

## Direct Care (Kent)

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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 inspection took place on 30 and 31 March 2017 and was announced.

Direct care (Kent) provides care services to people in their own home in Kent and Medway. The care provided was tailored to people's needs so that people could maintain their health and wellbeing or maintain their independence.

Care was delivered to older people some of whom were living with dementia and younger adults. There were 26 people using the service at the time of our inspection. The care and support people needed ranged from short calls to more intensive support packages requiring two staff.

At the last Care Quality Commission (CQC) inspection in July 2014, the service was rated as Good in all of the domains and had an overall Good rating.

The two providers of the service were also the registered managers. 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.

At this inspection we found the registered managers had consistently monitored the quality of their service to maintain a rating of Good.

People continued to experience care that was caring and compassionate. Staff were trusted and well thought of by the people using the service.

People continued to have their needs assessed and their care was planned to maintain their safety, health and wellbeing.

Risks were assessed and recorded by staff to protect people. There were systems in place to monitor incidents and accidents.

Staff had received training about protecting people from abuse and showed a good understanding of what their responsibilities were in preventing abuse.

The provider had updated their policies since we last inspected in line with published guidance and practice in social care.

Procedures for reporting any concerns were in place. The registered managers knew how and when they should escalate concerns following the local authorities safeguarding protocols.

Staff training covered both core training like first aid and more specialised training like catheter care. They also understood the Mental Capacity Act 2005 and how to support people's best interest if they lacked capacity.

Staff continued to have good levels of support and supervision to enable them to carry out their roles.

Staff continued to be recruited safely and had been through a selection process that ensured they were fit to work with people who needed safeguarding.

Staff had been trained to administer medicines safely and staff spoke confidently about their skills and abilities to do this well.

People were pleased that staff encouraged them to keep healthy through eating a balanced diet and drinking enough fluids. Care plans were kept reviewed and updated.

There were policies in place that ensured people would be listened to and treated fairly if they complained.

The management team and staff were committed to the values of the organisation and ensured they took these into account when delivering care and support.

People were happy with the leadership and approachability of the service's registered managers.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Direct Care (Kent)

## Detailed findings

### Background to this inspection

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

This was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated as Good at least once every two years. This inspection took place on 30 March 2017 and 31 March 2017 and was announced. We announced this inspection with 48 hours notice. We did this because the registered managers were often out of the office delivering care and we wanted to ensure they were available for the inspection.

The inspection team consisted of an inspector and an expert by experience. The expert-by-experience made telephone calls to people to ask them about their experiences of the service and had a background in caring for elderly people and understood how this type of service worked.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection.

We spoke with eight people who used the service. We spoke with four staff including the two registered managers and two care workers. We received feedback about the service from eight people and two relatives via a questionnaire.

We looked at the provider's records. These included three people's care records, care plans, health records, risk assessments and daily care records. We looked at three staff files, audits, satisfaction surveys, staff rotas, and policies and procedures.

# Is the service safe?

## Our findings

People told us that they felt safe when receiving care from Direct Care staff in their homes. They told us that having continuity in staff attending helped them have confidence and feel safe with their staff. People said, "With regard to safety, they [staff] are there when I take my insulin and my tablets. If I want anything done they will do it." "They [staff] are very good, there are quite a few of them and I like all of them, they are kind and understanding, they are so kind to me." "Absolutely no problems, there is a moving and handling plan and it's not long been revisited, they [staff] are very professional." With regards to medicines, people consistently told us this was well managed. One person said, "The girls are knowledgeable about medication management. They put it out into containers and I take it. They will fill in the book [care plan] and they will note the medication taken."

People were consistently protected from the risk of receiving care from unsuitable staff. There was an up to date policy to support robust and safe staff recruitment. Staff confirmed the process they had been through when recruited and recruitment records confirmed the registered managers followed their policy. Applicants for jobs had completed applications and been interviewed for roles within the service. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

People had consistent care from regular staff so they were protected from risk. One person said, "I think they [staff] are very good, it's like they are handpicked." We checked that people's assessment of need had been matched with staff. For example, if two staff were needed. The rota confirmed staff were allocated to 'double handed calls'. The staff rota showed that call times were planned in advance, staff and people we spoke with confirmed that staff stayed for the correct time and that within reason they arrived on time. Staff we spoke with confirmed that whenever possible they were rostered with the same people and that they got time allocated to travel between calls. This meant that people could be sure that their call times and staff allocated would be consistent.

The service had procedures in place and provided training for staff so that if they were asked to take on the administration of medicines for people they could do this. Staff we talked with told us in detail how they supported people safely when dealing with medicines. Staff followed the medicines policies and the registered managers checked that this happened by spot-checking staff and auditing medicines records. Spot checks are supervisions of staff in the field. This protected people from potential medicine errors.

People were kept safe by staff who understood and received training about the risks relating to their work. The registered managers had ensured that risks had been assessed and that safe working practices were followed by staff. Environmental risks were assessed and equipment was checked by staff before they used it. If they were at risk, the steps staff needed to follow to keep people safe were well documented in people's care plan files. We found risks assessment were completed by staff as a priority.

The provider's policy gave details of how the registered managers would monitor incidents and accidents.

There had been no recorded incidents and accidents since our last inspection. However, the registered managers understood that if any did happen they would be fully investigated to ensure steps were taken to prevent them from happening again.

The registered managers continued to understand how to protect people by reporting concerns they had to the local authority and protecting people from harm. Staff followed the provider's policy about safeguarding people and this was up to date with current practice. Staff were trained and had access to information so they understood how abuse could occur. Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to. Blowing the whistle enables employees to contact people with their concerns outside of the organisation they work for, like social services.

People's care could continue if there was disruption to the service, for example in periods of extreme weather conditions. The registered managers used a system to assess and prioritise people who could not make other arrangements for their care if staff could not get to them. This meant that the service could focus its resources into getting staff to the people most in need and protected people's continuity of care.

# Is the service effective?

## Our findings

Staff understood people's needs, followed people's care plan and were trained for their roles. People said, "I do think they [staff] are well trained. If I say something to them, they say 'No I don't mind doing that', I've got a book, they write in every day, morning and night and sign it." And, "They make me a cup of tea every day, morning and night." "Yes, they [staff] know what to do with my dressing, checking skin, driving my car, lifting me in and out, they do everything competently." Several people were assisted by staff with food preparation. People said, "I like it, fine with it, it's all perfect." And, "The staff get my breakfast the way I wish." With regard to staff using equipment people said, "The hoist, wheelchair, shower trolley, they know how to use perfectly."

Staff continued to understand the care they should be providing to individual people as they followed detailed care plans. Care plans were left in people's home for staff to follow and staff confirmed to us that these were in place and kept up to date. People told us that staff followed their care plan and we saw that this was checked by management through spot checks and audits.

People's experiences of the service indicated that staff were competent and well trained. It was possible for people to make choices about the staff they had to deliver their care. Staff spoke about the training they received and how it equipped them with the skills to deliver care effectively. The registered managers employed a trainer to deliver hands on training for new staff and to keep staff up to date.

The care people received was fully recorded by staff. We could see that care notes reflected the care required in people's assessment of need. Staff told us they read people's care notes and care plans before they started delivering care so that they were up to date with people's needs. Staff were provided with hands on practice so that they could use equipment safely.

People's health and welfare was protected by staff. This service was not providing food and drink to all of the people receiving support. This was because there were relatives living at home with people or people took care of their own needs around food and drink. However, where staff were helping people to maintain their health and wellbeing through assisting them to prepare meals, we found that people were happy with the food staff cooked for them. Staff had up to date food hygiene training.

When people needed referring to other health care professionals such as GP's or district nurses, staff understood their responsibility to encourage people to seek help. When needed, staff ensured they passed the information on to relatives or care managers so that help was organised to protect people's health and wellbeing. People were supported to maintain contacts with their GP and other health monitoring sessions with community nurses to assist them to stay healthy.

People had recorded their consent to receive the care in their care plan and staff gained verbal consent at each visit. Gaining consent from people before care was delivered happened routinely. People were free to do as they wished in their own homes. The registered managers had a good understanding of the Mental Capacity Act (MCA) 2005. There was an up to date policy in place covering mental capacity. Staff had



received training in relation to protecting people's rights. This prepared them for any situation where they may think the MCA needed to be considered as part of someone's care.

The registered managers wanted staff to have the skills and support they needed to do their jobs well. Staff received a comprehensive induction when they started working for the service. Records showed that when new staff started work they began training using the Care Certificate Standards. These are nationally recognised training and competency standards for adult social care services. Staff told us they had completed shadow shifts and an induction when they started working at the service. Staff said, "I get regular training updates," and "The trainer is very good, we practice using the equipment in the training room." "For example, we get to use things like sliding sheets on beds where a colleague role plays as the service users and we can practice moving them up and down the bed safely." Other equipment was provided in the training room to enable staff to practice hands on care.

The registered managers used a range of methods to ensure that staff could develop the right skills for their role. They provided competency checks for staff which challenged them to say how they would maintain standards in relation to dignity and privacy, administering medicines and keeping people safe. This ensured staff had training relevant to the people they delivered care to.

The registered managers had a plan in place to ensure that all staff received supervisions and an annual appraisal. This gave staff the opportunity to discuss what had gone well for them over the previous year, where they had strengths and weaknesses in their skills and enabled them to plan their training and development for the coming year. This assisted staff to improve their skills and keep up to date with developments in social care.

## Is the service caring?

### Our findings

People described the care that they received very positively. People gave staff 100% for their caring attitude in the feedback questionnaire responses. People we spoke with told us that the staff who visited them were all very caring and would always ask them how they were feeling and ask them what they would like help with. People said, "I have the same girl each morning, you get to trust them, we work well as a team because she knows what to do every day." "They [staff] are very professional, I can't fault them." "They [staff] ask if I want anything before they leave. I can't find fault with them at all, I'm very happy with the service."

What people thought about their care was incorporated into their care plans which were individualised and well written. The care plans clearly set out what care the staff would provide. People could vary the care they received from the service and used a mix of care that suited their needs. For example, some people had a mix of personal care and domestic help.

Staff treated people well. When staff spoke to us they displayed the right attitude, they told us they give people time to do things, they tried not to rush people. People described that staff were cheerful, kind and attentive to their needs. One person said, "The staff are very caring. You get the feeling someone is looking after you that cares for you."

People let us know how important it was for them to be as independent as possible and how staff supported this. People indicated that, where appropriate, staff encouraged them to do things for themselves and also respected people's privacy and dignity. People told us that staff were good at respecting their privacy and dignity. Staff told us that they offered people choices about how they wanted their care delivered. They also described in detail how they assisted people to maintain their dignity during the delivery of personal care.

Information was given to people about how their care would be provided. People signed their care plan. Each person had received a statement setting out what care the service would provide for them, what times staff would arrive and information about staff skills and experience. People were knowledgeable about the service and told us that there were care plans they could look at in their homes. The care plans enabled them to check they were receiving the agreed care.

Information about people was kept securely in the office and the access was restricted to senior staff. The registered managers ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office. Staff understood their responsibility to maintain people's confidentiality.

## Is the service responsive?

### Our findings

People's needs were reviewed and kept up to date and the registered manager and staff were always available to listen to people's views. People said, "Anything different we go through it, or if anything arises I get contacted." "Occasionally, I ask for changes around the day to day running of things, like could I change a day, they [Direct Care] respond very nicely." "We usually see them a minimum of twice a year for feedback. If they are short at weekends the owners will stand in, it makes them aware of how things are going."

People's needs were assessed using a range of information which was used to develop a care plan for staff to follow. Care plans were individualised and focused on areas of care people needed.

Records showed that people had been asked their views about their care. The registered managers reviewed the care plans at least every six months. Reviews of the care plan could be completed at any time if the person's needs changed. We could see that care plan reviews had taken place as planned and that these had been recorded.

Staff protected people's health and welfare by calling health and social care professionals if people were unwell. For example people told us how staff responded to maintain their health, one person said, "Staff realised I wasn't well and called the medics who took me to hospital." The person also told us that staff knew how to meet her needs and knew what they were doing. Another person said, "One day I had a fall, I couldn't get up, I called the office they were here in five minutes and called an ambulance." Overall they are excellent, I have no complaints whatsoever. They are kind, nice and understanding." This meant that people benefited from care that always followed best practice principals.

There was a policy about dealing with complaints that the staff and registered managers followed. This ensured that complaints were responded to. There had only been one recorded complaint for this service since our last inspection. This complaint had been logged, investigated and the outcomes recorded.

There were good systems in place to make sure that people's concerns were dealt with promptly before they became complaints. There was regular contact between people using the service and the management team. The registered managers always tried to improve people's experiences of the service by asking for and responding to feedback.

# Is the service well-led?

## Our findings

The registered managers had been leading the service since 2011. They were also the registered providers and owners of Direct Care. The management team at the service provided a good balance of skills experience and knowledge. They had demonstrated that they could sustain a Good rating.

People said, "They [the registered managers] are approachable, they've always done what I've asked them. Overall, they are 'Very good, Excellent.' "The two owners came and introduced themselves before I started using the service. I'm lucky really, I'm very pleased with the service."

Relatives commented. 'My relative is very happy with the service provided. Direct Care (Kent) are so much more of an improvement on the previous rather poor and uncaring company we used. The Direct Care staff take time to chat with my relative which makes the visit more enjoyable for her, I am very pleased we have found this company now. Another person said, "First Class, very good. I try to sell it to other people. I recommend to friends 'go to Direct Care'. It is a first class service I get."

The registered managers continued to quality audit the standards in the service. These audits assisted the registered managers to maintain a good standard of service for people. Both of the registered managers also delivered hands on care to people for up to 20 hours each a week. This enabled them to consistently work alongside their staff, and meet people face to face to get their views about the service. Care plans, risk assessments and staff files were kept up to date and reviewed regularly. Records showed that the registered managers responded to any safety concerns and they ensured that risks affecting staff were assessed.

The aims and objectives for the service were set out and the registered managers of the service were able to follow these. Staff received training and development to enable this to be achieved. The registered managers had a clear understanding of what the service could provide to people in the way of care. This demonstrated that the registered managers wanted to ensure they maintained the quality of the service for people.

Staff remained committed and passionate about delivering high quality, person centred care to people. We spoke with staff who were well supported and who had regular and effective communications with their managers.

The registered managers ensured that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. This led to the promotion of good working practices within the service. Staff told us they enjoyed their jobs. Staff believed they were listened to as part of a team, they were positive about the management team of the service. Staff told us that the registered managers were approachable.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service.

The registered managers were proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. The registered managers understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.