

Direct Source Healthcare Ltd

# Direct Source Healthcare Ltd

## Inspection report

Suite 3D, Eastgate House  
121-131 Eastgate Street  
Gloucester  
GL1 1PX

Tel: 07940252861

Website: [www.directsourcehealthcare.org](http://www.directsourcehealthcare.org)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

Direct Source Healthcare Ltd is a domiciliary care agency providing personal care to two people at the time of our inspection. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

We found all required staff recruitment checks had not been completed on staff, before they delivered people's care. We made a recommendation to support good recruitment practice.

People were protected from harm and abuse through the knowledge of staff and management. Risks to people's safety were identified, assessed and appropriate action was taken to keep people safe. Staff followed infection control procedures to protect people. People's medicines were safely managed.

Quality assurance systems were in operation with the aim of improving the service in response to people's needs. The registered manager and senior staff were visible and approachable for people using the service, their representatives and staff.

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

Rating at last inspection

The last rating for this service was Good (published 16 September 2020)

Why we inspected

We received concerns in relation to staff recruitment as a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We have found evidence that the provider needs to make improvements. Please see the safe section of this full report.

We found no evidence during this inspection that people were at risk of harm from this concern. The provider agreed to make improvements to their staff recruitment procedures.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Direct Source Healthcare on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Recommendations

We made a recommendation about staff recruitment processes.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 always safe.

Details are in our safe findings below.

### Is the service well-led?

**Good** ●

The service was well-led.

Details are in our well-Led findings below.

# Direct Source Healthcare 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 Health and Social Care Act 2008.

#### Inspection team

This 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 houses. At the time of our inspection the service was not providing personal care to people with a learning disability.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service prior notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 March 2022 and ended on 29 March 2022. We visited the location's office on 24 March 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We spoke with five members of staff including the registered manager who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with the administration officer and three care workers. We spoke with one person who used the service about their experience of the care provided.

We reviewed a range of records. This included two people's care records and medication records. We looked at three 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 reviewed.

#### After the inspection

We received comments from a commissioner of services.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

Requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- We found appropriate recruitment checks had not always been completed on staff, before they delivered people's care. We examined two staff files, these all showed shortfalls with the staff recruitment procedures. It was not always clear if information about staff conduct in previous employment with vulnerable adults or children had been received from those with the relevant authority to provide it. Important questions on some reference forms had not been answered. The provider was not following their own staff recruitment procedure in this respect. Health checks had not been made before staff were employed.
- The provider agreed to make improvements to their staff recruitment procedures.

We recommend the provider reviews their recruitment practice in accordance with their recruitment policy and procedure in relation to references.

- Other required checks such as criminal record and right to work in the UK had been carried out. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Suitable staffing levels were in place to meet the needs of people using the service. People were supported by small staff teams which ensured people received continuity of care from staff who knew them.

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

- People were protected against abuse. Staff received training on safeguarding adults and were aware of the procedures for reporting any safeguarding concerns. Staff were confident any safeguarding issues they reported would be appropriately responded to.
- Staff demonstrated a clear awareness and understanding of whistleblowing procedures and where to take concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

### Assessing risk, safety monitoring and management

- People were protected against identified risks. Risk assessments identified the potential risks to each person and described the measures in place to manage and minimise these risks. Care plans described the actions staff would take to ensure people's safety.
- Staff were trained to promote people's safety, for example they received training in manual handling, food

hygiene and health and safety.

#### Using medicines safely

- People were satisfied with how they were supported with their medicines. Staff had received training to support people to take their medicines.
- Checks were made on medicine administration records and information about people's medicines was shared with health care professionals when relevant.

#### Preventing and controlling infection

- Effective infection prevention and control procedures were in place to reduce the risk of spread of infection. The provider ensured staff were regularly testing for COVID-19 in line with current guidance.
- Staff had received training in infection control and COVID-19. People and their relatives told us staff used personal protective equipment (PPE) such as disposable gloves and aprons appropriately.
- Staff we spoke with confirmed they had access to sufficient stocks of PPE and had been supported to work through the COVID-19 pandemic.

#### Learning lessons when things go wrong

- Accidents and incidents were analysed for any patterns or trends which may require a response to keep people safe.



# 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 our last inspection we rated this key question good. At this inspection the rating has remained good.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The registered manager worked to maintain a positive culture in the service and this was reflected in the comments we heard from staff, people using the service and their relatives.
- The registered manager and senior staff carried out care visits often working alongside other staff which enabled them to meet people using the service and their relatives and ensure the values of the service were being upheld.
- The provider worked closely with commissioners of care and associated health and social care professionals.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider ensured they met CQC's registration requirements by completing and forwarding all required notifications to support our ongoing monitoring of the service and displaying the current rating of the service on their website.
- An on-call system of senior staff operated outside of office hours to respond to any issues raised by staff. One staff member commented positively about how the on-call system had supported them.
- Checks through direct observations on staff during care visits were made to ensure standards were being maintained and people were satisfied with the care and support they received. Direct observations included checks on records such as medication administration records as well as the views of the person receiving the care. Remedial action was taken where necessary.
- Telephone contact was made with people using the service and their relatives to gain their views on the quality of the service provided.

