

Carers Direct Homecare Ltd

Carers Direct Homecare

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

Carers Direct Homecare is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection the service was providing personal care to 128 people.

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

People felt safe with staff from the service. Care plans and risk assessments provided guidance for staff to follow to reduce risk to people's safety. Staff understood how to protect people from the risk of harm and understood potential signs of abuse.

People and relatives were involved in assessments of potential risks to safety and in identifying measures to keep them safe. Staff went through a recruitment process so the provider only employed suitable staff, though the system was not fully robust.

People and relatives said people received their prescribed medicines. There were a small number of records with gaps in dosages to be supplied. People were protected from the risk of infections through staff working practices. People had enough staff to meet their needs. Staff undertook induction training which provided them with the knowledge and skills to do their job well and effectively meet people's needs.

People were provided with care and support that ensured they had good nutrition and hydration. They had access to healthcare which maintained their health and wellbeing. People were supported to have choice and control of their lives and staff supported them to do this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff knew people well. People had developed positive relationships with staff which helped to ensure good communication and support. Staff respected people's privacy and dignity and encouraged people to be as independent as possible.

People or their representatives were involved and consulted when making changes to how their support was provided. Staff knew and understood the needs of the people using the service and care was provided based on their assessed needs. Staff were responsive to changes in people's needs to ensure people received timely help to maintain their health and well-being.

People and relatives knew how to raise any concerns or make a complaint. The provider had a policy and procedure which involved investigation and solutions to put things right. This provided information about

how these would be managed and responded to.

Systems were in place to monitor the quality of care and support people experienced through quality assurance systems and processes to drive improvements in the service. However, the system needed to be more thorough.

People, relatives and staff spoke positively about the management and leadership of the service. People said staff were very friendly and caring, and they had good relationships with them.

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

Rating at last inspection:

The last rating for this service was good. The inspection report for this inspection was published in July 2017.

Why we inspected:

This was a planned inspection based on the previous rating .

Follow up:

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our Well led findings below.

Good ●

Carers Direct Homecare

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that when a registered manager is registered, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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

What we did before inspection

In planning our inspection, we reviewed information we had received about the service since the last inspection. This included checking any notifications (events which happened in the service that the provider is required to tell us about). We also used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and eight relatives about their experience of the care

provided. We also spoke with three members of care staff, the registered manager, the office manager and the training officer.

We reviewed a range of records. This included three 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 continued to seek clarification from management to validate evidence found, including amended procedures. We received this information.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management.

- Staff kept people safe. People and relatives were satisfied staff took measures to keep people safe. A relative said, "Staff are good with my [relative]. They know how to make sure they are safe."
- An assessment of health and safety of premises had been carried out for people's homes. This was comprehensive and included information about how to reduce potential fire risks.
- Individual risks to people's safety had been assessed, though this needed to be more detailed with regard to the care plan on identified risks with asthma and catheter care. The registered manager swiftly sent us this information to update the risk assessments.
- Information was in place for staff of action that needed to be taken to reduce identified risks.
- Staff members had a good understanding of people's needs in order to keep people safe. For example, ensuring people could walk safely without falling.

Staffing and recruitment

- Prospective staff members suitability was checked before they started work. The Disclosure and Barring Service (DBS) allows providers to check the criminal history of anyone applying for a job in a care setting. References were in place except one reference was missing from a previous care employment. The registered manager said a system would be put in place to ensure references were always sought from the previous care employers.
- There were enough staff to meet people's needs. People and relatives said staff attended calls at agreed times. There were no reported missed calls.
- Staff said there were enough staff attending calls to keep people safe. For example, if people needed two staff to safely meet their needs, then both staff would always turn up.

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

- People and relatives confirmed people felt safe and secure with staff from the service.
- Staff members knew how to recognise signs of abuse and to act, including referring any incidents to a relevant outside agency if needed. The whistleblowing procedure had contact details of relevant agencies for staff to contact in the event of an incident.
- Staff had received safeguarding training to know how to safeguard people in the event of an incident. This included information on the different types of abuse staff may need to deal with.

Using medicines safely

- People said they were prompted by staff to take their medicines when prescribed. Records showed people had received their medicines. Some records did not show the dosage needed. The registered manager swiftly followed this issue up.

- The provider had a policy and procedure for the receipt, storage, administration and disposal of medicines to ensure medicines were supplied safely to people.
- Staff were knowledgeable about the procedure to supply people with their medicines.

Preventing and controlling infection

- People and relatives told us they had no concerns about the cleanliness, appearance and standards of hygiene demonstrated by staff. Hygiene standards were described as very good, with staff wearing protective equipment when providing personal care.
- Staff had been trained on maintaining infection control. This helped to protect people from acquiring infectious diseases. Staff were aware of the need to wear protective equipment and wash their hands thoroughly after completing a task, to prevent infections being passed to people.
- Supplies of personal protective equipment were present in the office, available to staff when needed.

Learning lessons when things go wrong

- The registered manager said the service was aware of the need to learn if situations had gone wrong. This had included the need to ensure medicines were securely stored when a risk had been identified in a care plan. This showed action to try to ensure this type of accident was prevented from happening again.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remains the same. People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed to ensure they received the right support.
- People and relatives said needs were fully met by staff. Timely care had been provided to people. Staff said care and support plans made sure they were able to provide care that met people's needs.

Staff support: induction, training, skills and experience

- People and relatives said staff had been well trained to do their jobs so they knew what they were doing when providing personal care.
- People were supported by staff who had received ongoing relevant training. If staff requested more training, they said management would arrange this for them. The office manager was following up staff who had not received training in a small number of issues. There was no evidence this impacted on the quality of the service provided to people.
- On joining the service, staff received an induction and training in relevant issues such as how to assist people to move safely, and how to safeguard people. They had opportunities to shadow experienced staff to show them how to effectively meet people's needs.
- Staff were given opportunities to review their individual work and development needs in supervision sessions.

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

- Nobody had concerns about nutrition or hydration issues. People who had their meals or snacks prepared were involved in discussions about what they want to eat and drink. Everyone said staff left drinks for people before they left, if that is what the person wanted. This kept people hydrated.
- A relative said, "They [staff] do a good job in presenting food."
- Staff were aware of people's dietary requirements. They had relevant information in care plans to ensure food was safe for people to eat.

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

- People's care plans included information on meeting their health and social needs.
- A relative told us when their family member needed additional equipment, management made a referral to the relevant agency to obtain mobility equipment.

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

- A relative said, "If there is a problem, staff always report this to me."

- People's health and wellbeing was supported by staff. Records of people's care showed this usually happened. For example, management had meetings with specialist nurses to review and improve people's health conditions. On one occasion, we found staff had reported a health issue to a relative, but had not suggested obtaining medical support. The registered manager said staff would always suggest this be done in the future.
- People and relatives said staff assisted with healthcare needs.
- Relatives told us that they would be notified if a relative was poorly and needed medical help. A relative told us, "This always happens."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA. We found that it was.

- Care records showed people's capacity to make decisions, and mental capacity assessments, had been carried out.
- Staff confirmed no-one had restrictions placed on their ability to make decisions.
- People were able to consent to their care. Care plans contained signed statements that people consented to personal care being provided to them.
- People and relatives said staff asked people's consent before providing personal care to them.

Is the service caring?

Our findings

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

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

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

- People and relatives spoke very positively about the care staff. A person said, "Staff are very good, very kind and friendly." A relative told us in relation to a staff member: "She is an amazing woman. So good at her job and so kind."
- People's cultural needs were respected. People said they had support from staff who could speak their first languages. People and relatives said staff ensured their cultural preferences were followed such as wearing shoe protectors when entering their homes.
- The service user's guide included information on ensuring people were not discriminated due to issues such as race, religion and sexual orientation. This gave a positive message to people using the service they would be well treated and supported. These values had been discussed at a staff meeting.

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

- People and relatives told us they had been involved in care planning at the beginning of their involvement with the service. They agreed with the care plan that had been drawn up for them. This was shown in records. A relative said, "The manager came out and spent a lot of time looking into my mum's care. We were very satisfied with the care plan." Another person said, "I am happy with my care plan. It has all my needs in it."
- People and relatives confirmed they had been consulted about whether the care provided still met people's needs.

Respecting and promoting people's privacy, dignity and independence

- People and relatives said staff respected people's privacy and dignity. Staff gave examples of how they did this in practice such as covering people when they received personal care.
- People said staff ensured people always chose their lifestyles, such as personal care, food and clothing. Staff were aware of the need to ask and follow people's choices.
- People and relatives also said staff supported people to be as independent as possible. One relative said their relative was able to do some of their own personal care and staff gave encouragement to do this.
- Care plans included this encouragement and direction for staff to follow. Staff provided many examples of how they encouraged people to do as much as they could for themselves. This was also discussed with people when management contacted them to check whether they received a good service.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People and relatives said staff provided people with care that met their individual needs. Staff responded quickly to the requests made.
- Care plans had information about people's preferences and their life histories though detail about hobbies and interests was missing in some care plans. The registered manager said this would be followed up. Staff would then have comprehensive information about people's individual backgrounds.
- Everybody said people's changing needs were reflected in their care plans.
- Staff members were aware of people's daily routines.

Meeting people's communication needs

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

- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). The service identified people's information and communication needs by assessing them and ensured people could understand information relevant to their needs.
- People's communication needs were met. Large print documents were made available for people with reading difficulties. Information from the provider had been translated into people's first language. A relative said their family member was hard of hearing so staff used gestures to help them communicate. The office manager said in the past photographs were used to aid communication for a person. A care plan stated a person needed to use an alphabet board to communicate.

Improving care quality in response to complaints or concerns

- No one said they had made any complaints. People and relatives said when they approached the office for any concerns they had, these had been quickly dealt with.
- Complaints received since the last inspection had been investigated and actions put in place to resolve issues.
- There was a complaints procedure in the service user's guide which set out how complaints would be investigated. The procedure did not include information that people could refer their complaint to the local government ombudsman or the local authority who are the complaints agency. The procedure was swiftly amended after the inspection to include this detail.

End of life care and support

- Some end of life care plans were in place, which included some of people's wishes. Information about detailed preferences were not in place. The registered manager said this would be followed up.
- Staff training had been put in place to ensure care provided was based on people's wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

- The registered manager ensured people were involved with their care and staff understood the need to treat people as individuals and respect their wishes. The registered manager was committed to ensuring people received person centred care.
- Staff spoke positively of the support they received from management. They told us they were available by telephone, if they had any concerns, and were available to speak with when they went to the office.

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 registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with 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.
- There were no incidents recorded at the time of the inspection. The registered manager told us no incidents of service failure had taken place.

Continuous learning and improving care

- The registered manager and office manager continuously sought ways to make improvements to the care and support provided, to achieve the best possible quality of life for people. This included reviews of people's needs to ensure the care provided was appropriate, and reviews of the service to ensure people had the best care possible.
- The registered manager kept up-to-date with good practice by using the CQC website and other professional websites.

Working in partnership with others

- The service worked with health and social care professionals to ensure people's needs were met. People were also referred to other services to ensure their needs were met, for example, the occupational health department.
- People were supported to use local services if this is what they wanted, such as attending a day centre.

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

- There was a registered manager in place, registered with CQC.

- Quality audits were carried out to drive improvement of the service such as checking personal care provided by staff. Some audits stated what the policies and procedures of the service were without measuring whether these were effectively in place. The registered manager said this would be followed up.
- People and staff were very positive about the management and leadership of the service. There was a reliable staff team who said they took pride in providing care and support to people using the service.