

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 

Overall summary

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This inspection was announced. 'The provider was given 48 hours' notice because the location provides a domiciliary care service'. There were 25 people using the service when we inspected and the care and support was delivered to people in their own homes. The agency provided personal care, support with medication and

some complex care and support to people with higher dependency levels. For example for people with physical disabilities or people who needed specialist feeding equipment such as PEG care and dementia. (PEG feeding tubes are used where people cannot maintain adequate food and drink intakes in the normal way.)

The agency had two registered managers who were also the owners of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the agency and has the legal responsibility for meeting the requirements of the law; as does the provider.

Managers assessed people's needs and planned peoples care to maintain their safety, health and wellbeing. Risks

Summary of findings

were assessed to protect people who received care and for staff providing care. People said, “I feel more than safe, I could not ask for anything better”. And “My regular morning carer is everything a carer should be, genuine and honest”.

Managers ensured that they could continue the service to people in the event of foreseeable emergencies, such as during periods of extreme weather.

People’s rights and safety were protected because staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Managers knew how and when to submit DoLS applications and had ensured that staff received training in relation to protecting people’s rights.

The agency had robust recruitment policies that had been followed. This ensured safe recruitment practices. Staff backgrounds were checked prior to them starting work. The managers told us staffing levels were kept under review and adjusted according to people’s assessed needs.

People told us that staff met their needs. People told us that they received care and support in a timely manner. They said, “I have had a small group of carers for more than five years, everything is in order and I am very satisfied, there are no problems at all”. And “I get the same staff and my routine is identical”.

Staff had received safeguarding training and showed a good understanding of what their responsibilities were in preventing abuse. They knew the procedures for reporting any concerns they may have and had confidence the manager would respond appropriately to any concerns they raised.

People and their families, had been involved in planning their care. Where required, staff supported people to maintain their health ensuring they had adequate food and drink. .

People received care from staff who had been trained to meet their individual needs. People told us that staff were well trained. Managers encouraged staff to develop and provided training to meet the needs of people who received care. Staff said, “I have my NVQ 2 & 3 and have just started a management training course.” (A National Vocational Qualification (NVQ) is a nationally recognised qualification).

People told us that staff were caring. The agency provided guidance and training to staff to ensure they understood how to deliver care with respect and compassion. People gave examples of staff staying with them longer when they needed more time. Others told us about how staff treated them with respect. People said, “Staff always make sure I have a flask of hot drink to last me through to the next call”. Another person said, “I find the carers respectful and responsive”.

Managers encouraged people to get involved in how their care was planned and delivered. They respected people’s right to write their own care plans and direct their own care and support. The agency demonstrated that where appropriate they involved other people who were important to individuals receiving care. This enabled them to build a good picture of who people were, their likes, dislikes, skills and life experiences.

People told us that managers were approachable and listened to their views. Managers provided good leadership and carried out care tasks themselves when necessary. One person said, “Compared to other community care experiences I have had, this agency is extremely well organised”. Others said, “I have always found that any problems I may have with my care, all I have to do is let them know I have a problem, and it will be sorted fairly and promptly”. Managers demonstrated that they wanted to maintain and improve standards within the agency.

Summary of findings

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 care is safe.

People told us they felt safe. Safeguarding procedures were robust and staff knew how to safeguard the people they supported from any kind of abuse.

Risk in relation the care delivered were assessed and managed to protect people from harm. Managers understood their responsibilities under the Mental Capacity Act 2005.

Robust recruitment procedures were followed to make sure that only suitable staff were employed. There were enough staff employed to manage people's care safely.

Good



Is the service effective?

The care is effective.

Staff were given the training, supervision and support they needed to make sure they had the knowledge and understanding to provide effective care and support.

People's health and personal care needs were supported effectively. People were involved in writing their plans of care. Staff followed people's assessed care needs so that people were supported to maintain their health and wellbeing.

Good



Is the service caring?

The care is caring.

People were listened to, valued, and treated with kindness and compassion in their day to day lives. They were involved in planning and making decisions about their care and treatment.

People could be confident that information about them was treated confidentially. Staff were careful to protect people's privacy and dignity. Staff encouraged and supported people to remain as independent as possible.

Good



Is the service responsive?

The care is responsive.

People's individual assessments and care plans were kept under review and updated as their needs changed to make sure they continued to receive the care and support they needed.

People were encouraged to express their views and these were taken into account in planning the service. There was a complaints procedure and people knew who to talk to if they had any concerns.

Good



Is the service well-led?

The care is well-led.

The agency owners visited the agency frequently and supported and provided leadership for staff. The staffing and management structure ensured that staff knew who they were accountable to and where to get support.

Good



Summary of findings

There were effective quality assurance systems to monitor and review the quality of the service. The managers were proactive in looking for ways to develop and improve. Managers promoted the development of an open culture where people could provide feedback about their experiences.

Direct Care (Kent)

Detailed findings

Background to this inspection

This inspection took place on 15 July, 27 July and 28 July 2014. The inspection team consisted of an inspector and an expert by experience. The expert-by-experience was a person who had personal experience of caring for someone who uses this type of care agency.

At the last inspection in July 2013 the agency met the regulations we inspected.

Before the inspection, the provider completed 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. Before the inspection we reviewed the PIR and all the information we held about the agency.

We sent questionnaires to people and received 26 responses; people's views were collated by CQC. This included 18 people who used the service, seven staff and one community nurse health professional. We spoke with 24 people during the course of the inspection. This included 14 people who used the service, six relatives and four staff.

We looked at the agency's policies and procedures, complaints records and quality auditing systems. We viewed four files that related to staff recruitment, training and supervision. We checked the health and safety systems used by the agency. We looked at five care plan files for people who used the agency and took account of what people had told the agency about the care provided.

We considered information that the agency had sent to CQC prior to our inspection. For example notifications required under the health and social care act 2008. Also, we looked at what people told us about their experience of receiving care from the agency prior to the inspection.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People said they “feel safe” with the care provided. One person said, “I feel more than safe, I could not ask for anything better”. Another person told us about how important it was for them to have carers call as they would not see anyone. They said, “I’m so thrilled with my carers and to have them come”. Others said “My regular morning carer is everything a carer should be; genuine and honest”.

People did not raise any concerns about staffing levels. People told us that if they needed two staff to attend the call, for example if they required lifting using a hoist, two staff arrived. One person said, “I depend on the carers from Direct Care, I am over the moon with them, I can ring 24/7 and get a response”.

Most people’s comments about the agency were positive. One person said, “The carers are punctual”. Another said, “The staff have a fantastic attitude”. None of the people we talked with had concerns about safety.

The risk to people’s safety was assessed and well managed. People told us there were back up systems to cover staff absences. For example for staff absences due to holidays or sickness.

Risks were assessed to keep people safe. Environmental risks were assessed in each person’s home and equipment was checked by staff before they used it.

Accidents and incidents that occurred had been reviewed and analysed by the manager. We found actions taken were recorded. For example, staff had recorded who they had informed about the incident, what immediate action they had taken and what further action they took. These records had been reviewed by the manager.

Staff had received training in equalities and non-discriminatory practice and there were policies in place for them to follow about this. This ensured that staff understood how to respect people’s differences and avoid imposing their own views on others.

The registered managers understood how to safeguard people’s rights under the Mental Capacity Act 2005. This was to protect people whose ability to make day to day decisions may be affected by conditions like Dementia. For example, if people were no longer able to consent to the care being provided.

Safeguarding was to the fore front of staff practice. Staff had received safeguarding training and had a good understanding of their responsibilities to protect people who may be at risk of abuse. Staff we spoke with were clear about the kinds of abuse that may happen, for example physical abuse and they knew the correct action to take if they suspected abuse was taking place. Staff understood that they could report concerns to people outside of the agency, for example to care managers. This was encouraged by the providers whistleblowing policy.

There was a procedure to deal with foreseeable emergencies that could reasonably be expected to arise. For example, during periods of severe weather or staff sickness, to make sure that people’s care continued. Care records were backed up onto a computer. People’s care records could be accessed from different locations which ensured service continuity. For example, if the office computer systems could not be accessed by staff because there was a power failure. We talked with a managers about their emergency procedures. They were able to explain how they had risk assessed and prioritised people depending on their needs and vulnerability should there be any disruption to their normal service. Staff confirmed that the managers of the company were available on call at any time. When managers were not available other senior members of staff would be on call. People told us that during periods of snow, their care had continued because the managers had accessed four wheel drive vehicles. One person said, “I live in a rural location, even in snow the boss brought carers in a four wheel drive vehicle, my care continued quite happily”.

Staff recruitment files, demonstrated reliable recruitment procedures. Staff had completed an application form with their full employment history. Gaps in employment histories were checked. Other information checked by the manager included written references, confirmation of previous training and qualifications. Staff had been checked against the disclosure and barring service records to see if they had any criminal convictions. The managers made checks to ensure that people were eligible to work in the UK.

Is the service effective?

Our findings

People's needs had been assessed and their care was planned, delivered and recorded effectively. One person said, "I have a very good care plan, staff all sign the book". People told us that their care was well planned and that staff arrived at the times they needed them. Another person said, "I have had a small group of carers for 6-7 years, everything is in order and I am very satisfied, there are no problems at all".

People had consented to the care being provided and staff told us that they asked people for their consent before delivering care and support. People had been encouraged to sign their care plans to demonstrate they were aware of them.

Most people told us that they get the same staff providing their care. People said, "I have a set of regular carers on the rota, they let me know when someone different is coming." and, "I get the same staff and my routine is identical". Some people said that the time staff arrived for their call was not consistent. However, we did not find that this was indicative of the overall performance of the agency. We talked with the managers about this. People were aware that staff may not always be able to arrive on time and this was built into the system with a 30 minute lea way. Also, there were systems in place for the managers to be alerted if staff were not able to make the allotted call times. The managers gave us an example of where they had stepped in and provided care and support when staff could not meet a call time.

Information about the agency, what services they provided and how to contact managers was given to people when they started using the agency. People told us that they knew how to contact the agencies office and out of hours services.

People's needs were assessed, and their care and treatment was planned and delivered in line with their individual care plan. One person told us that staff always ensured they received their medicine on time, they said, "Staff are very strict about medication, they get them ready for me and prompt me to take them". Staff had recorded the care and support people had received in their daily care log books within the care file records. Care plan files were up to date and care had been provided as described in the person's care plan.

Before delivering care and support staff were introduced to people so that they could get to know each other. New staff had undertaken shadow shifts with experienced staff to allow them to get to know people's needs. People had been encouraged to express a preference for the gender of staff who supported them. These choices were respected by the agency. Staff talked confidently about how they met the assessed needs of the people they cared for. For example they were able to describe how they provided care to people with more complex needs.

Staff had received a formal induction and on-going training when they had started working at the care agency. Staff were trained and supervised appropriately. Staff had been provided with induction hand books. These had enabled staff to track their progress when they started caring for people. Staff inductions had been signed off by the managers as staff reached different levels of competence in their role.

Staff had received on-going training. For example administering medication, first aid and infection control. Staff we talked with confirmed that their training was reviewed and that they attended refresher training. For example one member of staff told us that they had recently updated their first aid training. The managers supported the development of the staff team to meet people's needs. Staff received specialist training that ensured they could support people with more complex needs to maintain their health and wellbeing. For example, a member of staff told us how they had received training from a district nurse that enabled them to care for a person with a PEG tube. People told us that staff were well trained. Staff benefited from regular supervision meetings with the managers which enabled them to discuss how they worked and address any issues they may have. Annual staff appraisals were conducted which gave staff the opportunity to discuss their future development and learning needs.

Senior staff told us that they had the opportunity to develop their care and management skills. One said, "I have my NVQ 2 & 3 and have just started a management training course." (An NVQ is a nationally recognised qualification).

People were protected from malnutrition and de-hydration because staff were aware of their needs in relation to the food and drink they needed. The risks were assessed by the managers so that when required staff provided support to people who needed assistance to eat and drink. People

Is the service effective?

told us that staff called to support them at meal times so that they could prepare food. Others told us that staff enabled them to access hot drinks at other times. We noted that some people needed staff to assist them with their shopping. People confirmed staff shopped for them. This ensured that they had access to food within their own homes. Care files directed staff as to the action they should take if they had concerns about people's health. For example, if people lost weight staff had requested assessments from dieticians.

Some people had been assessed by external health care professionals. Staff followed health professional request to

monitor people. Records were kept by staff to help external agencies provide additional medical services to people effectively. For example, when people needed referrals to other specialist.

People's care was kept under review and staff were aware of people's most up to date care needs. Managers told us how they ensured that people's care plan files were kept up to date. They told us that care plans files and risk assessments were reviewed if any changes occurred or every six months. We could see that when people's care plans files and risks assessments had been updated that staff recorded the review date. People told us that they had been involved in reviews of their care plans.

Is the service caring?

Our findings

People had good things to say about their experience of the care provided. One person said, “Staff are caring, I could not ask for more”. People described staff in a positive way. One person said, “They have been very kind and will help me more if I couldn't manage, they will do anything to help”. Another person said, “I am very happy with my carers, they encourage me to be as independent as possible”.

Staff were respectful and compassionate. One person told us that staff would stay longer with them if they needed more time. Other people described how staff made sure they were comfortable before they left them. For example, one person said, “Staff always make sure I have a flask of hot drink to last me through to the next call”. Another person said, “I find the carers respectful and responsive”.

People were encouraged to express their views in care plans so that they felt valued and staff understood their needs. Some people had written their own care plans and then discussed their needs with the managers of the agency. The self-written care plans remained at the heart of the care provided, with additional risk assessments or health assessments underpinning good practice for staff to follow. Some people took the lead in organising their care reviews and they amended the care plans themselves. This empowered people to manage their own care and remain in control of their needs.

Other care plans demonstrated that people were involved in making decisions about their care and support. For example, people had been able to negotiate additional social event support with the managers to prevent them from becoming isolated at home.

The agency kept information about people confidential. People could access their care plans and what staff had

recorded about care provided at any time because it was kept by them at home. The agency had policies about keeping information secure and maintaining people's privacy. For example there was a policy about staff not using social media sites to discuss work issues.

Relatives told us about their experiences of the care agency. One person said, “As a family we are happy with what the carers do, we are involved in the plan of care and anything else”. Another person who had recently had a care plan review commented, “I feel that staff understand my needs”.

People experienced care from staff who understood their needs. One person said, ““I have carers four times daily, they look after me very well, they understand the care plan, are good timekeepers, very helpful and well trained”. Care plans were easy for staff to understand and well written. They contained all the information staff needed to understand people's needs.

The agency had policies to guide staff in relation to maintaining people's privacy and dignity. Also, people were protected from discrimination by the agency's policies about equality and respecting people's rights. Staff were asked to sign the policies to ensure they were understood. Overall the feedback we had from people about their experiences of the agency indicated that staff followed the agency's policies.

Staff described the way they protected people's privacy and dignity when they provided care and support. For example they told us in detail how they had assisted people with bathing, maintaining people's privacy and dignity was at the core of what they did. One supervisor said, “I made checks to ensure that staff were paying attention to detail”. For example they told us they checked to make sure that staff had cleaned people's glasses when this was required.

Is the service responsive?

Our findings

People had been involved in meetings to plan their care and treatment. People told us that they were able to direct their own care and that the agency was responsive. One person said, “In all I find that Direct Care suits me for all my needs, they are a professional body of carers who adapt well to circumstances that may occur: Excellent”.

Concerns people raised were listened to and acted on. One person said, “I have always found that any problems I may have with my care, all I have to do is let them know I have a problem, and it will be sorted fairly and promptly”. Other people told us that managers responded to their requests. For example one person told us that they had requested different call times and that these were changed as requested. Another person had requested different staff and the managers had done all they could to meet the person’s request.

People were encouraged to provide information about themselves so that staff understood their needs well. Recorded discussions covered all aspects of the person’s life; for example a personal life history and their likes and dislikes. When appropriate family members had contributed to people’s life stories and the development of care plans.

When people’s needs changed staff responded promptly. Managers made appropriate referrals to external health agencies to help people maintain their health and

wellbeing. For example, staff had identified people who required respite care and managers had made relevant referrals. Care plans and risk assessments were reviewed regularly to ensure any changes in people’s needs were identified and met.

Staff we talked with told us that the culture within the agency encouraged staff to report any concerns to managers. Managers were able to demonstrate that they had responded to concerns raised to minimise risk. For example, concerns had been raised about infection control involving pets. Because of this, staff had reviewed risks assessments and managers implemented changes in staff practice, so that the risks of infection were reduced.

Complaints about the agency were responded to appropriately. The agency had a robust complaints policy and people were informed of their rights to complain. People said they felt able to raise any concerns or complaints with staff and were confident they would be acted upon. There had been very few complaints with the majority of people telling us they did not need to complain about anything. When complaints had been made the agency responded well to them. This was normally in writing; a record was kept of how complaints had been resolved. Outcomes of complaints had been communicated to the person who had raised the issue. For example, the managers had taken over the calls for a person who had complained about their carers to resolve the issues.

Is the service well-led?

Our findings

People told us that they experienced care that was well organised. One person said, “Compared to other community care experiences I have had, this agency is extremely well organised”. The care agency’s registered managers, and other senior staff provided good leadership in overseeing the care given and provided support and guidance where needed.

Relatives felt the care agency was well run and praised the management team. Most people told us that managers were approachable and listened to their views. People said, “Any problems are sorted out quickly.” and “I have been able to contact managers seven days a week”. Another person said, “Direct Care is a family run company, and very much have their finger on the button”. Other comments included, “What impresses me most is all of the experience the owners of the agency have”.

Our discussions with people, relatives and staff showed there was a positive and open culture in the care agency. For example the managers worked as part of the team delivering care and support to people in their homes. One person said, “Last weekend the managers stepped in to deliver my care because my main carer was unwell”. This gave people the opportunity to meet the leaders of the service. Moreover, managers had first-hand knowledge of the challenges experienced by staff delivering the day to day care. One member of staff said, “It makes our job easier that both the managers are experienced carers themselves and understand things from a carer’s point of view”.

Comments from staff included “I couldn't wish for a better company to work for”, “Any problems that occur are dealt with by the manager’s professionally”. Others said, “My supervisor is very professional and helpful in every way possible”. And, “Both the managers are very friendly and professional and will do anything they can to help”.

A community nurse told us, “The care agency's managers and staff are accessible, approachable and deal effectively with any concerns I or others raise”.

We noted that the managers were open to different ways of working which helped people to experience better care. For example, one person had written their own care plan which had been implemented when presented to the managers. Also, for one person who was cared for in bed, it was

important for them that staff placed them in the same position every night. To ensure this happened managers gained agreement from the person for photographs to be taken of the position they preferred to be in which were used by staff. This was important because new or unfamiliar carers knew what to do.

Managers encouraged staff to deliver good quality care and support. Staff with supervisory responsibilities told us that they monitored staff performance and the quality of the care provided by joining staff on some calls and carrying out care tasks with them. This enabled leaders within the agency to monitor how staff were performing and provide guidance when required.

Managers met with staff regularly and carried out periodic spot checks of their work; these were recorded. Staff told us they found supervisions and team meetings useful and felt their opinions were valued. Managers provided staff with a range of opportunities to discuss their roles and any issues they had as well as identifying any training needs.

We noted that managers had implemented good audit systems that enabled them to pick up issues and take action to improve quality. For example, where staff had not completed records properly. This had been investigated, discussed with staff and the manager had requested an improvement to staff performance.

Our discussion with the managers confirmed there were systems in place to monitor and review safeguarding concerns, accidents, incidents and complaints. Accident audit reports provided an analysis of accidents identified any themes, actions and lessons learnt.

The manager told us satisfaction surveys were sent out twice a year to people asking their views of the agency. We saw a sample of the most recent surveys which gave positive feedback. People’s comments included, “As far as I am concerned you are the best” and “Very satisfied, great team of carers.” Information from the surveys was collated and people were responded to in writing when required.

The management team demonstrated an ability to sustain a good quality service and maintained their own development. For example they had kept up to date with developments in social care by reading relevant publications. Also, both managers had registered with the Chartered Management Institute to develop their leadership skills and knowledge.