

Community Care Direct Limited

Community Care Direct

Inspection report

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Southport
Merseyside
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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 14th, 15th and 20th January 2015 when two breaches of legal requirements were found. The breaches of regulations were because we had some concerns that staff were not recruited safely and quality systems were not consistently applied or embedded to monitor the service and to assess and manage risks to people who used the service.

We asked the provider to take action to address these concerns. After the comprehensive inspection, the provider wrote to us to tell us what they would do to meet legal requirements in relation to the breaches.

We undertook a focused inspection on 21st July 2015 to check that they had now met legal requirements. This report only covers our findings in relation to these specific areas / breaches of regulations. They cover two of the domains we normally inspect; 'Safe' and 'Well led'. The domains 'Effective', 'Caring' and 'Responsive' were

not assessed at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Community Care Direct' on our website at www.cqc.org.uk.

Community Care Direct is a 24 twenty four hour domiciliary care provider based on a busy high street close to the centre of Southport. They provide domiciliary / in-home care, palliative care and a 24 twenty four hour live in services.

At the time of the inspection the home did not have a registered manager. 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. At the time of our inspection there was a new manager in post and they informed us they

Summary of findings

were applying for the position of registered manager. Following our inspection the manager informed us they had submitted their application for registration with the Care Quality Commission.

At the time of our inspection the manager informed us the agency were providing a service for 45 people. During this inspection we met with the manager, the provider and three members of the staff team. Following our inspection we spoke with two relatives to gain their views about the service.

At this inspection we found improvements had been made in all areas and the previous breaches had been met. Recommendations in some key areas to improve practice had were also been implemented.

We checked staff recruitment files and saw recruitment checks were in place to ensure staff were suitable to work with vulnerable people. The manager had completed an audit of the files and we saw recruitment checks were more thorough.

We looked at how the service was monitored. Systems and audits (checks) were now more consistent to help to assure and develop the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve the safety of the home.

Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable people.

We made some recommendations at the last inspection around developing systems to improve staff knowledge and skills relating to managing and administering medicines. These were being implemented by the manager.

While improvements had been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'Safe' at the next comprehensive inspection.

Requires Improvement



Is the service well-led?

We found that action had been taken to improve the management of the service.

The provider and manager were working together to assure the quality of the service and drive forward improvements.

The manager was new in post and advised there were areas where they felt further development was needed. The manager had drawn up an action plan to address these to improve practice.

The manager was applying for registration with the Care Quality Commission.

There were clearer and more effective systems in place so that the service could be developed with respect to their needs and wishes. Feedback from people and their relatives had been sought via satisfaction surveys.

While improvements had been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'Well-led' at the next comprehensive inspection.

Requires Improvement



Community Care Direct

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook this focused inspection on 21st July 2015. The inspection was completed to check that improvements to meet legal requirements identified after our comprehensive inspection on 14th, 15th and 20th January 2015 had been made. We inspected the service against two of the five questions we ask about services; Is the service

safe? and Is the service well led? This is because the service was not meeting legal requirements in relation to these questions. The inspection was undertaken by two adult social care inspectors. Before our inspection we reviewed the information we held about the agency and reviewed the provider's action plan, which aims to set out the action they would take to meet legal requirements. At the visit to the agency we spoke with the manager, the provider and three members of the staff team. We inspected staff records, staff training, policies and procedures and systems and audits to monitor and develop the service. We spoke with two relatives following the inspection.

Is the service safe?

Our findings

We carried out an unannounced comprehensive inspection of this service on 14th, 15th and 20th January 2015 when a breach of legal requirements was found. The breach of regulation was because staff were not recruited safely.

On this inspection we checked to make sure the requirement had been met. We found improvements had been made to meet the necessary requirement. We saw that required checks had been made so that staff employed were 'fit' to work with vulnerable people.

At this inspection we looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We looked at four staff files and asked the manager for copies of appropriate applications,

references and necessary checks that had been carried out. The manager informed us the staff files had been audited and recruitment checks were now in place. We saw a record of how staff were recruited and this included the application form, police checks and references. The manager had completed a record of interview for new staff. They told us they were introducing a further safety check by contacting referees by phone to verify references received. Where we found a discrepancy with a staff file, the manager took immediate action to address this.

We made some recommendations at the last inspection around developing systems to improve staff knowledge and skills relating to managing and administering medicines. Our discussions with the manager and records viewed showed these were being implemented to help assure the safe administration of medicines.

Is the service well-led?

Our findings

We carried out an unannounced comprehensive inspection of this service on 14th, 15th and 20th January 2015 when a breach of legal requirements was found. The breach of regulation was because quality assurance systems were not consistently applied or embedded to monitor the service and to assess and manage risks to people who used the service.

On this inspection we checked to make sure requirements had been met. We found improvements had been made to meet the necessary requirement. The provider and manager had developed more consistent and effective systems to assure and develop the service. This helps to ensure consistent and improve standards.

At the time of the inspection the agency did not have a registered manager. The agency has not had a registered manager since November 2014. Managers employed since this date had not continued working at the agency. A new manager was appointed in June 2015. Following our inspection the manager informed us they had submitted their application for registration with the Care Quality Commission for the registered manager's position.

The provider and staff provided positive feedback about the new manager's leadership and the changes they were implementing to improve the service. Staff told us they were supported in their job role and communication had improved. Since the new manager had been in post, one staff member said they were now being 'steered in the right direction' and there was a lot more support. Staff told us they were able to contact someone senior within the agency for advice and if they needed to voice concerns they would be listened to. This helps to assure an open culture.

The manager discussed with us the audits they had implemented and what actions were being taken to improve practice. We saw these in areas such as staff support/training and induction, medicine management, implementing new policies and procedures and reviewing people's care documents. The manager had identified the need for further improvements in a number of areas and drawn up an action plan to address these with prompt timescales. For example conducting staff supervision and

appraisals. Training was being extended to the care co-ordinators to enable them to conduct supervision sessions with the care staff. We were provided with a copy of the manager's action plan for our records.

To help monitor the service the manager was undertaking 'house checks'. These checks helped to make sure the care provided by the staff was suitable for people and that people received a service from a consistent staff team. We reviewed three documented reports from these checks. One included observations of staff providing support and the other two were used as a means of gathering feedback from people and reviewing care records held in people's homes. The reports seen were positive.

We saw a more robust system had been introduced to monitor late or missed calls to people in their home. The manager informed us the number of missed or late calls had reduced to current monitoring arrangements. Where a call had been missed we saw this had been logged as complaint and appropriate actions taken. A relative told us the staff were quick to put things right if there were any issues.

There were clearer and more effective systems in place so that the service could be developed with respect to their needs and wishes. Feedback from people and their relatives had been sought via satisfaction surveys. Action needed had been recorded and the manager was consulting with people and their relatives regarding feedback received. The manager informed us satisfaction surveys were due to be sent from August 2015 onwards to seek people's views about the agency.

Relative feedback at the inspection was positive regarding how the agency was now managed and also on the care delivery by staff. A relative wanted the care staff to be acknowledged for the quality of the service. They advised us they 'spoke for the whole family' in saying "How much we appreciate how the carers look after (family member). They look after (family member) and that's our priority."

We saw people's care documents had been reviewed and updated and these now recorded good detail about people's care, support and preferences and choices. This helps to assure people received the service they needed and wished to receive.

Is the service well-led?

We were shown the agency's Service User Guide, a brochure which provides details about the service. This had been updated so that people had the information they needed when choosing an agency to support them in their own home.