Delivering Care Direct Ltd

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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

Summary of findings

Overall summary

Our inspection was announced and took place on 15 March 2017 and 5 April 2017. This was our first inspection of this service since it had been registered with us in September 2016. The provider is registered to provide personal care and support to adults who have a learning disability. At the time of the inspection the service supported two people who live in their own home.

The manager was registered with us as is required by law and was present on both days that we visited. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

People were protected from the risk of harm or abuse because staff had been trained to recognise and report abuse. Risks associated with people's everyday living had been identified and plans were in place to help to reduce risks. Staff were recruited safely and staffing levels ensured that people were safe and received the care and support that they needed in their own home. Arrangements were in place to ensure people received their prescribed medicines safely from staff who had been trained.

Staff were provided with the training they needed to meet people's specific needs. Staff had regular supervision to reflect on and develop their practice. The principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguarding were understood by staff so that people's rights were promoted. Staff supported people with their meals and drinks to ensure their dietary needs were met. Healthcare professionals had been well utilised to ensure people's health needs were addressed in a timely manner.

People were supported by staff who were kind and friendly. Staff involved people in identifying their needs and preferences. People's privacy and dignity was promoted and staff respected them as individuals. People were supported to retain their independence and lifestyle within their own home. Systems were in place to support people to raise any concerns or complaints. The format of the complaints procedure was being improved to aid people's access and understanding.

There was an open and inclusive style of management that ensured that the service was run in the best interests of the people who used it. People were happy with the support they received and had positive relations with the staff team and registered manager. Processes were in place to monitor the service to ensure that it was run in the best interests of the people who used it.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Procedures were in place to keep people safe and staff were trained and knew how to reduce the risk of abuse and harm to people.

Risks associated with people's care and the environment in which people lived were assessed and managed appropriately.

There were sufficient staff that were suitably recruited to provide care and support to people.

Systems were in place to ensure that people received support with taking their medicines in a safe way.

Is the service effective?

Good

The service was effective.

Care and support was provided by staff who knew and understood the needs of people.

The service was taking action to ensure that people's rights under the MCA act and DoLS were protected.

People had control over what they ate and drank and staff supported them to maintain a healthy diet, and maintain their health care needs.

Is the service caring?

Good

The service was caring.

Staff were caring towards people. People's privacy, dignity and independence was respected.

People were supported to make decisions about their daily lives.

Is the service responsive?

Good

The service was responsive.

People received care and support that focused on them as an individual.

People lived in a supportive environment which enabled them to raise any concerns about their care. There had been no complaints made about the service.

Is the service well-led?

Good

The service was well-led.

There was an open and inclusive style of management that ensured that the service was run in the best interests of the people who used it.

Quality assurance processes were in place to monitor the service so that people received a good quality service.

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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 checked 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 15 March 2017 and 5 April 2017 by one inspector and was announced. The provider had 48 hours' notice that an inspection would take place. This was because we needed to ensure that the registered manager/provider would be available to answer any questions we had or provide information that we needed.

We reviewed the information we held about the service. We took the information provided into account during our inspection activities. Providers are required by law to notify us about events and incidents that had occurred, these could include accidents and injuries, and we refer to these as notifications.

On our visit to the provider's office on 15 March 2017 we spoke with the registered manager and one staff member. We looked at two people's care records and medicine records, two staff member's recruitment, supervision and training records. We looked at the systems in place to monitor the quality of the service. On 5 April 2017 we visited one of the people who used the service in their own home. We observed how staff supported the person to help us understand their experience of using this service. We checked the storage and arrangements for managing people's medicines and two people's care plans and daily records. We checked that people had the support to manage their safety.

Good

Is the service safe?

Our findings

We saw that staff had consistently explored with people their safety needs so that people felt safe living in their own home within the community. For example an extract from one person's records said, "I am unaware of the dangers that a stranger could present and without support I would answer the door". This demonstrated that staff had supported people to look at their safety and living arrangements and that staff knew how best to support people with this.

Staff we spoke with confirmed that they had training in safeguarding people and understood the different forms of abuse people might be vulnerable to. A staff member said, "I have done the training and if there were any concerns about people's safety I would report it". They knew what action they should take if people were at risk and how to contact the local authority to report this. We saw that staff had access to contact numbers and procedures. This ensured that staff who worked alone had immediate access to external support services. Information we hold showed that there had been no incidents of concern.

Staff had support and guidance in terms of meeting safety expectations. One staff member told us, "The manager works in the house too and carries out checks on safety such as fire safety, medicines and people's money". Records seen confirmed that health and safety checks were regularly carried out. These checks ensured staff understood how to use equipment needed to keep people safe. We saw for example that equipment such as the stair lift and smoke detectors were regularly serviced. Checks on staff car insurance, driving licences and MOT's were carried out to ensure staff were following safety procedures. The registered manager showed us the arrangements in place to support people with their finances and we saw appropriate appointee ship was in place. An extract from a person's records demonstrated that they were happy with these arrangements; "This helps me pay my bills and have enough spending money". The registered manager showed us that checks on people's finances were made and a receipting system was in place to prevent financial abuse.

One person was able to show us how staff supported them with potential risks to their safety. They showed us how they accessed the upstairs with the use of the stair lift. The same person was able to show us specific equipment in place to keep them safe at night. This included an alarm sensor mat to indicate the person was out of bed. We also saw a sensor light was activated to provide light to the person to reduce the risk of them falling in the dark. These measures demonstrated that staff had identified hazards and taken steps to provide equipment to promote people's safety. We saw that where people's health conditions had an impact on their safety, such as the risk of choking staff were well informed and supported a person to eat and drink in line with the guidelines in their care plan from the speech and language team, (SALT). We observed that potential hazards when undertaking everyday domestic tasks such as cooking and cleaning had been risk assessed so that people could undertake these tasks safely with support from staff. Care records we looked at showed that risks had been assessed and individual management plans were in place to support people in each situation that they might find difficult or which could affect their safety. Staff were aware of the systems in place to ensure any accidents or incidents were reported to the registered manager for action.

The provider had a recruitment process in place and we saw checks included proof of identity, previous work history and references had been sought. Checks with the Disclosure and Barring service, (DBS) had been undertaken which helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care. Staff we spoke with confirmed that these checks had taken place before they commenced working in the person's home.

Staff levels had been arranged to ensure that people had the support they wanted. We saw risk factors had been taken into account for example night time staffing was provided to ensure that people had the support they needed throughout the night. Staff told us that they were confident that staffing levels enabled them to keep people safe. Where people's needs had increased due to health concerns, we saw that staffing had been adjusted.. Staffing levels enabled people to follow their chosen activities. The provider had a 'Lone Worker' policy and the registered manager explained how this enabled them to check that the staff member in the house was available to keep people safe. In the event the staff member could not be contacted contingency plans were in place to ensure that people would not be left unsupported.

The registered manager and staff we spoke with told us that they had been trained to support people with their medicines. A staff member said, "I did training and if anyone's medicines change the manager would check with us so we know we are giving it correctly". Records that we looked at confirmed that staff had received training to manage medicines. We looked at both people's medicine records. These had been completed and showed people had their medicines as they had been prescribed by their doctor. We saw the registered manager had worked with the GP and pharmacist in order to obtain liquid form medicines for one person. This showed they were aware of safety issues related to choking and had been proactive in changing this. We saw that secure storage facilities were available for people's medicines and audits were in place to ensure any errors were picked up.

Good

Is the service effective?

Our findings

A staff member said, "People have a good quality of life; 1st class. We support them, enable them to live life and only support when they want or need it". An extract from a person's care records confirmed that they found the service to be effective to their specific needs. One comment read, "I am able to choose the food I want from the shops but need help with how much food costs". The registered manager told us, "We have regular and on-going links with a variety of health and social care professionals to ensure that the support that we provide is intrinsic to that person".

The registered manager told us that no induction programme had been used for a number of years because there had been no new staff. Some refresher guidelines had however taken place to ensure consistency. A staff member said, "The registered manager went through people's needs, medicines and safety procedures such as fire and emergencies. We also attend training so that we can meet people's needs effectively". We saw that staff had access to written procedures designed to guide them in their work in the form of their 'Home Workers Book'.

Staff told us that they had regular supervision sessions and an annual appraisal. Records that we looked at confirmed this. We saw that support for staff was available out of hours. A staff member said "There's only three of us; we are a very small team. We see the manager regularly; she's very supportive, on the ball". The registered manager had ensured that care staff had access to mandatory and additional training in order to develop their skills and knowledge and training records reflected this. Staff were able to describe how they supported a person with dysphagia (risk of choking). Some training in communication such as Makaton (a form of sign language) had also been undertaken to ensure staff could communicate effectively with the person. We observed that staff used these signs and symbols to supplement their conversations with the person.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS) 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. The application procedures where personal care is being provided must be made to the Court of Protection.

We found that the provider was working within the principles of the MCA. People had been supported with a Power Of Attorney to manage their financial interests. We also saw that an advocate had been utilised where necessary. This ensured that formal arrangements were in place to protect people's interests and that the provider understood how to support people with their rights. We observed that care staff understood the need to seek people's consent when delivering support; interpreting a person's gestures and signals to obtain consent. One staff member told us, "I've done training in MCA and DoLS". They were able to demonstrate how they obtained consent. For example the staff member said, "[Name of person] will pull clothing up for cream; this shows me [name] is consenting]". People's records reflected their choices had

been considered and that they had been consulted about decisions. Where specific decisions were made other professionals had been involved.

Staff told us that people's likes and dislikes were taken into account when supporting them with meals and drinks. A person had been supported to order on-line meals which had been specifically prepared for their needs. We saw a photographic catalogue of meal choices was used with the person to choose and order their meals. Arrangements were also in place for a second person to shop locally for their food choices and to use the 'on line' delivery. People were supported on a daily basis to prepare their meals and make choices. People had access to drinks when they wanted them. We saw staff support a person with drinks that had been 'thickened' to avoid choking, in line with the recommendations of the speech and language team (SALT).

One person gave us a 'thumbs up' sign when we asked them if they were 'better'; [Staff told us they had recently been poorly]. They tapped their chest to indicate where they had been poorly. The registered manager told us that they worked closely with a wider multi-disciplinary team of healthcare professionals to ensure people had access to effective support. This included GP's, the dietician, physiotherapy and occupational therapist. As a result of such interventions one person showed us their 'new' chair which enabled them to maintain a posture and to elevate their legs. The person also showed us their slippers; footwear which they had been specifically assessed and fitted for to improve their mobility and reduce the risk of falling. We saw the registered manager had contacted the occupational therapist with a view to obtaining eating utensils to support the person to eat independently. Health action plans and hospital passports were in place. These assist people to communicate important information about them and their health needs to hospital staff so that hospital staff could provide appropriate and safe care and support. We found there was a proactive response to people's healthcare needs.

Good

Is the service caring?

Our findings

An extract in one person's review records read, "I love living here". We saw that the person was happy in the company of staff; there was lots of friendly interaction and gestures; smiling and laughing. Staff told us, "I think we have an excellent relationship with the people we support; we genuinely respect them and do everything to support them in the way they want".

We saw that staff had asked people how they wanted to be cared for and had taken into account what people wished to do for themselves. Information was presented in pictorial formats to reflect how people wanted their support to be provided. For example we saw comments such as, "I can tell the time and get up on my own, I know the difference between day and night". "I like my hair dried and styled after a shower. I'm able to choose my own clothes and manage my hearing aids". This ensured that people were at the centre of the care provided and their choices were respected. This in turn promoted their independence.

Staff we spoke with were able to tell us in detail how the each person wanted their support and what their likes and dislikes were. We heard from staff that if the person changed their mind about a routine this was respected. For example one staff member said, "(Name) struggles to get up in the morning, but we always give them time and if they don't want to do something they don't have to, after all it's their home and we're the visitors".

People's privacy and dignity was promoted; hand basins were available in their bedrooms and a lockable walk-in shower provided privacy. One person had an established arrangement to visit the hairdresser in the community. We also saw the importance of retaining their independence had been encouraged. For example people helped with meals, shopping, cleaning and laundry. We saw they were supported to manage and budget their money. Staff enabled people to make private calls by assisting them just to put a phone number in the phone and then speak privately. These examples showed that staff knew what was important to promote each person's self-esteem and self-determination.

Staff were aware of people's emotional needs and how they expressed these. They were able to explain to us how people would communicate they wanted to be left alone, or for staff to 'go away', and we saw a staff member respond to this when a person wanted to do something independently. There were examples of a caring and considerate approach to supporting people. For example a discrete marking on a person's bag had stopped people at day centre from taking a person's bag by mistake. Staff said, "This really was upsetting (name) so now (name) can identify their bag from others of a similar design, and other people don't take it by accident".

The registered manager told us that the support of an advocate had been used to support people with decisions related to their health, finances and tenancy agreements. This ensured people's rights were protected and promoted. People had control over who visited them within their own home. Staff told us they would respect people's visitors.

Good

Is the service responsive?

Our findings

Both people had been involved in the assessment of their needs. This centred on providing support to them to live within their own house. The provider had along with other agencies worked to obtain a tenancy agreement which enabled the people to remain in the house with staff providing support.

We saw that as the needs of both people had changed they had been supported to contact their landlord to make changes to their premises. This had resulted in a newly provided walk-in shower room and a ramped access to their property. We saw plans were in place to provide a small lift so that both individuals would be able to access the first floor areas instead of using a stair lift. This demonstrated that the provider was responsive to people's specific needs.

We saw that the service was responsive and flexible. For example changes had been made to ensure one person had the option to semi-retire and this had resulted in providing more support for the person during the day.

We saw people were involved in the review of their support needs and records that we looked at confirmed this. Care plans and reviews showed feedback was obtained and the service was tailored to suit the individual. For example we saw that people were asked if they felt safe and supported, how they wished staff tto respond to their care needs and preferences and this information had been used to improve their living arrangements and where needed, their support.

A variety of healthcare professionals had been consulted on people's behalf. This showed that processes were in place to regularly determine if any changes to the care and support offered were needed and to ensure that appropriate care was provided. We saw many examples of how people had been supported to access aids and benefit from adaptations to their property to meet their needs.

Staff supported people to maintain relationships with people who were important to them. The care plans specified who was important in the person's life and how the person could be supported to contact people and maintain their relationships.

Decisions had been made by people as to the type of activities they wished to pursue and the frequency. One person gave us a 'thumbs up' and replied, "yes" when we asked them if they enjoyed their DVD's. Both people had plans in place which showed their preferred activities both in their home and within the community. We saw people were supported to go to the cinema, swimming, theatre, college, arts and crafts and other community based activities.

A complaints procedure was available. There had been no complaints made about the service when we looked at the complaints records. The registered manager told us they were in the process of developing a new complaints procedure using up to date pictorial images to make it easier for people to understand. This demonstrated that a system was in place for people to access if they were not satisfied with any part of the service they received.

Good

Is the service well-led?

Our findings

People who used the service were complimentary about the support they received to live in their own home. Extracts from their records showed they had been regularly asked if they were happy with their care arrangements. One extract read, "I am safe and happy living here". The registered manager had involved advocates and social services to ensure people had the type of support they needed and wanted in order to continue living in their own home. Staff we spoke with told us that they felt that the service provided was of a high standard and they were particularly pleased that they had been able to provide continuity for both people over a number of years.

The provider had a registered manager in post who was supported by an administrative officer and two staff. The small team including the registered manager worked with both people on a daily basis within their own home. Staff told us the registered manager was committed to the service and was well organised. They said she provided support to them and guidance and that she was approachable. Staff told us they met with the registered manager as a team so that any changes in the provision of care to people were discussed with them. Staff felt their training needs were met and that they had out of hours support when needed. A staff member told us, "I love my job; all of us are very happy and as a small team we know each other really well".

We observed that the registered manager knew both people well and that she could describe clearly how the service had been modelled on their needs. We observed the interaction between one of the people and the registered manager and saw this was a positive experience for the person who sought out her company and was happy to communicate with her.

We saw that people's experiences had been captured in pictorial form to show if they were happy with the service and how they wished the service to be provided. We found that feedback from people was positive and reflected conversations staff had with them. The registered manager told us that they were devising new surveys in a suitable format for people to provide their views on the service provided.

A staff member gave us a good account of what they would do if they were worried by anything or witnessed bad practice. They said, "I would know how to whistle blow". The provider had a whistle blowing policy in place and the registered manager told us she always checked staff's awareness of procedures in supervision sessions. Whilst we saw this was happening records needed to be more specific to reflect what was discussed. The registered manager told us she would address this to ensure there was a clear record of guidance provided to care staff.

The registered manager showed us audits they used to monitor the quality and safety of the service. Staff confirmed that the registered manager carried out checks to ensure that people had the support they needed. Checks on people's care plans ensured these were maintained to an appropriate standard. Arrangements were in place to support people with risks to their safety such as managing their medicines. Audits were very detailed and gave relevant information which ensured the registered manager had an oversight of the service provided to people. The registered manager had analysed risks and implemented strategies to support people with their safety within their own home. The registered manager was aware

that notifications of incidents should be sent to us as required, although there had been no accidents or incidents reported.