a 'window' of up to 30 minutes to allow staff to get to their next call.

Feedback from people, staff and relatives had been sought through an annual questionnaire but action had not always been taken to improve the quality of the service as a result. For example, in the survey there had been a negative response to the questions "Do you feel safe when carers are present?" and "Do you know how to make a complaint?". There had been no action taken to address these negative comments or to explore the reasons why they had been made.

As quality assurance processes were not always being completed this is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where feedback had been obtained about problems with people contacting the office, this had been addressed and people told us that communication with the registered manager and office had improved.

Staff told us that they felt "Valued" and "Supported" by the registered manager who was described as "Caring", "Approachable" and "Open-hearted". Staff told us they enjoyed working for the company and that it had a family feel to it. The registered manager was passionate about providing good care to people and this was something that staff knew and felt the same way about. Staff were regularly kept up to date with any changes that were occurring in the company and were sent bulletins by the office about these changes or updates they needed to be aware of.

The visions and values of the service were to provide good care to people, the feedback from people and

relatives demonstrated this was being met. Staff told us they wanted to "Make a difference to people's lives." The service worked closely with other agencies outside the organisation. The service liaised with other organisations such as the local authority and specialist healthcare professionals in order to provide effective care. One healthcare professional told us they thought the service was well run and following a change in one person's needs, the service liaised with the local authority and clinical commissioning group to try to obtain increased funding for them.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had not needed to inform CQC of significant events however understood their responsibilities should this be needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's needs were not always assessed fully before they started using the service. Care planning was not always completed fully.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks were not always assessed and accidents and incidents were not always recorded or analysed. Medicines were not always being managed safely.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance processes were not always being completed to identify areas for improvement.