Care Quality Commission

Direct Care (Tameside) Ltd

Direct Care (Tameside)

Inspection report

Office Suites 5 and 6, Derek Ashton Court
77 Mottram Road
Stalybridge
Cheshire
SK15 2QP

Tel: 01613383666

Date of inspection visit:
05 October 2016
06 October 2016

Date of publication:
09 January 2017

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

This inspection took place on 5 and 6 October 2016 and was announced. We gave the service notice of our inspection to enable them to organise suitable staff cover to assist with the inspection process.

The service had been registered with the Care Quality Commission (CQC) since November 2013 and this was the service's first inspection.

Direct Care has offices in Stalybridge, Tameside and provides care and support to people living in their own homes in the surrounding Tameside and Glossop areas. At the time of our inspection Direct Care was providing a service to 166 people.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We identified breaches of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to the management and administration of medication and the recording and management of accidents and incidents and good governance of the service. You can see what action we told the provider to take at the back of the full report.

People spoke highly of the service; one person told us, "I'm very pleased with the care. I'm very happy with it."

We found management and staff were kind and caring and spoke highly of the people they provided a service to and told us how much they enjoyed their caring role.

The staff files we looked at showed us that safe and appropriate recruitment and selection practices had been used to ensure that suitable staff were employed to care for people who may be vulnerable.

Staff we spoke with were aware how to safeguard people and were able to demonstrate their knowledge around safeguarding procedures and how to inform the relevant authorities if they suspected anyone was at risk from harm.

Staff told us they had their own service round and saw the same people each time. This consistency in care staff visits was confirmed during telephone conversations with people who use the service.

Care files we looked at showed comprehensive plans and risk assessments documenting people's specific care and support needs. These were detailed plans outlining how people needed to be cared for in an

effective, safe and personalised way. The plans included detailed information around their preferences. Additionally, we saw that these care files were regularly reviewed in a comprehensive way; meaning that information in the files was current and up-to-date to ensure people received the correct care and support.

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.

Errors were identified regarding the proper and safe management and administration of medicines.

Safe recruitment practices had been followed to ensure that suitable staff had been employed to care for vulnerable people.

Comprehensive and individualised risk assessments were in place.

Staff spoken with demonstrated a good understanding of safeguarding procedures and the types of abuse that people may be at risk from.

Is the service effective?

Good

The service was effective.

People were involved in decisions made about their care and support.

Staff were supported in their role through an induction, a comprehensive training schedule and regular supervision.

Staff demonstrated their knowledge of the Mental Capacity Act 2005 and asked consent before care delivery.

Is the service caring?

Good

The service was caring.

People told us they were well cared for by staff from Direct Care.

People were involved in and made choices around their daily care and support needs.

People told us they were treated with dignity and had their

privacy respected.

Is the service responsive?

Good

The service was responsive.

Care plans were comprehensive, up-to-date and reflected people's choices, preferences and interests.

Complaints were effectively managed.

People had input into how the service was delivered.

Is the service well-led?

Requires Improvement

The service was not always well led.

The registered manager kept up to date with current regulations.

Documentation was mainly up to date and well organised.

Staff and people who used the service spoke highly of the management team.

Accident and incident recording was not robust and monitored.

Audits and competency checks were not robust enough to identify the shortfalls we found during this inspection.

Care Quality Commission

Direct Care (Tameside)

Detailed findings

Background to this inspection

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

This inspection took place on 5 and 6 October 2016 and was announced. We contacted people who use the service to gain their views after the site visit had concluded. The inspection was carried out by one adult social care inspector.

Before we visited the service, we checked information we held about the service including contract monitoring reports from the local authority and notifications sent to us by the provider. Statutory notifications are information the provider is legally required to send us about significant events that happen within the service.

On this occasion, we had not asked the service to complete a Provider Information Return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

The majority of this inspection was carried out at the service's premises in Stalybridge, Tameside. We also spoke to people who use the service over the telephone and in person when they visited the office.

During the two days of inspection we reviewed a variety of documents, policies and procedures relating to the delivery of care and the administration and management of the service and staff. We looked at four people's individual care records and administration of medication records. We reviewed four staff personnel files to check for information to demonstrate safe recruitment practices and that training and regular supervision had taken place.

As part of the inspection process we spoke with seven people who use the service over the telephone or in person. We also spoke with the service's registered manager, the deputy manager, the assessment officer, the personnel and training manager and five care staff.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe receiving the service from Direct Care. One person told us, "I feel safe, I have big faith in them, and they're very trustworthy." Another person told us, "They keep me safe; they make sure I have everything and always lock the door afterwards." A third person we spoke with told us, "I feel safe with them…I feel very secure with her (staff)."

Staff we spoke with told us they always ensured people were safe during care delivery and they felt they had enough training to ensure the care they delivered was safe. One staff member told us how important a safe environment was for people. They told us they always ensured people were safe before they left the house, for example by checking that there was enough space for someone to move around and medicines were locked away. Staff told us they would report to the office if they felt someone was not safe.

Suitable arrangements were in place to help safeguard people from potential abuse. There was a safeguarding policy and procedure in place and when asked, staff spoken with were all fully aware of this procedure and demonstrated a good understanding of the subject. They were able to tell us about the different types of potential abuse and what steps to take to report any concerns they might have. One staff member told us that if they ever saw or heard anything that could be potential abuse they would go straight to the manager to discuss it. We saw evidence that staff had received training in safeguarding vulnerable adults. Staff had a good understanding of whistleblowing; this meant staff were knowledgeable around reporting concerns to the appropriate organisation if they felt that appropriate action was not being taken by management. However, staff told us they were confident that management would act quickly if it was suspected that anyone was at risk.

We saw evidence where the management had acted to ensure people's safety. One example was a person whose bedroom was cold and damp causing a risk to the person's health and safety. The management arranged, with agreement from the person, for the person's bed to be temporarily moved into another room while remedial action was taken to solve the damp problem.

We looked at staffing levels at Direct Care to ascertain if safe and appropriate levels of care workers were in place to ensure there were enough staff to cover the required calls. We requested copies of staff rotas to evidence staff on duty and the numbers/times of calls for each day. We could see from the documentation that there were enough staff on duty to cover calls. People we spoke with told us staff did not miss calls and if they were going to be late for a call, they would be contacted and informed. One person told us, "They (staff) always come when they're supposed to." Staff told us they were able to call to speak to a member of the management team 24 hours a day and report if they had any concerns around people's safety.

During the inspection we looked at four staff personnel files to check that safe recruitment practices had been undertaken. Staff files included evidence of interviews, photographic identification checks, application forms, health declarations and suitable references; one from their previous employer. Each staff member had also had the relevant disclosure and barring service (DBS) pre-employment check. This meant that the service followed robust and safe recruitment practices and that the registered manager had

received satisfactory assurances to ensure that suitable staff had been employed to care for vulnerable people.

We looked at the way in which medicines were managed by Direct Care staff in people's homes to check that people received their medicines in the right way and at the right time. We found there was a medication policy in place, along with a comprehensive medication assessment form for each person who received support with their medicines. The medication assessment document was completed by the assessor when a person began to receive support from Direct Care and covered all areas of medication administration, such as, who orders the medicines and what level of support is required for each medicine. There was also a signed medication consent form in each person's care plan; this assessed the level of risk and documented all current medications the person was prescribed. The individual medication risk assessment included identifying the risk, managing/reducing the risk and action to be taken and by whom. This meant that comprehensive safeguards were in place around the responsibility for and administration of medicines in people's homes.

As part of our inspection, we reviewed a sample of the medication administration record (MAR) charts. These charts form an essential element in determining whether people have been given their medicines as prescribed. We found concerns with five people's MARs. We found seven instances where the medicine dosage had not been recorded on the sheet, for example, one person's inhaler did not state how many puffs they needed to take. Paracetamol was recorded on one sheet "as required", but no dosage was recorded. We found on another MAR where the person's medicine had been recorded as "cream"; there was no name of the cream, where to apply it and how frequently. We found recorded on another person's MAR that they had been prescribed Morphine 5mg Oral but there was no information to tell the worker how often this was to be given. We found this person had been administered this medicine on just one occasion in the previous 31 days. From this we were unable to ascertain whether the person had received the right amount of this medicine at the right times. The above examples meant that either people had not received the correct amount of medicine, or they had not received them as prescribed or that recordings were inaccurate.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

We spoke with the deputy manager regarding our concerns and asked them to take immediate action to check people's current MAR charts. The deputy manager acted immediately and sent four support staff to check that everyone's MARs contained accurate, detailed and relevant information to ensure the safe administration of their medicines. This was completed during our inspection visit.

We saw that the deputy manager carried out regular audits of medication and discussed with us the difficulties associated with ensuring MARs were comprehensive and accurate when providing care in someone's own home. We saw that where any errors had been identified during these medication audits a report had been compiled to document the error and how this had been investigated and any action taken to minimise further instances. This involved meeting with staff to reinforce previous learning. The deputy manager gave full assurances that the current procedures would be reviewed. They would also ensure further safeguards would be implemented to mitigate any future risks associated with the safe administration of medicines.

Personal care plan records showed that individual risks were identified, assessed, managed and reviewed to ensure any risks to people who used the service were minimised. Examples of these risk assessments included; How I move around, continence, cognition, equipment, foot care and medical conditions. Each section of the care plan included a risk and control measures assessment and these were audited on a

regular basis by the deputy manager. We reviewed one person's care file that included a specific "High Risk Assessment Form". A detailed report had been produced which included a risk rating and high risk management plan to mitigate the identified risks. We spoke with the registered manager at length regarding this risk and it was clear the service had gone to great lengths to ensure the safety of this person and the staff visiting to provide care.

All care plan risk assessments we looked at had been regularly reviewed. This meant that current information was available to staff in people's care plans, and this enabled them to provide correct and safe care.

During our inspection we saw that there were adequate supplies of personal protective equipment (PPE) for use by care staff when providing care in people's services. The service had a full size board in the training room depicting a person and exactly what steps a carer should take to minimise the risk of the spread of infection. This included how to wear their hair and which gloves and aprons to wear when providing personal care. All staff had received infection control training and staff we spoke with told us they had access to PPE and always ensured they protected themselves and the people they support from the risk of cross infection by employing the skills they had learned. They explained to us the measures they would take to protect people, such as, using different towels for different parts of the body.

Direct Care produced for us an up-to-date business continuity plan. This plan sets out what plans are in place if something significant occurs to affect the running of the service, for example, a building fire, an outbreak of influenza or financial insolvency of the provider. This meant that robust systems were in place to ensure the continuity of service provision and protect the health and safety of people who used the service in the event of an emergency situation.

Good

Is the service effective?

Our findings

On our request, the personnel and training manager produced an up-to-date training matrix, which showed us what training staff had undertaken and when refresher training was due. We saw that staff had undertaken a substantial amount of relevant training. This included the required training for care workers, for example, first aid, moving and handling, health and safety, fluids and nutrition and safeguarding. Additionally, we found that staff had benefitted from specialised training, such as, stoma and catheter care, communication, personal development, duty of care, dysphasia and person-centred care. The registered manager told us that all new staff were required to undergo their full training package, even if they had previous experience in the care sector. The registered manager told us they wanted all staff to be trained to Direct Care's standards, as sometimes experienced staff could bring bad habits with them from another service. Once staff had completed the training, they shadowed experienced staff until the management were satisfied they were competent in good care delivery.

We viewed the training room based at the service's offices and saw a well-equipped facility. We could see information displayed, reference material, work books, 'How to' posters and a large amount of equipment set up to provide hands-on training. Equipment used for training included, a cardio pulmonary resuscitation (CPR) dummy, mobility aids, an electric bed set up with hoist and other assistive equipment. Staff were also shown how to provide personal care, such as how to use incontinence products and how to ensure people were kept clean whilst ensuring infection control measures were in place.

Staff told us they felt they had enough training. One staff member told us that they had undergone lots of training and support since they had worked at the service and another staff member told us, "I'm fascinated by how much I have learned."

We reviewed four care staff personnel files and found evidence of a robust system of induction, regular supervisions, development and a comprehensive training schedule. We found evidence of a comprehensive induction, supervisions and personal development in these individual staff files. All new starters received a staff handbook that outlined what was expected of them and what they could expect as a Direct Care employee. Staff supervision records were kept and we found evidence of regular and effective appraisal and supervisions held to discuss staff development or any issues that staff may like to bring to the attention of the management team. Staff told us that they received regular supervisions and one person told us they had supervision every three months and found it very helpful. However, they told us they could request a 1-2-1 session anytime they liked as the management always made time for them. They told us, "They're brilliant." All staff we spoke with told us they felt supported within their role and could contact management anytime for advice and support. One staff member told us, "I get very good support from management. I'm not scared to speak to the manager." Another staff member told us, "I've had an appraisal; it's about you and the job. Management are always checking if I'm happy and okay."

The service carried out regular spot checks to ensure the competency of their staff during care delivery in people's homes. These checks were recorded and performance was fed back to staff and discussed. We

evidenced these checks in the staff files we reviewed. This meant the management were ensuring they had oversight of the quality of service delivery and took action to improve if necessary.

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 made 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. .

We looked at whether Direct Care was working within the requirements of the MCA and whether people were involved in making decisions around their own care and support needs. All staff had received training in MCA and staff we spoke with demonstrated knowledge of the MCA and told us they always asked consent before providing care and support and always explained what they were going to do during care delivery. Staff we spoke with told us they always gave people choices with everything they did. For example, one staff member told us, "I always ask people how they want things to be done. A person may like to have their teeth cleaned before or after their meal." And, "If it was my mum or my nan, I would want them to be able to have choices…it's the little things that matter." A third carer told us, "I give the person choice and have their best interests at heart."

People we spoke with confirmed to us that staff always asked consent and gave them choice during care delivery. One person told us, "They (staff) always ask me what I want."   Another person told us, "They listen to me." And "They'll do anything I ask them to."

We spoke with the service's assessor around how consent was recorded in care plan documentation. People were involved in the development of their own care plans and were asked to sign consent to receive care and treatment. They told us that where someone may not have capacity to make all decisions, they would always check to see if anyone had a lasting power of attorney (LPA) to legally enable them to make decisions around health and welfare on their behalf. Where a LPA was not in place, they would hold a best interests meeting and invite people, such as, family, social work practitioner and someone from the medical profession. A best interests meeting involves people who know the person who lacks capacity and are usually held when a decision needs to be made about someone's care and where the person's lack of capacity has been established through assessment. This meant the care records reflected the choices and decisions for people and that consent had been gained. Care plans we reviewed showed us evidence that this was in place.

During this inspection we reviewed people's personal care files to check if people were supported to maintain their health and well-being.   We found that carers and management had strong links with local GPs, pharmacies and community practitioners. Care plans we reviewed showed us they included information around input from other professionals and documented people's medical conditions, health and wellbeing, allergies and phobias. One community psychiatric nurse had written to the registered manager and was very complimentary around the service provided to people. Comments included, "A high level of individualised care and support provided by your staff enable my clients to live independently within the community." We saw evidence of one particular instance where staff started supporting someone who was entirely dependent on other people to move them and perform daily tasks. One staff member identified that medications may be contributing to their inability to look after themselves and asked their GP for a medication review. As a result this person's medication was changed and this instigated a marked

improvement in this person's ability to walk and perform daily tasks. Although this person still received a service from Direct Care, the package was significantly reduced and they could even go out shopping with family. This meant that people were receiving care and support to access additional health care services to meet their specific health needs.

One staff member gave us an example of where the service had acted to respond to someone's changing health needs. The staff member had noticed the person was deteriorating in their mobility and had informed Direct Care management, who had made a referral to the community manual handling assessment service. The manual handling assessors had visited and prescribed some new equipment to help with the person's mobility and the person now had support from two carers during their regular visits. This meant the person had improved mobility and the extra safeguards of two staff present during care delivery.

Staff from Direct Care prepared meals for people and we checked the training of staff and found they were trained in food hygiene. This meant people could be confident that their meals were being prepared and stored in a safe way.

Good

Is the service caring?

Our findings

People who used the service told us they felt respected and cared for by staff; they told us staff were always caring, polite and respectful. One person we spoke with told us their carer provides "Lovely care" and always notices when there is something wrong and referred to the carer as, "My girl." Another person we spoke with told us they were very satisfied with their carer, they told us, "Care is always good, they're nice, polite, caring and I'm satisfied." A third person told us, "The care can't be better; it's excellent. The girls are wonderful."

People told us staff were usually on time for their visits; however, occasionally they were late but the office would ring to inform them. People were very complimentary around the management and told us how caring they were when they spoke on the telephone or when they came out on a visit to support the carer or conduct a review of care.

We found one person had written their own care plans around what they would like and how they would like their care to be delivered. This person required regular, consistent carers to attend and this was facilitated by the service. They told us they were very happy with the care they received and as they were particular in how they liked things done, the carers always respected their wishes and always asked how they would like things to ensure the routine was kept. They told us the carers ensured the kitchen was clean and tidy before they left and were always "Nice, polite and caring". Comments included, "Since I've been with Direct Care the care has been pretty good." And, "The carers know what I want and they know the routine."

As part of our inspection we spoke to staff and asked them how they felt about the care delivered at the service. Both the staff and management were passionate when we spoke about the people who received a service from Direct Care. All staff we spoke with told us how much they enjoyed their job and how much job satisfaction they gained from helping people. One staff member told us, "I love my job. Meeting and caring for people; I love knowing that what I am doing is helping people." Another staff member told us they loved doing their job and told us the best thing about their job was, "Making a difference and making people happy. It's very rewarding. They (people) make me happy." A third staff member told us, "I get great satisfaction from my job. I make them smile and I love making sure they are okay. We make a difference. I love this job."

Staff we spoke with also commented around how caring the management team was, both as an employer and with the people to whom they provided a service. One staff member told us, "I feel they have people's best interests at heart. They are all for the person; it's not at all about the money."

We asked staff how they got to know the people they supported in the community. Staff told us they read care plans and spent time getting to know people during visits by talking to them. One staff member told us they always made time to sit and chat and people loved that. The management told us they made every effort to ensure people got the same small number of carers to ensure consistency for the person and this helped build relationships and trust and helped provide a high quality service. One staff member gave us an example of one person's particular preference and how important it was for them to have their net curtains

evenly spaced. The carer told us they always ensured this was done before they left because they respected how important this detail was to the person. They told us, "It's the little things that matter." And, "The best thing is helping and supporting people and how rewarding it is to know I've made a difference to them."

We observed interactions between staff and one person who received a service from Direct Care when they visited the office and came to speak with us. The person was being supported by their regular carer to go out for the day and often liked to visit staff in the office for a drink and a chat. The person looked very well cared for; their appearance was very clean and smart, including their glasses and wheelchair. We observed interactions between the person and their carer and observed them laughing, joking and discussing the person's passion for sport and particular television programmes.

One person who used the service liked to go regularly to Blackpool; however, they found getting there difficult. We found that one carer would regularly take the person to Blackpool on a voluntary basis on their day off and Direct Care would freely loan their company car to allow them to do this. This showed us that Direct Care management and staff demonstrated positive and caring relationships with the people they supported.

The supplied training matrix demonstrated that all staff had received training in privacy and dignity. We asked staff how they ensured people maintained their privacy and were treated with dignity and respect while providing care and support. One staff member told us they would always close the curtains and ensure that someone was covered up whilst assisting them to wash and dress. One staff member told us that one person's preference was to get undressed in their living room so they would always ensure they had a towel around them whilst changing. The staff member told us they would always give the person choices around clothes and other personal choices, such as, having their hair and nails cut. They told us, "I would never decide things for them."

During our inspection we saw there were many compliments received in the form of cards and letters of thanks. These were displayed at the office and kept in a compliments file. We looked at some of the comments made by people and their relatives and found people had been appreciative and happy with the care they had received from Direct Care.

Good

Is the service responsive?

Our findings

People supported by the service had a personalised care record which outlined to staff how they liked to be supported. We looked in a number of these care records and found that each file contained comprehensive information about the person that covered all aspects of their care needs. These included health needs, support needs, risk assessments and personal preferences.

Specific information around people's preferences and how they would like to be cared for was prominent throughout the files. For example, we found sections entitled; All about Me, My Preferences and How I Communicate; this showed us that care was provided in a way that was designed around the needs and preferences of the person, rather than the requirement of the service. Staff members would be able to read the care plan and know detailed information about each person, such as, their food preferences, how safe they were in their own home, their religious and cultural needs, end of life special wishes and skin care. We saw people and their relatives were involved in drawing up their care plans and subsequent reviews.

We saw evidence that personal care records and risk assessments were fully reviewed and updated on a regular basis, or as and when any changes occurred. This helped ensure that care plans reflected the current care needs and information was up-to-date so that staff could provide the correct level of support and in a personalised way.

We looked at how people's current care needs were communicated between staff. Staff members told us they completed daily recording notes at each visit to a person's home and used this to communicate with each other and pass on information. We reviewed a sample of these daily recording notes and found them to be comprehensive, informative and complete. The registered manager told us they held regular 'patch' meetings where staff covering a specific geographical area of Tameside would meet to share information and receive updates around people and the service.

We spoke with the registered manager about complaints received at the service and saw there was a policy and procedure in place to deal with them. We saw evidence that any complaints were responded to and acted upon. There was an information leaflet given to people when they started with the service and was also included in the Direct Care file left in people's homes. This leaflet informed people how they could complain about the service. We reviewed the service's complaints file and saw that there were few complaints made at Direct Care. The registered manager kept a complaint register which included the complaint, the risk level, reported outcome and learning from the complaint. Each complaint also received a written response from the service. This meant that any issues were responded to seriously by the registered manager and acted on to improve the quality of care at the service.

We spoke with one person who used the service, who told us they had made a complaint in the past and they had been very pleased with the way it had been dealt with by the management and it had been resolved very quickly. Another person we spoke with said they had been with the service a long time and never had cause to complain as they are always good. One person told us when we asked about ever

making a complaint, "I can't fault them."

The registered manager told us that they regularly asked people for feedback about their care and the results were collated into reports. We reviewed the individual, returned surveys from the customer satisfaction questionnaire in 2016 and they had received excellent results. Comments from people who used the service and their relatives included, "(Name) has been brilliant" and "Thank you so much for (Names). My dad loves them to bits and constantly tells me how much he appreciates them." This showed us that the service valued people's opinions and wished to ensure they provided an excellent service.

Requires Improvement

Is the service well-led?

Our findings

The service had a manager in post who had been registered with the Care Quality Commission (CQC) since November 2013 at this location.

A registered manager has responsibility under their registration with the Care Quality Commission to have regard, read, and consider guidance in relation to the regulated activities they provide, as it will assist them to understand what they need to do to meet the regulations. We found that the registered manager had knowledge and documentation that showed us they were aware of their obligations.

It was evident that the registered manager valued highly the feedback from people and their relatives about their views and experiences of people receiving a service from Direct Care. Feedback around the service was regularly sought through questionnaires. All members of the management team were also hands-on carers and knew the people they supported.

Personal information around people who lived at the service was kept confidentially and systems adhered to the Data Protection Act 1998. Personal information was securely locked away and kept in the offices that had a controlled access system. This meant that private information was kept secure.

We found that documentation throughout the service was mostly up to date and well organised. The registered manager was able to provide us with the information we requested during the inspection. Relevant policies and procedures were in place. The registered manager held a quality assurance audit system and this contained a number of audits and checks that were comprehensive, thorough and up to date. The deputy manager also periodically carried out a 'care package audit'. This entailed a full check of care documentation held at the person's own home and at the office to ensure all relevant and necessary documents were present and fully completed. This meant management were keeping an oversight of the operations of the service and ensuring quality control.

However, during the inspection we looked to see how accidents and incidents were recorded, investigated and acted upon. Direct Care had an accident and incident policy in place and a procedure for staff to follow in the event of occurrence. We examined records of accidents and incidents and saw that forms had not always been comprehensively completed and found gaps where important information was required. For example, we reviewed one record where a person had been found in a collapsed state in their own home and the carer had summoned an ambulance. However, this was the only information contained in the record. We were unable to ascertain from this record where exactly the person was found, who the incident was reported to, what action was taken and the outcome, because all these sections were incomplete. We saw that the service had an accident/incident tracker in place; however, this tracker had not been completed since April 2015. The incomplete recordings and the lapse in tracking incidents and accidents meant the service was not able to recognise, analyse or act to minimise any further risk of accidents and incidents.

The auditing systems in place, the systematic analysis of information and regular communication with staff meant that the registered manager had an overview of how the service was performing at a number of levels. Despite these thorough checks made around the service, we found a breach of regulations around the safe recording and administration of medication and accidents and incidents that had not been identified by these control systems and had not been remedied.

The above examples demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Well led.

We saw that there were effective management structures and a comprehensive programme of training, supervision and competency checks. Staff documentation we reviewed showed us that staff received a good level of leadership and were aware of their responsibilities. It was clear that there was a strong and supportive staff network throughout the service that was led by the management team who were well thought of. We saw that regular team meetings took place and management were available anytime to offer support.

Staff were very complimentary about the registered manager and management team. They felt fully supported in their role and felt that management listen to them and respected their suggestions and input into the service. We received comments from staff such as, "They're always asking if I need anything and if I'm happy in my role. Everyone is really nice, down to earth and easy to get on with. I can go straight to them and they give you their time."   Another staff member was very happy working for Direct Care and told us, "I feel supported in my role. I feel I can question practise and they would take it on board and do something about it. I have recommended my friends to come and work here."   A third staff member told us, "Management are great; they're very approachable. I know I can just turn up and speak to them. Management will always come out with me and help or show me if I have any queries. They are a family and I feel I am part of that family."

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medication records did not accurately account for the safe and correct administration of medicines.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Auditing systems had not ensured the identification and remedy of insufficient medication and accident and incident records. Accidents and incidents were not comprehensively recorded and monitored.