

Direct Source Healthcare Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Direct Source Limited provides domiciliary care and support for people living in their own homes. At the time of our inspection there were 15 people who were receiving personal care. The service provided care for people with long term health care conditions, older people, people with physical disabilities and people living with dementia. Care staff provide a service to people who need assistance with aspects of their care including mobility needs, personal hygiene and eating and drinking.

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

Since our last inspection, improvements had not been made to the managerial oversight and governance of the service. Whilst people and their relatives continued to be satisfied with the staff and care calls undertaken to them, the provider did not have sufficient systems in place to ensure there was effective governance of the service. Some systems of checks and audits took place, but these had failed to identify the shortfalls we found.

The provider had systems in place for the recruitment of staff. We found required checks were completed before staff undertook care calls to people. However, in some cases, checklists to ensure recruitment processes had been followed were either not in place or had not been completed correctly. The oversight of staff recruitment was therefore inconsistent. This meant the service could not be sure the staff recruited were safe to work with people.

The service provided sufficient numbers of staff to meet people's needs. People told us the service they received was generally reliable. We saw feedback from people that stated staff were sometimes late and asked that they be always contacted and kept up to date if staff were not going to attend at the agreed time of the call. The registered managers were aware of this issue and working to make improvements in this area.

People told us they felt safe. Staff had received training to ensure they could recognise the signs of abuse and report them confidently. Risks associated with people's care were managed. Records showed people had risk assessments in place and that these were reviewed regularly. People told us staff supported them safely.

People and their relatives told us they were supported to take their medicines safely. Staff received training to enable them to administer medicines and processes were in place to ensure staff were competent. Accidents and incidents were recorded and reported. Systems to review accidents and incidents were in place to ensure lessons were learnt when things had gone wrong.

Records showed people's needs were assessed prior to using the service. Staff told us they received the training they needed to do their job well. Records confirmed staff were provided with induction and ongoing training. The service worked with people and their relatives to ensure people had access to healthcare

services.

People and relatives told us staff were caring and kind. Staff told us they were happy in their roles and enjoyed working with people. 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.

Care plans reflected people's individual needs, and ensured staff were provided with care in support in a person-centred way. Records confirmed that people were given the opportunity to express their views regularly and were involved in their care. People were supported with their food and drink where this was part of their agreed care package.

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 requires improvement (published 7 February 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, not enough improvement had not been made or sustained and the provider was still in breach of the relevant regulation.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to the effectiveness of the provider's governance systems. We imposed conditions on the provider's registration following our previous comprehensive inspection on 17 April 2018. This required the provider to send us a monthly update of progress made to improve the service. We will continue to monitor the service through the provider's monthly reports.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work alongside the provider and local authority to monitor progress. We will 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Please see our effective findings below.

Is the service caring?

Good ●

The service was caring.

Please see our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Please see our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Please see our well-led findings below.

Direct Source Healthcare Ltd

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for domiciliary care. This inspection looked at people's personal care and support.

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

This inspection was announced. We gave a short period of notice for the inspection to ensure that people and their relatives would be available to be contacted by the inspector via telephone and that the registered managers would be available during the inspection. Inspection activity started on 4 February 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 also received feedback from a local authority commissioner. We also reviewed feedback from a relative in relation to a recent notifiable incident.

During the inspection

On Tuesday 4 February we spoke on the telephone with two people who used the service and three relatives about their experience of the care provided. On Wednesday 5 February we visited the main office for Direct Source and met with both registered managers and a team leader. We reviewed a range of records. This included three people's care records and medicine administration records. We looked at six 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. On Thursday 6 February we spoke with two members of care staff via telephone.□

After the inspection

We continued to seek clarification from the provider to validate evidence found. We were sent quality assurance records and an action plan relating to the governance of 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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Recruitment processes were not always safe. Checks were not robust enough to ensure that staff of the right character were recruited to support people. We reviewed the recruitment files for six members of staff. We found the quality assurance processes for recruitment were inconsistent. One recruitment file we reviewed had only one character reference in place prior to the staff member working with people. We asked the registered manager about this who told us, "We had one reference in place before they [the staff member] started. It looks like the other reference was not in place until after the person was employed." Three other recruitment files we checked did not contain the checklist that the registered manager said would be implemented following our previous inspection.

Whilst we did not find people had been directly harmed, the risk of harm had not been mitigated to keep people safe. We requested that the registered managers made immediate improvements to the quality assurance processes for recruitment. The registered managers then ensured these improvements had been completed by the end of the inspection.

- People, relatives and staff told us there were enough, regular staff to meet people's care needs. A relative told us, "Carers are mostly consistent which helps mum as she gets to know them."

Learning lessons when things go wrong

- There were effective systems in place for recording and monitoring notifiable incidents. For example, a safeguarding incident occurred relating to a person's medicines. Following analysis of the incident and causes of the incident, systems for supporting the people with their medicines were changed, to prevent a similar issue from occurring.

Systems and processes to safeguard people from the risk of abuse

- The service had systems and processes in place to ensure people were protected from avoidable harm and abuse. People and their relatives told us they felt safe.
- Staff we spoke with told us they had received safeguarding training and were able to describe the signs of abuse. Staff also told us they knew how to report any concerns. A staff member said, "I have received safeguarding training. I would report any changes on the service users or any concerns to a manager."

Assessing risk, safety monitoring and management

- Staff understood how to provide care safely. Since our last inspection, the registered managers had made changes to the structure and content of care plans. Risk assessments and care plans were now more

detailed and comprehensive.

- Risk management strategies and measures for reducing the likelihood of risks occurring, included external and environmental risks and those risks linked to people's personal care and support needs. Information for staff in relation to the management of risks to people were clear.
- Where there was an identified need to have two members of staff attending calls to support a person (such as the use manual handling equipment), this was well-planned and co-ordinated to ensure the person received safe and effective care from staff who were trained in manual handling practises.
- There was a clear process to support staff in the event a person had an accident. Staff were aware of the importance of recording and reporting any accidents. One of the registered managers described how care plans were reviewed and amended following accidents to ensure improvements were made. A member of staff told us, "If someone has an accident, I would call the paramedics and document everything and inform the office so an investigation can be done."

Using medicines safely□

- The service had clear policies and procedures in place to ensure people received their medicines as prescribed.
- People and their relatives told us they received their prescribed medicines safely. Only staff who had been trained and assessed as competent could administer medicines to people. Where people were prescribed PRN (as required) medicines these were administered in line with best practise guidance. A person's relative told us, "The carers assist mum with medicines. The chemist deliver the medication in blister packs and the carers put the medicines away after it has been administered."
- There were clear protocols in place to guide staff to ensure these medicines were administered consistently. The provider undertook regular audits to monitor how medicines were administered and ensure that any mistakes or discrepancies were identified and addressed. A member of staff told us, "I have had training in giving medicines. If I notice a mistake has been made I would call the GP and inform the office. First and foremost, you need to inform the GP in case any harm might come to the person."

Preventing and controlling infection

- People were supported to maintain a clean and hygienic environment in their home. Staff explained how people who wished to be included were supported to take part in cleaning tasks and food preparation if appropriate.
- Staff had received training in infection control procedures and demonstrated a clear understanding of their responsibilities. One staff member told us, "I did some online training around infection control and it covered about how to ensure we don't spread infection and to wear gloves and aprons and to only use means of cleaning someone (such as cloths) once."

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 requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People told us they received support from staff that were competent and had the skills and knowledge to care for their individual needs. A relative told us, "Staff are well-trained. I can't fault what they do for my mother."
- Following our last inspection, the registered managers had ensured that all staff had completed mandatory training in subjects such as safeguarding and end of life care. The registered managers used an electric system for recording and monitoring staff training.
- Staff told us, and records confirmed, that staff had completed an induction and regular ongoing training that was relevant to their role. One staff member said, "I had an induction when I joined Direct Source. It covered everything around my role as a live in carer and how I should conduct myself."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs, and choices were assessed, and a care plan was developed based on the outcomes of these assessments. Assessments showed that all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs such as people's religious and cultural needs.
- People's care plans provided clear information for staff to follow, to ensure their personalised needs were met. Staff followed professional guidance to achieve good outcomes for people.
- Family members told us their relative received effective care and support. Their comments included, "At the beginning I left notes for carers about mums routines, about what she likes and what she doesn't. I don't need to do that now as its all incorporated into the care plan."

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

- Where the provider took on the responsibility, staff supported people to eat and drink in line with their assessed needs. Care records were reviewed confirmed that people's individual needs in relation to their dietary requirements we met.
- People were assessed for risks related to nutritional needs to maintain good health. We reviewed the providers policy in relation to the risks of people choking and could see that there was a clear process for staff to follow in the event of an emergency.
- People's food choices and dietary needs in relation to health conditions such as diabetes were documented in their care plans. Where relevant best practise guidance was included within peoples care plans to guide staff.

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

- Where people required support from healthcare professionals this was arranged. Any support people needed from staff with their healthcare needs or with accessing other healthcare professions was recorded in their care plan.
- Care records confirmed professionals had been involved in reviews of people's needs where relevant.
- Family members told us their relative received good healthcare and that staff had a good understanding of their relative's healthcare needs. One relative told us, "Mum has a district nurse twice a week to clean her leg and change the bandage. The GP comes in when required. The staff work well with these professionals."

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.

- Staff had completed MCA training and had access to information and guidance to help support their practice. They understood people's right to make decisions unless assessed as otherwise. A staff member told us, "Training is given to everyone who works for Direct Source and we have refresher training on an annual basis."
- People were protected from unlawful restrictions and consent had been considered. Information was held in people's care files detailing decisions made on people's behalf and those involved.
- Staff obtained people's consent before providing them with any care and support.

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 and their relatives told us staff treated people with respect, kindness and compassion. A relative said, "Mum seems to like everyone that comes. The staff take really good care and they make sure she is safe. Carers are quiet and considerate."
- Care plans included important information staff needed to know and do to respect people's lifestyle choices. A relative told us, "Care plans are really detailed it's really impressive."
- Family members told us staff had formed positive and trusting relationships with their relative and other family members. One relative said, "My mother has bonded with her live-in carer and was comfortable and reassured by her presence."
- All staff had received equality and diversity training. Staff we spoke with and all of the management team talked about the people they were supporting with genuine warmth and compassion.

Respecting and promoting people's privacy, dignity and independence

- People's preferences for a male or female carer were recorded in their care plans and people told us staff respected them.
- Care records evidenced staff were encouraged to support people to remain independent and people told us this was the case. One person's stated, "I am supported to have a shower."
- Care plans identified tasks and activities that supported people to retain their independence. For example, some people were supported to manage household tasks such as making breakfast, shopping and washing-up. People were supported and encouraged with personal care tasks and staff understood the importance of maintaining people's independence and dignity.

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

- People were supported to be involved in making decisions and expressing their views about their care and support. Things that were important to people were recorded in their care plans.
- People's relatives told us that they felt care plans reflected their family members needs well. One relative told us, "Mum has a good care plans, and the staff work with notes with handling assessments. It's very thorough. The service is an absolute godsend."
- The registered managers told us that where relatives did not live locally the office team provided regular updates, where appropriate. Records we reviewed confirmed this.

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 requires improvement. At this inspection this key question has improved to good. 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

- At the last inspection we found that people's care and support plans did not always reflect the support care staff provided to people. At this inspection we found that people's care records provided clear information in relation to the support they had received. A member of staff told us, "We review the care plans every six months as things change. It is important that the care plan is followed."
- People's preferred support routines detailed their preferences. For example, one person was always made some scrambled eggs as part of the evening visit, as the person enjoyed eating this. The person's records had been completed to show that this had been done in line with the request.
- The service provided was flexible and responsive to people's individual needs and preferences. One person had requested that her carers visited after 5pm as she really enjoyed watching TV in the afternoon up until then. The registered managers confirmed the timings of the call had been altered to facilitate this request. This demonstrated that the person had choice and control around the timings of their care package.
- Care plans and risk assessments were detailed and contained information about how a person should be supported in all areas of their care and support. One staff member told us, "When we do the assessment, we ask them about their preferences and their preferred name. It is important we record how people want to be treated and how they want their care delivered." Another member of staff said, "I have got to know the person I support as they have a clear care plan. I have also have had lots of information from the family, and of course the person can tell me themselves."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care records contained important information about people that mattered to them. We reviewed three people's care records and found that information in relation to people's family structures and pets clearly documented. This ensured care staff knew about the person and could support them to maintain these important relationships.

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.

- People's information and communication needs were met. There had been a clear assessment of people's communication needs and this had been clearly communicated through people's care plans.

- The service was able to provide information in different formats, such as large print, and were aware of their responsibility to meet the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- Although the service had received no complaints in the last 12 months, there were systems in place to record and investigate and to respond to any complaints raised with them. One person told us, "I have a telephone number I can call if I need to talk to someone or make a complaint."
- People felt confident the service acted to address any concerns. A person's relative told us, "If I have a concern I contact the lead carers and it's sorted out straight away."

End of life care and support

- Although, at the time of this inspection, Direct Source was not supporting anyone who was at the end of life they had processes and procedures in place to capture what was important to the person as they approached this stage of their life.
- We reviewed a range of cards and compliments in relation to historical support provided by Direct Source, for people at the ends of their lives. There were numerous comments from people's relatives in relation to the caring nature of Direct Source staff at such a difficult time for the family.
- Staff we spoke with told us that end of life care given was compassionate. A member of staff told us, "I enjoy getting to support the people I am working with. If it's end of life care, I really try to give them the best before they pass away. It's about letting them know there are people who care for them."

Is the service well-led?

Our findings

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection we found the provider failed to have effective systems in place to monitor and assess the quality of the service, and to maintain records accurately. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17 (Good governance).

- The systems and processes in place for assessing and monitoring the quality of the service were not always effective. We found that quality assurance systems such as an overview of the supervision and appraisal structure for staff were not in place. Although staff records demonstrated that staff had received supervision and appraisal, we could not be assured that this support was planned and implemented in relation to risk, a need for staff training or to meet the individual support needs of staff.
- Although staff told us they had received support through one to one support and development meetings, at this inspection we found there were still improvements needed in this area. For example, there was not a record in place to show that the registered manager had the oversight of which staff had not received a recent a support and development meeting or evidence of the planning for future staff support and development meetings. This did not meet the actions agreed by the registered manager as a result of our previous inspection. We raised this with the registered managers who provided us with this record within 24 hours of our office visit.
- Following our last inspection, we asked the provider to send us a list of actions they would take to make improvements. One of these actions was that the registered manager would ensure that each staff members recruitment file had a front sheet to evidence that all required recruitment checks had been completed. During this inspection we reviewed six staff files. We found the front sheets were only present in two out of the six files we reviewed. We discussed this with the registered manager who told us they had been some recent staff changes and that this had been an oversight to their processes for checking the quality of staff recruitment.

This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found clear evidence that the registered managers had understood their regulatory requirements in relation to safeguarding people. We reviewed several records and reports that confirmed incidents of concern had been reported to the appropriate safeguarding authority and where required. action had taken to keep people safe and to prevent any further risk to the individual.

- The registered managers knew of their responsibility to work within the principles of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014 and had submitted notifications of any relevant incidents to CQC.

Continuous learning and improving care; 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 managers and other management staff understood their responsibility to be open, transparent and take responsibility when things went wrong at the service. Both registered managers were able to describe where the duty of candour would apply and told us there was a clear policy and procedure in place in relation to this.
- Accidents and incidents were reported, recorded and investigated. These had been used to identify trends, avoid the risk of further occurrence and to drive improvement.
- The registered manager had completed an investigation where things had gone wrong. For example, where concerns were raised in relation to a member of staff giving a medicine without a MAR upon discharge from a hospital, an investigation was conducted, the relevant authorities were notified, and clear communication held with the family member to ensure the risk of further occurrences was reduced.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives were complimentary about the service and said they would recommend Direct Source to others. One person's relative told us, "I would recommend the service to others, when mum came out of hospital she had a different service who were fantastic, it was only short term cover so I was a bit wary about the service taking over but now my mind is put at rest and I don't need to worry."
- Staff we spoke with told us they were happy working for the service. One member of staff told us, "I am very happy here. I have been here three years now. I tell people they are a good company." Another told us, "Staff morale is good at the moment."

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

- People and their relatives were involved in people's care. We reviewed three people's care records. In each person's care record there was clear information in relation to how they felt their care should be delivered. Where relevant, information in relation to people's individual preferences such as their religious beliefs had been captured. This ensured staff knew about people's individual beliefs and could support them if required to do so.
- Staff meetings were held to update staff and gather their views about the service. The registered manager informed us these meetings were used to inform staff where people's needs had changed and to gain their views as members of staff.

Working in partnership with others

- The service worked in partnership with key organisations, including the local authority commissioners and health and social care professionals to provide person-centred care.
- Where relevant records showed referrals had been made to GP's and district nurses to ensure people's health needs were kept under constant review. Where a person's needs had changed following a health diagnosis, their care records and risk documentation had been updated.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|---|
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA 2008 (RA) Regulations 2014: Well Led. Regulation 17 (1) and (2) (a) (b) (e)</p> <p>The systems in place for assessing and monitoring the quality of the service was not always effective.</p> |