

Your Care Direct Limited

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Inspection report

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Date of inspection visit:
06 January 2016

Date of publication:
22 February 2016

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

This inspection took place on 6 January 2016 and was announced.

Your Care Direct Ltd provides personal care for people in their own home. There were 17 people receiving services for which CQC registration was required at the time we inspected.

There was not a registered manager was in post at the time of our inspection. However the acting manager had started the process to become registered with CQC. 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 and associated Regulations about how the service is run.

People told us they felt safe in the company of care staff and in the way they cared for them. Risk assessments were in place to manage people's individual risks, so people could be cared for safely. There were enough care staff employed to care for people using the service. Some people chose to look after their own medicines and just wanted care staff to remind them to take it. This was respected. Where people needed help to take their medicines, care staff were trained to ensure these were managed appropriately.

Care staff had the skills and knowledge to care for people effectively. Care staff were trained to meet the individual needs of the people they supported. Care staff knew people's individual preferences and histories, so they could provide care the way people preferred. People had been involved in making decisions about their care, through care planning and reviews. All care staff followed the principles of the Mental Capacity Act 2005 (MCA) ensuring they sought people's consent prior to delivering care.

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People were encouraged to maintain their independence, care staff offered them choices about what they wanted to eat and drink. Care Staff were aware of people's dietary requirements. People were supported by care staff to maintain their health.

People received care from care staff who took time to get to know them. People had developed good relationships with care staff who were caring. Care staff supported people to maintain their dignity and people were confident that care staff respected their right to confidentiality.

The acting manager, provider and senior staff regularly met with people to ensure people were receiving care in the way they preferred and changes made accordingly. Complaints were investigated and lessons learned. People and their relative's opinions on the quality of the service was sought through customer

satisfaction surveys, so the provider use this information, share with care staff and develop the service. Quality checks were performed by the acting manager to monitor and improve the service.

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.

People received care and support from care staff who understood how to keep them safe. Care staff understood how to keep people free from the risk of potential abuse and promote people's physical health and well-being.

Is the service effective?

Good ●

The service was effective.

People's needs and preferences were supported by trained staff who understood their care needs and personal preferences. People were asked to consent to decisions about their care and support before it was performed

Care staff knew about people's dietary needs and assisted people with their health requirements.

Is the service caring?

Good ●

The service was caring.

People and relatives were very positive about the caring relationships developed with care staff, the acting manager and provider. People's received care met their needs, reflected individual preferences and maintained their dignity and respect.

Is the service responsive?

Good ●

This service is responsive.

People were supported to make choices and be involved in assessing, planning and reviewing their care. Care plans were reviewed regularly, so reflected the care and support people needed. People who used the service knew how to raise complaints and concerns.

Is the service well-led?

Good ●

The service is well-led.

People and staff were complimentary about the service they received. Senior staff, the acting manager and provider checked the quality of care provided, so people benefited from receiving services from an organisation which was well led.

Your Care Direct Limited

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 6 January 2016 and was announced.

The provider was given 48 hours' notice because the location provides a homecare care services and we needed to be sure that someone would be in.

The inspection team consisted of one inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was caring for older people.

We reviewed the information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. No concerns about the quality or safety of the service had been shared by the local authority or Healthwatch.

We spoke with two people about their experience of the service and two relatives via the telephone. We spoke with the provider, the acting manager, the establishment co-ordinator and three care assistants.

We looked at four care records, three staff recruitment files, staff training records, surveys completed by people who used the service. We also looked at the quality audit checks completed by the acting manager.

Is the service safe?

Our findings

People we spoke with told us that the staff looked after them in a safe way, helping them feel secure in their own home. One person told us care staff visited in the evenings to help them get safely in to bed. "Without their help I couldn't do it."

A relative told us how the staff supported their family member to have a bath safely, using specialist equipment. The relative confirmed that staff wore protective clothing and maintained good hand washing techniques in order to minimise the risks from infection and help keep people safe and well. Care staff told us the provider supplied them with gloves and aprons to use in people's homes.

When we spoke with staff they were able to describe how they keep people safe and what action they would take should they have any concerns. For example they told us they could phone the office at any time or the on-call out of hours to speak with a senior member of staff for advice. On the day of the inspection we saw a member of the care staff call into the office and raised a concern, over the safety of someone living alone. This was responded to immediately by the acting manager contacting external agencies to protect the person from potential harm.

All the staff and acting manager we spoke with knew how to raise concerns following the provider's safeguarding policies and procedures, how to report to external agencies to keep people safe.

Care staff told us how they ensured people were kept safe in their own homes. One care staff told us "I always check on the person, if I cannot get a reply when I call - I knock on the windows or call through the letter box. If still no reply I call the office immediately." Another care staff told us "I always check people's doors and windows are locked before I leave the premises". Care staff we spoke with could describe the contents of people's risk assessments and how they applied them to their day to day support.

The acting manager told us how they assessed people's potential risks before they received a service, to ensure they received care and support that was right for them. We saw risk assessments were available in people's care records for staff to follow, so people's safety and well-being was promoted. These risk assessments were written in conjunction with the person receiving the support and where appropriate their relative was consulted. Although one relative did confirm this was the case, we did note that on some of the risk assessments the person receiving had not always signed the form. This was brought to the attention of the acting manager, who told us they would rectify the situation, but showed us minutes of meetings with people using the service, showing they had been consulted.

All of the staff and the acting manager we spoke with told us they checked people's care plans so they knew the best way to keep them safe. Care staff told us how they shared information on people's changing safety needs with senior staff and other care staff. We saw people's risks were regularly reviewed, so care staff were aware of the way to deliver care for people in a way which promoted. For example care staff told us how they were informed when a person had been prescribed a course of anti-biotics and they needed to remind the person to take them.

Care staff told us they felt they had enough time to support and care for people and did not feel rushed. They told us they often stayed a few minutes over on their call to chat to people because they thought they were isolated and were aware they were often the only people their clients saw that day.

Senior management ensured there were enough staff on duty to meet people's needs and care for people in a safe way. If a person required two care staff to keep them safe it was provided. The provider spoke at length about the importance of recruiting the right staff with the right skills to meet the individual needs of the people they support.

We saw the acting manager undertook checks on the suitability of staff before they started their employment. The checks included obtaining a minimum of two references and DBS, (Disclosure and Barring Service) disclosure, so the acting manager knew staff had had appropriate clearance to work with people.

All of the people we spoke with told us they managed their own medicines. One person told us "The staff ask me whether I have taken my medicines to remind me". The provider only administered three people's medicines and these were managed well by staff. The acting manager audited these on a monthly basis to ensure no errors had occurred. All of the staff we spoke with confirmed they had received training so they would know how to administer medicines in a way which kept people safe. Three care staff told us they had also received training in how to prompt people to take their medicines and how to record this. One care staff we spoke with told us how they made sure people were kept safe when they received medicines needed for a short while. The care staff told us how information was shared with other staff, so everyone who cared for a person would know the best way to keep them safe and well. Care staff told us they were not allowed to administer medicines until senior staff had checked they were competent to do this. We saw there were regular checks on the medicines which people received, so senior staff could satisfy themselves people were receiving the right medicines and prompts, and would remain well and safe.

Is the service effective?

Our findings

People we spoke with told us they thought the care staff that supported and cared for them were well trained. One relative told us "staff are well-trained and knowledgeable. They give excellent care, other companies could learn from them."

The acting manager described to us how they made sure that care staff received the right training to meet people's individual needs. For example one person had required specialist care so they had sought advice and training from the district nursing team, so care staff could support the person effectively.

Care staff told us about their induction training when they started their employment with the provider. Everyone we spoke with told us they felt that the training had been very good, personalised to their needs and the majority was classroom based. They told us this approach had given them opportunity to raise and dispel any concerns they had, prior to working directly with people in their own homes. The training had consisted of areas such how to keep people safe, communication skills and using mobilising specialist equipment.

Care staff told us they had received regular supervisions, so felt supported by the provider and acting manager. Although they all stated they did not have to wait for formal supervisions, they felt they could approach either the acting manager or provider at any time for support and advice. One care staff told us "She is always available to help."

People told us they had been asked to consent to their care. All the people told us they had been central in deciding what care they wanted and the way they preferred this to be delivered. People were given choices and the staff worked flexibly to accommodate their requests. For example one person told us staff asked them if they wanted a bath on a particular day but respected the person's decision if the person was not feeling too well and wanted to postpone it to another day.

All the staff we spoke with had a good understanding and worked in the principles of the Mental Capacity Act 2005 (MCA).

The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment.

This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. If the location is a care home, CQC is required by law to monitor the operation of the DoLS, and to report on what we find.

People we spoke with told us that they were asked their permission by care staff before assisting them and respected their decision if they decided to refuse any aspects of their care. The acting manager told us that most people using the service had mental capacity, however one person's relative had Power of Attorney (welfare). We did not see this recorded on the person's care file, but when we discussed it with the acting manager they agreed to rectify the situation.

People told us care staff supported them to ensure they had enough to eat and drink. One person told us "Staff make me a coffee and sandwich before they leave and put it on the table by me, so I can reach it." Care staff were knowledgeable about people's individual dietary needs, such as diabetes in order to help keep people healthy and well.

One person told us that care staff understood they liked to keep their independence, so just assisted them to choose and cook a meal.

People told us they were supported to access health professionals and services. One person described how the care staff had helped them seek medical assistance from a GP and had been assisted to use a new type of inhaler. All the care staff we spoke with told us they would seek assistance if they thought the person they were caring for became unwell.

Is the service caring?

Our findings

We spoke with two people who used the service and two relatives, all of them praised the staff saying they were very caring. One relative said "All staff are very personable, I've never experienced a company that are genuinely good at their job." They went on to say they thought the staff employed "benefitted from a mature attitude" which their relative appreciated.

Another person using the service told us "Staff are very good".

When talking to the care staff they were able to describe what was important to the people they supported and the best way to care for them. One care staff told us how they'd found out that in previous years a person they supported used to, like to go to the theatre. They arranged to escort the person to the local theatre to look around, helped them buy a book about it, and spent time reading it to them.

We saw that the provider sent birthday and Christmas cards to everyone who used the service, as they felt some people living alone felt isolated and wanted to show they cared. People told us they appreciated receiving them.

One relative told us the impact the service had on both their lives and their family member "I have had a load taking of my mind – they really have changed our lives. Looking after [person's name] is not easy as two days are never the same, but the staff are brilliant. They've managed to build [person's name] confidence so they will now let staff give them a bath".

People told us they thought staff listened to them and made them feel valued. One person told us "The staff always ask me if I need anything or what I would like them to do before they leave. Nothing is too much trouble."

Care staff told us they usually supported the same people, so this gave them the opportunity to build a trusting relationship with the people they supported. One person told us "I have the same person visit me, they are very good."

When new care staff were employed they were introduced to the person they were going to support with an existing member of staff or the acting manager. They told us they felt this helped them and the person they were supporting trust them.

People told us they were involved with the formation and contents of their care plans and reviews. We saw from the care records people's preferences and routines were recorded for staff to refer to. For example we saw that one person was very time sensitive, so strict instruction was there telling staff even if they were likely to only be a few minutes late they must phone ahead. This would alleviate the person's anxiety. The acting manager told us following this procedure had helped

People's dignity and privacy was considered by care staff. People told us care staff always made sure their personal care was delivered in way which promoted their dignity and privacy. A relative told us staff were sensitive to their family member's needs such as "personal care", this was conducted discreetly by care staff. A care staff member described how they tried to keep people's privacy and dignity supporting a person they

tried to maintain eye contact with them, whilst assisting to dry themselves after a shower. They told us "I wouldn't like someone watching over me whilst I dried myself , so I try to be as discreet as possible." All the care staff we spoke with told us they thought it was important to help people stay as independent as possible to maintain their dignity.

Care staff were aware of the importance of keeping information about people they support confidential and told us they would only share information about the person with their consent.

Is the service responsive?

Our findings

People were encouraged to tell the acting manager and care staff what and how they wanted their care and support to be delivered. One person told us "I know I need help but I can still do some things for myself and that is important to me. I still like to cook a meal for myself, so staff stay with me whilst I do it to keep me safe."

All the people and relatives we spoke with told us they could speak directly to care staff or the registered manager if they wanted to make any changes to their support package. One person told us after discussion with the acting manager it had been agreed to increase the time staff spent with them, so their needs could be met better.

Changes in people's care needs were recorded by staff at each visit, so other staff would know the best way to care for a person as their needs changed. Staff told us significant changes were discussed immediately with senior staff. Staff told us depending on what had changed, they were alerted by text from senior staff. For example, if someone's medicines had changed. When appropriate the acting manager or care staff would seek advice from other health and social care professionals to seek the best way to care for people. For example we saw from care records that advice was sought about a person's stoma care and the best way to care for the person.

People were asked their views about the service through customer satisfaction questionnaires and telephone interviews. We could see that all the responses received were positive. For example We saw that the acting manager recorded any compliments and suggestions they received from people using the service. An example of the comments received was "thank you all so much for your loving care towards [person's name]. To see your bright happy faces each day kept me going and your care was truly marvellous". Another person wrote "I have no hesitation in recommending Your Care Direct to anyone seeking this type of service."

One person answered the question "How could we improve the service offered?". "We think it's perfect thank you."

We asked people whether they knew how to make a complaint about the service. Each of them said they did but had never had to. One person told us they would speak to the acting manager and felt confident they would deal with any concerns promptly. They said [acting manager's name] is very considerate and takes a real interest- they talk to staff and people and is always responsive. They should be cloned."

People confirmed that when they first started to use the service they were given written information pack about how to raise a complaint and if not satisfied which external agencies they should refer to.

Is the service well-led?

Our findings

People told us they felt the service was well organised and they liked the acting manager and the provider. Staff and people using the service felt they benefitted from the service being family run and relatively small. People and staff said the provider took a "hands on approach" to the running of the business and could discuss anything with them. They felt this contributed to the people using the service receiving good quality care.

One care staff told us "I love my job – I wouldn't work anywhere else."

Care staff told us they felt supported in their role, by senior management and the provider. We saw that spot checks were regularly undertaken by senior staff to assure the provider that care was delivered in the right way and risks to people's health and well-being were minimised. Care staff told us that their delivery and quality of care was then discussed with them immediately afterwards and at supervisions. The acting manager regularly checked that people receiving the correct prescribed medicines to ensure no errors were made. The acting manager though did explain the procedures they would take if they found medication errors and told us they would make sure lessons would be learnt to prevent a re-occurrence if possible.

We saw that the acting manager and provider used customer survey questionnaires to check that people and their relatives were satisfied with the quality of care received. We only saw positive comments on the returned responses. The provider and the acting manager checked the care records to ensure the information recorded was correct and up-to date. Staff were required to sign the documentation to state they had read and understood the contents. This assured the provider and acting manager that staff were providing care the way people wanted it.

Throughout the inspection the provider was transparent and honest, sharing the progress they felt they had made in the last few months since taking over the service. The provider showed us an example of a service improvement plan which showed clear direction of how they wanted to improve. For example one action was they wanted to speed up their recruitment process, because in the past they had lost potential employees to competitors. However they did state they thought the future of their business depended on employing excellent candidates, who could provide quality care for the people they support and this would not be compromised.