

Direct Care (Tameside) 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 effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This was an announced comprehensive inspection which took place on 21 and 26 June 2018.

This service is a domiciliary care agency. It provides the regulated activity personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of our inspection there were 218 people using the service.

Not everyone being supported by Direct Care (Tameside) receives a regulated activity; CQC only inspects the 'personal care' service being received by people; which includes help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service was inspected in January 2017 when we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. These were in relation to medicines management and governance systems, including how accidents and incidents were recorded and monitored. We issued requirement actions. The service was rated requires improvement overall. Following the inspection we asked the provider to complete an improvement plan to show what they would do and by when to improve the key questions, is the service safe and well-led to at least good.

During this inspection we found the required improvements had been made.

Medicines were managed safely and people received their medicines as prescribed.

There was a good system of quality assurance in place. Weekly and monthly checks and audits were carried out by the registered manager and other managers of the service. These were used to assess, monitor and review the service.

Detailed records of accidents and incidents were kept. Managers of the service kept a log of all accidents and incidents so that they could review the action taken and identify any patterns or lessons that could be learned to prevent future occurrences.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service had two registered managers. One of the registered managers was newly registered with CQC, the other was one of the providers of the service and had been in post for some time. They told us that they were remaining registered to provide support and guidance to the new registered manager until they had finished their induction and would then deregister.

People who used the service and staff we spoke with were positive about both the registered managers.

There was a safe system of recruitment in place which helped protect people who used the service from unsuitable staff. Staff received the induction, training, support and supervision they required to carry out their roles effectively.

Staff we spoke with were aware of safeguarding and how to protect vulnerable people. Staff were confident any issues they raised would be dealt with properly. There were systems in place to protect people's security and their property.

Risks to people who used the service and staff were assessed. Guidance was given to staff on how to minimise those risks. Suitable arrangements were in place to help ensure people's health and nutritional needs were met.

People who used the service told us they were consulted about the care provided and staff always sought their consent before providing support. The requirements of the Mental Capacity Act (MCA) 2005 were being met. People were supported to have maximum choice and control of their lives.

Care visits were well organised, staff worked in geographical teams. This helped to provide consistency of support. People told us visits were rarely missed.

The provider was part of a pilot project and was developing more effective, holistic and outcome based practices for meeting people's care needs. This was being trialled in two local geographical areas. It also included a more person-centred approach to care planning and recording.

People who used the service and their relatives were very positive about the caring and kind attitude of the staff. Staff knew people well and spoke about people in respectful and affectionate terms. Staff enjoyed their work, took a pride in the care they provided and had a very good knowledge of people they supported.

Staff we spoke with enjoyed their work, took a pride in the care they provided, had a very good knowledge of people they supported and demonstrated a commitment to person centred care.

Care records we reviewed were very person centred and included what was important to and for the person, including their routines, interests and preferences. People were supported in their own homes and to access community activities and events.

People who used the service were very positive about the service and the way it was managed and organised. Staff we spoke with liked working for the service and told us they felt supported in their work.

We found all members of the management team had a good knowledge of the care and support needs of the people who used the services from Direct Care (Tameside). All the staff we spoke with during our inspection shared the registered managers passion and commitment to providing person centred care.

The service had notified CQC of any accidents, serious incidents, and safeguarding allegations as they are required to do. The provider had displayed the CQC rating and report from the last inspection on their website and in the office.

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.

Medicines were managed safely. There were policies and procedures in place and staff had received training in administering medicines.

Risks to people were identified and guidance given to staff on how to minimise those risks. Detailed records of accidents and incidents were kept.

The recruitment of staff was safe and there were sufficient staff to provide the support people needed.

Is the service effective?

Good ●

The service was effective.

Staff had received the induction, training and supervision they required to ensure they were able to carry out their roles effectively.

The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). People's rights and choices were respected.

The service was well organised and people received consistent support from staff they knew.

Is the service caring?

Good ●

The service was caring.

People told us staff were caring and kind.

The registered managers and staff knew people well and took pride in providing good, person centred care.

Managers and staff placed great importance on maintaining and promoting people's independence and choice.

Is the service responsive?

Good ●

The service was responsive.

Care records were detailed and person centred. They contained information about people's needs and wishes. They provided staff with the information they needed to support people appropriately.

The support provided was reviewed regularly, people and those who were important to them were involved in those reviews.

There was a suitable complaints procedure for people to voice their concerns.

Is the service well-led?

The service was well-led.

The systems in place to assess, monitor and improve the quality and safety of the service were sufficiently robust.

People were very positive about the service and the way it was managed and organised. Staff enjoyed the working for the service and felt supported in their roles.

The registered managers were committed to providing a responsive and person-centred service.

Good ●

Direct Care (Tameside)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 and 26 June 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that a manager would be available. We visited the office location to review care records and policies and procedures. With their permission we also had telephone discussions with people who used the service and their relatives about their views of the service and the quality of the support they received.

The inspection team comprised of two adult social care inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. The provider had also completed the Provider Information Return (PIR) as required and returned this to CQC. The PIR provides key information about the service, what the service does well and the improvements the provider plans to make. We used this information to help us plan the inspection. We also asked the local authority and Health-watch Tameside for their views on the service. Health-watch England is the national consumer champion in health and care. They raised no concerns.

During this inspection we spoke by telephone with 14 people who used the service, and the relatives of three people, to seek their views about the service provided. In addition, we spoke with the two registered managers, one of whom is the nominated individual for the provider, the human resources and recruitment manager, the quality assurance manager, a care assessor, two service care coordinators and eight care staff.

We looked at nine care records, a range of documents relating to how the service was managed including medication records, seven staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

Is the service safe?

Our findings

People told us they felt safe using Direct Care (Tameside). People who used the service told us, "Even though I don't need a lot doing, it's nice to have their company ... I feel safer with them here", "I always feel very safe when they're here[carers]."

At the last comprehensive inspection of the service in January 2017 we found that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not always managed effectively. A requirement action was made. The overall rating for this key question was requires improvement. Following the last inspection we asked the provider to complete an improvement action plan to show what they would do and by when to improve the key question to at least good.

During this inspection we found the required improvements had been made.

We looked to see if there were safe systems in place for managing people's medicines. We found that people received their medicines as prescribed and saw that medicines were stored and managed safely.

People who used the service told us they received their medicines as prescribed. They said, "They always make sure that I take my tablets" and "I do my own medication, but they always check that I've taken it. They put my eye drops in for me in a morning and at night. They're always very gentle when they're doing it", "They remind me to take my medication and hand them to me" and "They always put my tablets out ready for me and make sure I take them."

A relative of a person who used the service told us, "There's never been any mistakes with [person who used the service] medication."

We found medicines management policies and procedures were in place. These gave guidance to staff about the storage, administration and disposal of medicines. The training matrix and records we saw showed that staff had been trained in the safe administration of medicines and had their competency to administer medicines regularly checked.

Care records we saw included an assessment of any support people needed with their medicines. This included details of who was responsible for ordering the medicine.

We looked at seven peoples Medicines Administration Records (MAR). All MAR we reviewed were fully completed to confirm that people had received their medicines as prescribed. The registered manager told us that all MAR were checked weekly and then collected at the end of each month and taken to the office for a further audit. One audit showed that a staff member had not signed on one day to indicate that the person had received their medicine. We saw that an investigation had been conducted, this had found the person had received their medicine and appropriate action was taken to prevent it happening again.

Where people had creams or topical medicines we saw that body maps and charts were in place to advise staff on where the medicine was to be applied.

We found that MAR were not pre-printed by a pharmacist and had been handwritten by care workers from the service. Good practice guidance indicates that where possible two staff should be checking the handwritten entries are correct against the prescription. We discussed this with the registered manager who told us they would ensure where possible MAR were double checked against the prescription and signed by two staff to indicate they were correct. They said if this was not possible because the visit was one carer they would arrange for senior staff to visit weekly to audit MAR and ensure they were correct.

During our inspection the registered manager was reviewing procedures for recording administration of medicines and following our inspection we were provided with copies of the new records which gave staff more information on the MAR. The Registered manager said that they were also looking at electronic MARs to enhance the safe administration of medication.

We looked to see if arrangements were in place for safeguarding people who used the service from abuse. We found there were policies and procedures for safeguarding people from harm. These provided staff with guidance on identifying and responding to signs and allegations of abuse. We saw that the service had a whistleblowing policy. Staff we spoke with knew how to report any safeguarding concerns and were confident managers of the service would deal appropriately with any issues they raised. Staff we spoke with and training records we reviewed showed staff had received training in safeguarding people from abuse.

We found there was a safe system of staff recruitment in place. We reviewed seven staff personnel files. We noted that all the staff personnel files contained an application form where any gaps in employment could be investigated. The staff files we looked at contained at least two appropriate written references and copies of documents to confirm the identity of the person, including a photograph. We saw that checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks help ensure people are protected from the risk of unsuitable staff being employed.

We saw the service had policies and procedures to guide staff on staff recruitment, equal opportunities, sickness and disciplinary matters. These processes helped staff to know and understand what was expected of them in their roles.

The service had an incident and accident reporting policy to guide staff on the action to take following an accident or incident. Records we looked at showed that accidents and incidents were recorded. The record included a description of the incident and any injury and action taken by staff or managers. We found that managers of the service kept a log of all accidents and incidents so that they could review the action taken and identify any patterns or lessons that could be learned to prevent future occurrences. Records we looked at showed that the accident and incidents had been recorded in a log in the office and there was a record of action taken.

We looked at the care records for nine people who used the service who had different care and support needs. We saw that risk management plans were in place to guide staff on the action to take to mitigate the identified risks. Risk assessments were person centred and included; speech and swallowing, personal hygiene, skin integrity, falls, activities, moving and handling and nutrition.

We looked to see what arrangements were in place in the event of an emergency that could affect the

provision of care and how risks were managed. A business continuity plan was in place to ensure people's individual care needs would continue to be met in unforeseen circumstances. This guided staff on the action to take in the event of a serious incident that could stop the service, such as severe weather, power failure, fire or flood. Care records also included environmental risk assessments for hazards in people's homes these included; smoke detectors, medicines storage, pets, access, outside lighting and kitchen appliances. We noted that there was a lone working risk assessment to guide staff on how to stay safe. These assessments helped to minimise risks to people and those providing support so that people were kept safe.

Care records we saw and staff we spoke with showed systems in place to protect people's security and their property. Where necessary a key safe was in place. This is where keys are kept in a secure locked box outside the person's home and can only be accessed by people with the code. This was confirmed by people and staff we spoke with.

The service had an infection control policy; this gave staff guidance on preventing, detecting and controlling the spread of infection; this included hand washing, the use of personal protective equipment (PPE) including disposable gloves and aprons. Staff told us PPE was always available and used.

The offices were on the top floor of a modern office building and were accessible by stairs and a passenger lift. The building was owned by a landlord. There was a fire alarm, extinguishers and emergency lighting to use in the event of a fire.

Is the service effective?

Our findings

People told us staff knew them well and provided the support they needed. People who used the service we spoke with told us, "They [staff] come four times a day every day because I can't walk properly. . . . They make all my meals. I tell them what I want, and they do it. I have a carer that does my shopping and gets everything off my list, so I know what I've got in", "I have regular carers, a mixture of male and female because I don't mind. They come to help me have a wash and make my meals. They always ask what I want to eat and on one day a week they take me out" and "I'm wheelchair bound due to having [name of illness] and they help me with everything. I tell them what I need doing but they usually know anyway. They don't need to hoist me, I use [piece of equipment] they're great with it. They wash me in a morning and help me get dressed."

A relative told us, "They help [person who used the service] to have a wash or a shower and they're always very respectful. She would make her views very clear if they didn't."

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. However, people cared for in their own homes are not usually subject to Deprivation of Liberty Safeguards (DoLS).

Care records we looked at contained evidence the service had identified whether a person could consent to their care. We saw that the records considered issues of people's mental capacity and obtaining consent to receive care and support. People we spoke with also confirmed staff sought their consent when supporting them. Records we reviewed showed that staff had received training in MCA and DoLS. All the staff we spoke with during the inspection demonstrated their understanding of the principles of this legislation and the need to gain consent from people before they provided any care.

Before people started to use Direct Care (Tameside) an assessment of their needs was completed by a manager of the service. Peoples care records contained holistic assessments of peoples care needs and considered issues including physical health, communication, mental capacity, accommodation, medication and manual handling. Details of hobbies and social and life histories were also completed with people. This meant that people's full care needs were considered when tailoring the support package and staff had this information and knowledge to ensure appropriate levels of support and care.

We saw the assessment identified the support people required and how the service planned to provide it. We saw that the assessments were used to develop person centred care plans and risk assessments. People we spoke with told us the assessment process was good. They said, "We had an initial assessment when

they explained everything and discussed our expectations. They went through everything in detail" and "Before it started, they came and went over prices and explained things up front. My [relative] was at that first meeting with me." The assessment process ensured the service could meet people's needs and staff knew about people's needs and goals before they started to use the service.

We looked to see if staff received the induction, training, supervisions and support they needed to carry out their roles effectively.

Staff we spoke with and records we reviewed showed that staff received an induction when they started to work for the service. The registered manager told us that new staff received an induction to the service which was in line with the 'Care Standards Certificate'. The Care Certificate is a standardised approach to training for new staff working in health and social care. This included training, an introduction to the service and information about the individual staff member's role and responsibility. One staff member told us, "When you first start you are given a mentor. You can phone them any time."

We found that staff were supported to attend mandatory training including; person centred care, privacy and dignity, first aid, moving and handling, health and safety and infection control. We saw that staff also received training about people's specific health conditions such as dementia and catheter care. Records showed that staff's knowledge and competencies were assessed following the training. This ensured that staff had a good understanding of the training they had attended and how this applied to the support they offered to people and were competent to deliver care.

Records we saw showed that staff had regular individual supervisions and also an annual appraisal. Supervision is important as it provides the opportunity for staff to review their performance, set priorities and objectives in line with the service's objectives and identifies training and continual development needs. Staff we spoke with told us they felt supported. Staff said, "I feel really supported", "If I have a problem even in my home life, they are brilliant" and "They're great [managers], the door is always open. If you have any problems you can come in [the office]."

Care records we reviewed included detailed daily logs of care and support provided. Staff told us they read the daily logs to update themselves with how the person was or if any important events had happened.

We discussed staffing arrangements with the registered managers, staff and people who used the service. The registered manager told us that wherever possible staff were organised in geographical area teams. They said this helped to reduce travelling times and helped to ensure consistency of support as people had the same staff supporting them regularly. Everyone told us that calls were rarely missed. People who used the service told us carers usually arrived at the time they were expected. They said of the carers, "They always arrive on time. There's no problems at all with their timings" and "They usually always arrive on time, but they do ring if they're running late due to traffic but that's not happened very often." Another person told us, "Times can vary depending on the call before or rota issues, but they always arrive within an acceptable timeframe, and I always have a rough idea of when they'll be coming. The morning appointment which is the most important stays pretty much the same. They've never missed an appointment."

We asked people who used the service if they received consistent support from the same carers. Most people we spoke with was very positive about how visits were organised and said they knew the staff who visited. People said, "I have regular carers", "We have two main carers, but we also have others that slot in. It's a small group that comes regularly, good continuity really. They can build a relationship and that's what's important" and "Once, they came when I was sat outside, and they thought I was out, but they didn't just leave, they made sure first and found me in the end." One person told us they did not always have the

same staff. They said, "I think I'd be more comfortable if I had a regular person. It's new staff all the time, they seem to have high staff turnover. It's always a new face. . . ., but they're all very nice. The girls in the office have said that they're trying to sort out a regular person. I would like [Staff Name]. She's so nice." We discussed this with the registered manager who said there had been recent changes for this person and managers were in the process of trying to organise regular staff for them. Another person who used the service said, "We have a good regular set of carers in the majority and they're very good with [person who used the service]. We have an odd few cover staff and they are very quick to get in and out. [Staff name] has been exceptionally good and has built up a relationship with [the person] and they have a good rapport. It's always a two person visit as [the person] uses a hoist." One staff member said, "The regular runs help give consistency."

Out of hours 'on-call' support was available for people who used the service and staff in the event of an emergency or issue arising. This was provided by senior members of the care team. People who used the service and staff we spoke with told us they could always get hold of a manager on the on-call phone. Seniors we spoke with told us they used a social media channel to organise a private support group so that they could keep in contact with each other and could use this to contact someone for advice if needed.

We saw that where people who used the service had specific communication needs these were supported. We saw that for one person, for whom English was not their first language, the service had arranged a staff member to support them who was able to communicate in their own language. The registered manager told us that where needed information such as complaints procedure, service user hand book and care records were available in accessible forms such as larger print and alternative languages.

We looked to see if people were supported to maintain a healthy diet. Staff we spoke with and records we looked at showed that staff received training in food hygiene and nutritional support. People lived in their own homes or with family support and could eat what they wanted. Records we looked at showed that, where needed, a nutritional risk assessment was completed for the person who used the service. People who used the service told us, "They make all my meals for me. They tell me what I've got, and I pick what I fancy. They're all 'ready' meals from the freezer" and "Some are better than others, some need to learn to cook. The majority are fine though, and my two regulars are really good. They're capable of cooking and they're like family."

Care records contained information about people's health needs and showed that people had access to a range of health care professionals including G. P.'s and district nurses. Care plans we saw showed that people's health needs had been considered. Care records also contained specific details of people's health diagnosis and in some cases included information about the diagnosis itself and signs and symptoms for staff to be able to identify any deteriorations in the condition. The registered manager told us that this was a piece of work that would be rolled out for all people's care records and was currently on going. One person's care records included catheter care plans which were detailed and ensured urine bag changes were done safely and with good infection control. This helped reduce the risk of illnesses such as urine infections.

People we spoke with said that the service worked with the health care professionals involved in their care. One person told us staff had summoned support when they needed it. They said, "[Staff name] couldn't open the door when she got here and when she finally got in, she found me on the floor and rang the ambulance."

Is the service caring?

Our findings

People who used the service and their relatives were very positive about the caring and kind attitude of the staff. They told us, "The girls are ever so nice and they're very good. I really rely on them", "They [staff] make me feel at ease as soon as they walk in" and "All the girls are very good. They're very kind and helpful." Other people said, "They're brilliant girls. I have the same two girls all the time and they don't rush me at all and always chat to me whilst they're working. They don't have enough time to do what they want but I set the 15-minute time so that's down to me. They always stay for the set time and occasionally stay a bit longer to finish a job" and "I like all the carers, they're brilliant, especially the ones that come in a morning. I couldn't ask for any better. I certainly wouldn't like them to change my carers, they're good company. I couldn't do anything without them, they're a godsend"

We asked people about how staff communicated with them and if staff listened to them and talked to them appropriately. People told us they had good relationships with the staff who provided their support. People said the humour and laughter was important to them. They said, "She [staff] is so pleasant. I really like her, she's so thoughtful and we have a good laugh between us" and "My carers are all very nice and very good to me. They're very kind. I get very confused and they've got to know me. I can have a laugh with them." A relative said, "All the girls are very cheery, and they have a laugh with [person who used the service]. [The person] likes to have a laugh and a joke and really enjoys the banter as well."

Staff we spoke with knew people well and spoke about them in respectful and affectionate terms. Staff gave examples of how they offered choices and how they respected the person's choices. Staff we spoke with enjoyed their work, took a pride in the care they provided, had a very good knowledge of people they supported and demonstrated a commitment to person centred care. Staff we spoke with said, "It's everything you thought a job could be", "I want to do the best for everyone. I want to do things right", "I like being able to help people", "It's like having an extended family. You can sit and chat while you do your paper work", "I love getting to know people" and "I wouldn't be here if I didn't love it. I really enjoy my job."

One staff member described how one of the people who used the service really liked to talk. The staff member completed that visit at the end of their day, so that they could spend a longer time with the person if they wanted to chat. Another staff member we spoke with described how they made Christmas dinner for people they visited. They said this was to help make sure it was a special day for them. People who used the service told us staff respected their privacy and maintained their dignity. People told us, "They always help me but what they do varies depending on my day and how bad I am. They always make sure my curtains are drawn to protect my dignity, and they're all very respectful" and "They're always very respectful towards me" and "The girls are very helpful and do everything we need them to do."

The registered manager told us they placed great importance on maintaining and promoting people's independence and choice. Care records detailed what people could do for themselves and how staff could help to maintain and promote people's independence. People told us staff helped them to remain as independent as possible. One staff member said, "I encourage them to do it for themselves where they can. I get things and show them, ask them which they want", "I get them to do it for themselves. If you do it for

them they will lose it [skills]. If you don't use it you lose it" and "I don't just go in and do it. I ask what they want."

Care records identified whether people who used the service had a specific religion or faith and whether they would require support to practise this

We saw staff had received information about handling confidential information and on keeping people's personal information safe. All care records that were in the office were stored securely to maintain people's confidentiality.

Care records we saw showed that where needed for some people advocates were also involved in the process of assessments, care plans and reviews.

Is the service responsive?

Our findings

People told us they were involved in developing their care records and staff were responsive to their support needs. A person who used the service told us, "[Staff Name] spots things that need doing without me asking. It's the little things in life that matter."

The registered manager told us that they had been working with a consultancy firm to develop their person-centred care planning records and were developing more effective, holistic and outcome based practices for meeting peoples care needs. They said the service was moving away from just looking at what tasks needed to be done and moving towards finding out; "What do you want out of life?" This new project was being supported by the local authority commissioners and was being piloted in two local geographical areas.

We looked at nine peoples care records and found that both the old and new care records supported staff to understand and meet peoples care needs. Care records we reviewed included support plans and risk assessments detailing information about medical conditions, personal care and dressing, nutrition, hydration, mobility, moving and handling and communication. They also included a one-page profile which gave important information to staff about what was important to and for the person. We found they included information about people's life history. This would help staff understand a person's life story, interests and preferences. Care records included ideas for staff to explore with people, such as community based activities and things people wanted to achieve. One person had identified they wanted to go shopping for a new carpet another that they wanted to visit local garden centres.

Records we saw showed that the person and people that were important to them had been involved in developing the support plans and risk assessments. This information was then reflected in the support packages developed. Records clearly identified the support to be given at each visit and how this should be done. This would help staff to provide a level of support appropriate to the individual's needs. We saw this included where in the persons home they wanted the support providing and how a person should be supported at the end of the call to ensure they had the things they needed such as snacks and drinks in easy reach. A staff member we spoke with said, "You want the care record to be about them. It's the little things that matter." One person's records stated, 'It's important that they [staff] have a good sense of humour as [person] likes banter with them'.

The new care plans had information about peoples preferred routines such as what their morning routines was. One person said, 'I like to dress on my bed' another said, 'I like a boiled egg in the morning'. Information included what were essential tasks and support needs and additional things the person would like if there was time during the call. One person's care plan in the 'how best to support me' section stated that carers should; 'Always take time to sit and have a chat'.

We saw evidence that care plans were reviewed on a regular basis. The person who used the service and individuals they wanted to be involved such as family, friends, social workers and health professionals were involved in these reviews. Reviews included asking the person how the service could be improved and things they would like to achieve in the future. People who used the service told us, "They're due out today to

check up on me and do a review. They're also sorting the doctor out for me because I need a visit. They help me tremendously", "Any issues have been told to the company and they've dealt with them all, like ensuring the commode is cleaned properly."

Relatives of a people who used the service told us, "A review was done a few weeks ago. I was at the meeting and they definitely always listen to me. They're very good indeed" and "We had a review one-day last week to check on things and whether we had any other requirements. She [staff member] said that she's coming again in three months. It was arranged in advance, so I could attend.

People we spoke with told us the service was responsive to meeting their needs. Managers of the service told us about a recent 'Bake Off' competition that had been held at the office. This had raised money for charity but had also helped to bring people together. A person who used the service told us, "I visited the office to judge a cake competition. They asked would I like to do it, it was to raise money for charity and I was a baker before I retired. A lady from the office picked me up and took me there and then made sure I got home safely. It was good fun, a bit of a laugh and made a good change. I'm having my hair cut next week, the carers are taking me. They're trying to arrange other outings too, but it depends on when people are free, they're just sorting it all out now."

One staff member told us they walked a person's dog because the person couldn't do it and had arranged for a hair dresser to visit the persons at home. We saw that another staff member kept a record of the persons family's birthdays, they reminded the person and helped them buy and wrap presents and cards.

We saw that following recent meetings with the team who were starting to work on the new project, the service had developed a list of activities available in the local areas which the people being supported by direct care could access in the community. This included activities provided by external services which people could participate in such as creative writing, keep fit and computer literacy. We saw how this information was used to inform people's care plans and give people access to the wider community, reducing isolation and developing greater independence. Staff were also helping people to access local accessible bus service that can be booked to pick people up from their homes.

The service had collated a variety of self-help resources and tools which could be shared with the people using the service. This include information on managing common health conditions such as anxiety and depression and improving physical health.

We asked how the service used technology to improve care provided. We were told by the registered manager that technology was used to help people communicate with the friends and relatives. Staff had supported people to learn how to use computers and social media. The quality assurance manager told us they were developing the use of technology within the service. They had developed a virtual book club. People who used the service could read electronic books and then discuss with other people who used the service via telephones and hand-held devices what they thought about the books. They told us this helped people who could not leave their homes easily stay in contact with other people and helped prevent social isolation. One person had started to use a mobile phone for the first time and had what they called 'lessons' in how to use it from staff. They were now using social media to keep in contact with their family who lived abroad. Senior carers told us they used a private social media channel to communicate with each other and offer each other support.

One carer told us they used photographs to help the person the supported to do their shopping. The staff member had taken photographs of various T- shirts to show the person what they looked like. They also printed a list of items the person regularly bought from the supermarket, the person would then tick each

week what they wanted.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our review of records and discussion with the managers, staff, people who used the service demonstrated that discrimination was not a feature of the service. We saw that staff received training in equality, diversity and human rights and the service had an equality and human rights policy and procedure. This gave staff information on the risks to people's human rights in health and social care provision. It guided staff on action to take when planning and delivering care and support.

We looked to see how the service dealt with complaints. We found the service had a policy and procedure which told people how they could complain and what the service would do about their complaint. It also gave contact details for other organisations that could be contacted if people were not happy with how a complaint had been dealt with.

Records we saw showed that there was a system for recording complaints and concerns. This included a record of responses made and any action taken. The service recorded concerns, complaints and compliments that had been received. We were able to see that concerns and complaints were investigated by the management team, information was feedback to the complainant. Action was taken to address any issues identified including an apology where necessary. Records were kept of compliments people had sent about the support they received. One said 'I really appreciate all the help your carer gives. She is really loveable and I do appreciate all she does for me. She comes in like a ray of sunshine'.

The service had a policy and procedure detailing how the service would ensure people's wishes about their care was respected if they were at the end of their lives. This would help staff understand how they could best support people and ensure peoples end of life wishes were respected.

Is the service well-led?

Our findings

People who used the service were very positive about Direct Care (Tameside) and the way the service was run and organised. They told us, "It's a marvellous service, no bad things to say about them...When I've rung up, the office staff are so polite and more or less always managed to help me. I'm just waiting to hear about having a regular person now", "I'm very pleased in the main with the service", "It's a very good service so far. The office staff ring to check in with me and see that things are OK and also if the girls are struggling to contact me. At the moment, everything is going very well, I'm very happy with it", "The service is very good" and "It's absolutely marvellous."

A relative we spoke with said, "Absolutely brilliant service. This is ten times better than the last company, it means I have reassurance that [person who used the service] is safe with them and it also means I can get on with other things too."

At our inspection in January 2017 we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. That was because systems in place for monitoring and reviewing the service were not sufficiently robust and accidents and incidents were not comprehensively recorded and monitored. Requirement actions were made. The overall rating for this key question was requires improvement. Following the inspection we asked the provider to complete an improvement action plan to show what they would do and by when to improve the key question to at least good.

During this inspection we found the required improvements had been made.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensures the service provides people with a good service and are meeting appropriate quality standards and legal obligations. We found there were good systems of weekly, monthly and annual quality assurance check and audits in place.

We saw 'spot checks' were completed regularly. These were used to assess and monitor the performance and support provided by staff. Records we saw showed these spot checks were very detailed and included; quality of care provided, attitude, health and safety, moving and handling, medicines administration, safety and security and record keeping.

At the end of each month a full audit of the 'care records booklet' for each person using the service was completed by managers. This booklet was used by staff to document all care and support provided. This included if daily records had been completed correctly, if times of visits were correct and an audit of the MAR.

We saw that that managers of the service had a process for reviewing medication errors. This used a very detailed form that detailed the circumstances of the incident, what action had been taken, and what lessons

had been learned that would prevent future incidents.

We found that managers of the service kept a log of all accidents and incidents so that they could review the action taken and identify any patterns or lessons that could be learned to prevent future occurrences. Records we looked at showed that the accident and incidents had been recorded in a log in the office and there was a record of action taken.

We saw that practise issues or themes that were identified from the complaints and concerns and accident and incident logs were discussed at team meetings and highlighted in monthly bulletins.

The service is required to have a registered manager in place. 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. The service had two registered managers. One of the registered managers was newly registered with CQC, the other was one of the providers of the service and had been in post for some time. They told us that they were remaining registered to provide support and guidance to the new registered manager until they had finished their induction and were then going to deregister.

During the inspection we spent time with both registered managers. We found them both to be passionately committed to providing a high standard of person centred care. Everyone we spoke with was positive about both registered managers and the way the service was run.

One person who used the service told us, "I had a new cooker and fridge fitted a few weeks ago. The owner [registered manager] came and measured up for me and ordered them, he arranged the delivery and everything. I need a new carpet next and they'll probably do the measuring for that as well."

Staff spoke positively about the registered manager, the provider and the way the service was organised and run. Staff said of the new registered manager, "She's lovely and supportive", "She is good at reassuring you", "She's lovely, she has empathy" and "She is always willing to help you and is easy to talk to." They said of the provider, "He is brilliant. One of the best bosses I have ever had", "He's brilliant. If he needs to be serious he is. But he is great, you can have a laugh with him", "My car got stuck in the snow, he came to dig me out" and "He came out in his 4x4 car and ran us around."

We found all members of the management team had a good knowledge of the care and support needs of the people who use the services of Direct Care (Tameside). All the staff we spoke with during our inspection shared the registered managers passion and commitment to providing person centred care.

Staff told us they enjoyed working for the company. They told us, "I am buzzing when I come back into work!", "I think they are a good company. They have been really supportive to me", "They are the best company I have ever worked for." Others said of the office staff, "They are amazing. A lovely family run unit", "They all always have a smile on their faces", "I feel valued", "You can have a laugh and a joke with your boss", "I love it. They are a good company" and "I wouldn't hesitate to ring. They are always on the end of the phone. You get a soothing voice."

Records we reviewed showed that staff meetings were held each month and that detailed notes were kept of these meetings and included updates from last meeting, what areas were discussed, any issues or concerns and agreed actions.

The management team had developed a monthly bulletin to communicate with staff. We saw this was used to reinforce information from staff meetings and for following up where issues had been identified such as records errors. It was also used to celebrate people birthdays and good practice such as the carer of the month.

The service had a 'carer of the month' award which was used to recognise good practice. Examples we saw included staff picking up newspapers for people on their way to the visit, even though this was not part of the visit and staff visiting decorating someone's house whilst they were in respite and visiting a person who used the service whilst they were in respite. One staff member we spoke with said of the Carer of the month award; "They recognise what you put in."

We saw that the service had a range of policies and procedures in place. The policies we looked at included infection control, medicines administration, complaints, the Mental Capacity Act 2005, safeguarding adults and whistleblowing. These provide information and guidance to staff about the provider expectations and good practice.

A quality satisfaction audit had been sent to people who used the service on 2017. This asked people questions about the service they received. We saw that most responses were positive and where issues had been identified the service had responded and action had been taken.

We saw there was a service user handbook and statement of purpose. These documents gave people who used the service the details of the services provided by Direct Care (Tameside). These also explained the service's aims, values, objectives and services provided. Copies of these documents were in people's individual files in their own homes. These documents helped to ensure people knew what to expect when they used this service.

Before our inspection we checked the records we held about the service. The service had notified CQC of incidents and events they are required to. Notifications enable us to see if appropriate action has been taken by the service to ensure people have been kept safe.

It is a requirement that CQC inspection ratings are displayed. The provider had displayed the CQC rating and report from the last inspection in the office and the rating was displayed on the provider's website, with a link to the last CQC inspection report.