

Care Direct & Support Solutions Ltd

Care Direct & Support Solutions (Luton) Office

Inspection report

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06 January 2020

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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

About the service

Care Direct & Support Solutions (Luton) Office is a domiciliary care agency providing personal care to seven people at the time of the inspection. Not everyone who used the service received personal care. 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 told us they felt safe and were well supported by staff. People were safe as staff had received training in safeguarding adults and had a good understanding of the types and symptoms of abuse. Staff knew how to report concerns and were confident to do so.

People received their medicines on time and correctly. Staff worked with the local health professionals and pharmacies to ensure people had the right medicine and health support at the right times.

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 had a good understanding of the Mental Capacity Act and how to support people to make decisions or report concerns of capacity where people's abilities had changed.

Staff supported people to have enough to eat and drink and to access a range of health professionals as they required it.

People told us staff were kind and caring and never rushed them. Staff supported people to review their care needs regularly involving their relatives and health professionals as requested. People were supported to receive care that was in line with their preferred methods and needs, taking into account their abilities and cultural sensitivities.

Staff responded to complaints quickly and effectively and people told us complaints were resolved and the same issues did not reoccur.

Staff encouraged people to give feedback on the service and suggest ideas for improvements. The manager had created an open, person centred culture and a clear vision of high-quality personalised care that was shared by the staff team and experienced by people receiving care.

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

Rating at last inspection

The last rating for this service was good (3 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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 ●

Care Direct & Support Solutions (Luton) Office

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

One inspector carried out this inspection.

Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 48 hours' 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 02 January 2020 when we visited the site office and ended on 06 January 2020 when we finished speaking with people.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We 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. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, senior care workers and care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two 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 the provider to validate evidence found. We looked at quality assurance records. We spoke with two professionals who regularly visit the service.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe because staff treated them well, were kind and met all of their needs. One person told us, "Yes, [I feel safe]. I think because staff are very aware of my situation, I feel confident that they would do anything to help protect me if I needed it."
- The provider had effective safeguarding systems in place. Staff had received training in safeguarding and understood what to do to protect people from harm and report any report concerns both internally and externally.

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health and welfare such as moving and handling and falls. Specific risks in relation to people's health conditions such as diabetes, mental health and dementia had also been assessed and measures were in place to mitigate the identified risks.
- Risk assessments in relation to people's environment, in and around their homes had also been completed, these included those for fire safety and infection control.

Staffing and recruitment

- People told us there were always enough staff to support their needs and they mostly had regular teams of the same staff support them which gave a continuity of care. People and their relatives also told us staff were on time and they had not experienced missed or late calls.
- Pre-employment checks such as disclosure and barring checks were carried out before staff started work to ensure they were suitable for the role.

Using medicines safely

- Not all people being supported needed help with their medicines as they were able to do this themselves or received support from their family. For people who did require support with medicines, this was given in ways that suited each person at the correct time. One person said, "I have never had any problems, [with medicines]. Staff are really good at prompting me to order them when I am running low."
- Staff were trained to help people take their medicines. The registered manager completed competency checks to make sure staff understood this training and were able to give medicines safely.

Preventing and controlling infection

- Staff had completed training in how to reduce the risk of infection and they followed good practice guidance. They used personal protective equipment, such as gloves and understood how to help prevent the spread of infection.

Learning lessons when things go wrong

- Incidents or accidents involving people using the service or staff were managed effectively. Staff recorded these appropriately and team leaders acted following accidents or incidents to reduce the risk of these reoccurring.
- Staff told us that incidents were discussed at team meetings and individual supervision to reflect on what had occurred and how to do things differently. This gave them the opportunity to discuss what went wrong and what action they could take to reduce the risk of reoccurrence.

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 has remained the same. This meant 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

- The registered manager completed a holistic assessment of people's needs prior to them using the service. Assessments were detailed and included people's personal preferences and history.

The registered manager worked with health and social care professionals when assessing and planning people's care. This enabled them to make sure they considered up to date guidance in how to meet people's individual needs

- The information gathered at assessment was used to develop person centred care plans. These plans considered people's needs and choices and what decisions they were able to make for themselves. One relative told us how as result of re-assessment they were starting to try a change to the hours of care to better suit the needs of their family member.

Staff support: induction, training, skills and experience

- The registered manager provided a full induction programme for staff which included training, shadowing and mentoring by senior staff. Staff were then supported with continual learning and individual supervisions and appraisals.

- New staff completed the Care Certificate, which identifies a set of standards and introductory skills that health and social care workers should consistently adhere to and includes assessments of competency. Staff told us they received good training which included written and verbal tests and observations of practice.

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

- People were supported to eat and drink if this was needed. This included supporting people with a variety of types of diets to meet their medical or cultural needs. Staff told us people's relatives had helped teach them how to make some speciality foods.

- Staff told us they had completed food hygiene training and they described how they supported people to maintain a good balanced diet and stay hydrated.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff recorded important information about people, their needs, daily routines and preferences at each care visit. The information was made available when people visited other providers of care, such as hospitals. This meant these details were available if the person was not able to tell others about their preferences and they did not have a staff member to help them with this.

- Senior staff made referrals to specialist health and social care professionals such as district nurses and

occupational therapists when needed. The registered manager told us about how they also worked with organisations such as Age UK to try and get people additional resources and support and prevent isolation.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- No-one being supported was being deprived of their liberty. However, people were supported by staff who understood the principles of the MCA and the role of the Court of Protection. They knew how to support people to continue making decisions and who to go to if the person was unable to do so any longer.

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 this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated kindly by staff, who showed sensitivity in regard to people's needs, abilities and cultures. One person told us, "Staff are all brilliant, they are really friendly and supportive."
- People told us staff were caring and made sure they had everything they needed. Staff were aware of people's individual needs and preferences and how to adapt the care to meet people's changing needs. One person said, "Staff can be really flexible. Sometimes I need to get to church early on a Sunday so [staff member] always checks what time I am going and if so, will come earlier."
- People were supported to maintain relationships with their families and friends. A relative told us how they agreed an open approach to the care hours with the agency. This was because their family member could vary greatly in how much time they needed for staff to support them the way they preferred without rushing them.

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

- People told us staff always gave them choice and asked their views on the care before care was delivered. People were encouraged to speak up and had confidence that if anything needed changing the registered manager would implement this.
- Not all people and relatives could recall having formal reviews but confirmed they spoke to the registered manager and the staff about the care very regularly and were very happy with the care being provided.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to maintain people's dignity and promote their independence by ensuring privacy was upheld. Staff spoke about people in respectful language. One staff member explained how they were able to build trusting relationships with people due to having regular clients. They felt this had enabled them to better foster people's respect and uphold their dignity when working with them as they knew each other so well.
- One person told us an example of how staff promoted their independence when they had fluctuating abilities and strength. They told us, "On days when I'm not feeling so steady staff will go and change the way they support me to suit what I need. Sometimes I am feeling strong enough to stand in the shower and do the majority myself. But on days I am feeling wobbly, I can stay sat down and staff adapt to what I need at that time."

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 had care plans in place, which were personalised and written in detail. These gave staff enough guidance on how to respond to people's needs effectively and safely. There was also clear information about people's long-term health conditions and medicines to guide staff.
- Staff had built good relationships as people spoke very highly of the care they gave. Staff knew people's likes, dislikes and preferences. A relative said, "Staff are very caring and try to meet your needs, they let you know and put themselves out if there is a problem. If they need to stay longer they would do that to make sure [my family member] is ok. Staff put [my family member] at ease."
- People's care was personalised to ensure their choices were respected. One person told us, "For instance, today I might be meeting up with [relative] later but I am not sure, so I might not be in at [the later care visit time]. So, during my morning call [staff member] has prepared what I need for this evening's meal, just in case."

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.

- Staff and relatives told us some people had difficulty using verbal speech. However, staff understood what people were saying by taking time to understand them. Staff also told us about how people used gestures and expressions to emphasise verbal speech.
- The service was not currently supporting anyone who had more complex communication needs. However, the registered manager and staff understood how to ensure information was in accessible formats such as large print, audio or other languages should it be required.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were not happy with the care they received. They told us they would speak with the registered manager, other staff or their relatives if they had concerns.
- The service fully investigated all complaints and escalated complaints. The registered manager had recently introduced a separate book for recording less serious concerns people had and the outcomes.

End of life care and support

- Although the service was not currently supporting anyone receiving end of life care, the registered manager had, at the time of assessment, discussed the concept of death and dying with people as a way of

opening further discussions about people's own wishes. We discussed with the registered manager revisiting the conversation when conducting reviews of care.

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. 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; 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 committed to developing a person-centred culture within the service. They understood their responsibilities to ensure people received the care they needed and stepped in to support staff when this was required.
- People and staff spoke positively of the registered manager explaining how they were very supportive. A staff member said, "I think the support has always been there. I have come forward to say I get stressed out in situations and need help. The registered manager has been able to really help me out and helps me balance my work/life balance and how to self-care and be assertive."
- The registered manager complied with legal requirements for duty of candour; they displayed their rating and we received notifications of significant events as required.

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

- Staff told us they were well supported by the registered manager who provided a good quality of training. Staff told us they had the opportunity to follow up individually and as a team in supervisions and staff meetings if there was something they were not sure about.
- The registered manager and the staff team understood the requirements of their role and the legal regulations. The registered manager also ensured their knowledge was up to date by subscribing to newsletters in the care industry. They then shared this information with the staff team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager sent out surveys regularly to people and staff and the results were analysed. Action plans were drawn up from these surveys and we saw evidence that these were completed and that the following surveys showed improved results.
- Staff completed reviews of people's care, which also provided people and relatives with the opportunity to feed back about their care.

Continuous learning and improving care

- Processes to assess and check the quality and safety of the service were completed. The registered manager carried out audits and quality monitoring visits to people's homes. These showed they identified

areas of the service that required improvement and made those improvements in a timely way. Records of complaints, accidents and incidents were analysed to find trends or themes.

Working in partnership with others

- Staff worked in partnership with other organisations, such as the local authority social services, local charities such as Age UK and other healthcare teams.