

Direct Carers Ltd

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Inspection report

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Ratings

Overall rating for this service

Good 

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?

Good 

Overall summary

The inspection took place on the 17 March 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the location offices to see us.

At the previous inspection, which took place on 17 December 2013 the service was compliant with all of the standards we assessed.

Direct Carers provide domiciliary support to people in their own homes. At the time of our inspection care was provided to over a hundred and fifty people.

The service has 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 2008 and associated Regulations about how the service is run.

Summary of findings

People told us they felt safe and were well supported by the agency. All staff received training in safeguarding vulnerable adults and there were clear policies and procedures in place to support staff if concerns were identified.

The agency carried out risk assessments so that risks to people could be minimised whilst still supporting people to remain independent.

The agency had systems for recording incidents and accidents and there were systems in place to support staff should an emergency occur.

We were told that people liked the staff who cared for them. Some people did raise concern about the lateness of some of their calls but the manager told us she was in the process of addressing this.

Recruitment checks included security and reference checks so that staff were safe to work with vulnerable people.

People told us that they received their medicines when they should however we have made a recommendation about the recording of some medicines.

People told us that their views and wishes were considered and that they were involved in discussions regarding their care needs.

Assessments were completed to ensure that the agency was able to care for people appropriately.

All staff received a programme of induction, supervision and training to support them in their roles.

People were asked to consent to any care or treatment and where people were unable appropriate legal safeguards were considered. People were supported with their health needs where necessary.

People told us that they were well cared for. Staff were described as kind and considerate and people told us that they were treated with dignity and respect.

Most people told us they were involved in discussions and reviews of their care packages. People told us that they received a person centred service.

People said they were confident in raising concerns. Each person was given a copy of the complaints procedures. People told us that complaints were listened to and that things got resolved.

People told us that the agency was well managed. Staff said they felt well supported by the manager.

People told us that their views were sought. There were quality monitoring systems in place to seek people's views. However some people felt that better feedback could be given regarding the outcome of this.

People told us they received good care. They said they received a weekly schedule of who would be visiting and that where possible care was delivered by the same core team of carers.

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?

The service was safe. However we have made a recommendation regarding medicines management.

Staff knew how to report issues of abuse and they had been trained in safeguarding vulnerable adult's procedures. Risks to people were appropriately managed.

Recruitment processes were robust and appropriate checks were completed before people started work.

People told us they received their medication when they should. Records to record people's medication could be improved.

Requires Improvement



Is the service effective?

The service was effective.

People were assessed before they started using the service to check that care could be provided appropriately.

Staff received induction, training and supervision to support them in carrying out their roles effectively.

People were supported to make decisions and to give their consent and the manager was aware of the importance of legislation to support this process.

Good



Is the service caring?

The service was caring.

People told us that staff treated them with kindness and courtesy.

People told us that staff were respectful and treated people with dignity.

People were involved in making decisions about the care and the support they received.

Good



Is the service responsive?

The service was responsive.

People's care packages were regularly reviewed and updated where necessary.

People had individual rotas so that they knew the staff who were supporting them.

The agency had a clear policy on complaints and people said they would feel confident in raising issues should they need to.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

The agency had an experienced manager in place who promoted high standards of care and support.

The ethos of the agency was positive; there was an open and transparent culture.

There was an effective quality assurance system in place to ensure 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 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 17 March 2015. It was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the location offices to see us.

The inspection team consisted of two inspectors from the Care Quality Commission and two experts by experience who supported the inspection by carrying out some telephone interviews to seek people's views and experiences. An expert-by-experience is a person who has

personal experience of using or caring for someone who uses this type of care service. Both our experts by experience had experiences of a range of different care services which included domiciliary services.

Prior to our visit we looked at a range of different information which included information we hold about the service. We also looked at the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit we looked at six people's care records, four staff recruitment and training files and we looked at records for assessing and monitoring the quality of the service.

We telephoned and spoke with 26 people receiving support. We carried out a home visit to three people who were supported by Direct Carers to gain their views. We also spoke with five staff.

Is the service safe?

Our findings

The people we spoke with raised no issues regarding their safety. One person said "I don't feel safe having a shower on my own anymore. My carer makes sure that I don't fall when I'm trying to get in and out of the shower. I couldn't wash without her." Another person said "I usually have the same carers, I like it that way. When they started coming they asked what help I needed. I am quite independent but very nervous about showering on my own so we agreed that I would only shower or bathe while they were present in the house."

No one spoken to required hoisting, and all of the people we spoke with managed with one carer per visit. "I have a group of six or so regular carers who know me well and I see them most of the time. I like being able to have a laugh with them." Another person said "I am very happy with the carers that come, as they are smashing girls and nothing is too much trouble."

Although there had not been any safeguarding incidents prior to our visit, the agency had policies in place which staff understood. We spoke with staff about their understanding of safeguarding vulnerable adults. They were able to clearly describe how they would escalate concerns should they identify possible abuse. Staff told us they were confident their manager would take any allegations seriously and would investigate them. They told us they had received training in safeguarding vulnerable adults and we saw records to support this. This training helped to keep their knowledge and skills up to date. We also saw information about 'protecting people from abuse' within the service user's guide.

We looked at individual care files to check how risks were managed. We saw that risk assessments were completed. This included risk assessments on equipment, medication, manual handling, the environment and the emergency arrangements. We saw that relevant risk assessments had been incorporated into people's individual plans of care.

We asked staff what action they would take if there was an emergency. We were told that there was an emergency on-call rota to provide support to staff. One member of staff gave an example where they had arrived for a call and

found that their client had fallen. They waited with the individual until the emergency services were able to take them to hospital. They told us that they had rung the office so that all their other calls could be covered.

We were told that individual accident books were held in each service so that any accidents and incidents could be recorded. We were shown a copy of the accident/incident file which was held in the office; however this did not contain any information for 2015. The registered manager told us this was in the process of being updated.

We asked to look at staff rotas. People were given individual rotas a week in advance so that they knew which staff would be visiting them. We asked people about the staff and whether or not they turned up on time. No one had an issue with staffing numbers, but one relative told us "We have had to find another Agency because they could not accommodate a 9pm visit to put my wife to bed. They told me they only had resources until 7.30pm at the latest. It's a shame, because the quality of the care is excellent."

Although the feedback we received about carers was positive, some people did raise concerns regarding carers running late and some people said that the agency did not always let clients know. However people also said that when carers did arrive, no one felt rushed. One person said "Even when my carer is running late she will make sure she asks if there is anything else I need doing before she leaves for her next job."

We looked at five staff recruitment records. We saw that the necessary recruitment and selection processes were in place. We found that appropriate checks were undertaken before they had begun work. This included written references, satisfactory Disclosure and Barring Service clearance (DBS), health screening and evidence of the staff member's identity. This helped to ensure that staff were suitable to work with people who were supported by Direct Carers.

We were told that people received their medication when they should. One relative said "The carers give dad his tablets according to his medication sheet and their visits correspond to medication times."

We looked at medication records. We saw some gaps on the MAR sheets. We asked the registered manager about these and they told us that the gaps were where people had refused their medication. We looked to see if anything had been recorded on MAR sheets to say that people had

Is the service safe?

refused however there were no entries. We looked at daily records and saw entries detailing that people had received their medicines. This meant that MAR charts were not always being completed properly. We asked the manager if competency checks were carried out on staff who gave out medicines. We were told that although staff received training, competency checks were not routinely carried out.

These checks help to ensure staff follow internal procedures and apply any training they have been given. Although some staff had received competency checks, others had not.

We recommend that the registered manager considers the Royal Pharmaceutical guidance on handling medicines in social care settings.

Is the service effective?

Our findings

People told us they received an effective service. They said that they had been adequately consulted in relation to the care that they needed. Most people said that their carers carried out the tasks in the way they liked them to be done. One person said: "I like things to be done in the order in which I've always done them. I know it seems silly but it's important to me and my regular carers always make sure that they do things this way." Another person said "The carers come in three times a day to see to dad and four times a day to see to mother. My parents are treated with the utmost respect by the carers and the company try to have regular carers call but if that is not possible their care plans are very detailed and easy to follow."

Each person had a detailed assessment to see whether the agency could provide the care that was needed. Assessments included information about people's physical health, their sleeping, diet and personal care needs. Each record contained detailed information about the person and how they wanted to be cared for. Assessments formed the basis of the care plan.

We looked at records of induction, training and supervision. All staff received an induction when they began work. All staff received regular training and we saw records of this. Topics included; manual handling, medication, safeguarding vulnerable adults, first aid and infection control. In addition client specific training was provided for example, in caring for people living with dementia, or in caring for someone with a stroke. Training was carried out at the main office as there was a large training room available.

We looked at the staff training matrix and saw when any gaps had been identified that the relevant courses had been booked. There was a training plan in place for the year. In addition to the training courses delivered senior staff told us that they carried out observations which focused on practice to ensure that staff understood the training and were carrying this out in practice.

People told us they liked the staff who provided care to them. They told us their needs were met by staff who had the right knowledge, skills, experience, and attitudes towards them. The people we spoke with told us that the training supported people in carrying out effective care. Nobody raised any issues about the training that carers

undertook. One person told us "I use a special standing frame to help me out of bed and my carers all know how to use this and in fact I feel very safe when they are here to help me." Another person said "The carers who come to me and the wife have real qualifications."

All staff received a minimum of four supervision sessions each year. This included one direct observation where they were assessed by another member of staff carrying out their duties. This enabled management to review practice and to check that their skills and knowledge remained up to date.

We saw from care records that people were involved in any decisions. Staff received training in the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS). Although the registered manager said that no-one was currently restricted under DoLS she was aware of the importance of making applications formally so that any decisions could be made in people's best interests. As care was provided to people in their own homes most people had family members who advocated for them. One person said "Staff are always respectful and ask before doing tasks."

We spoke with six people who had care input to help them at mealtime. All said that they were asked what they would like to eat and this was then prepared for them by their carers. Whilst the meal was cooking the carers would be undertaking other household chores. Once the meal was ready the carers would ensure that it was placed in a suitable place where the person could reach it. No one spoken with needed help with feeding and no-one had any special dietary requirements. One person said "I was losing weight so I have a carer come in daily for one and a half hours a day. They come in at 1:30 each day. It's a bit late but it's the only time they could come. They cook me a meal and in the two months they have been coming I have put weight on."

People told us that they were supported with their health needs where necessary. One relative told us that her husband's regular carer had picked up that he had a possible urinary infection and had contacted the doctor in order for him to have medication prior to his wife returning home from work.

Is the service effective?

We saw that emergency contact details for people's GP and other professionals involved in their care were recorded within their care records. We were told that staff were able to support people in attending appointments if necessary.

Is the service caring?

Our findings

People told us that they were cared for by kind and caring staff. Comments included “The staff are great they really care, even the young ones are smashing.” Another person said “I have used Direct Carers for nearly four years. I have nothing but praise for them, sometimes their timings are a bit wrong and they are late in coming, but they are always sorry and if they can they will ring and tell me they are held up. It is usually when their previous client is ill or something like that.” Another person said “I try to do as much for myself as I can and the carers really encourage me. I don’t know what I would do if I didn’t have my girls.”

Another person said “My mum is in hospital at the moment and we have not been using this agency long I am trying to organise a new care package for when my mother comes home the management are trying very hard to set this up and they appear to really care that it is sorted.”

While speaking to both relatives and people who use the service, the overall opinion of the service was that the care was good. People told us that the staff appeared to understand what each person needed. They said that the staff did not rush and said they were chatty as they worked. People told us that as far as possible regular carers attended each person as much as possible.

One person said “The girls who come to me are so caring, I think they do more than they should. Nothing is a trouble and I know they are often very short staffed. I really would be in a pickle if they didn’t come to me, they are real angels.”

People were positive about the care they received. Comments included “The Direct Carers Agency was recommended to us by Social Services and since then my Father has not looked back. He has a range of carers who have one thing in common; they really care about their clients. Nothing is too much trouble.” “The care my wife receives from two carers is excellent. The third does what is necessary” and “My carers go out of their way to help me.” Another person said “I am really happy with the care. They (the staff) add to my relative’s quality of life.”

People told us they received care which met their needs. They said that their care needs were discussed. The

registered manager confirmed within the PIR that “We encourage people who use our service to be involved in developing their care and support plans; identifying what support they require and how this is to be carried out.” They also said “We have developed one page profiles to ensure we use a person centred approach. Support plans are written in a caring way taking into account the views and wishes of people and their families.”

We saw from care records that people’s individual care files included ‘what was important, likes and dislikes and best ways to support.’ We could see that people had been involved in the development and review of their files.

Most people confirmed that they were sent a rota at the beginning of each week so they knew who would be coming to give their care. Invariably, sometimes this changed at short notice but most people liked the fact that they knew who would be coming in advance. One person said “The carers are genuine and caring. We get notified if they are going to be late.”

Other comments from people included “Carers are very nice and I feel comfortable with them. I look forward to them coming now”, “The staff are always pleasant and in uniform with ID badges to identify them. They always leave everything clean and tidy” and “The carers have been coming for a few months now. They are very good.”

All of the people we spoke with and their relatives felt that their privacy and dignity was respected. One person said “My carer helps me to have a shower. She always makes sure I am well wrapped up in my towel before she helps me back to the bedroom.” Another user said “My carer won’t let me put dirty clothes on, even if I want to. We usually have a laugh about it.” People did not say whether they were asked about their preference for a male or female carer; however one person said “I was sent a young lad, but I didn’t get on with him. I phoned and they sent me someone new.”

People told us that staff supported them in maintaining their independence. One person said “I still like to get out and about when I can, so my carer takes me food shopping once a week. I know I could just let her do it for me, but I like to keep active and I can choose what I fancy as we go round the shop.”

Is the service responsive?

Our findings

People told us and we saw from records that people were involved in the development and review of their care records. One person said "My wife and family look after me at weekends so an up to date care plan is essential. This is reviewed on a weekly basis for all our benefits."

People received a list of contact numbers so that they knew who to contact during the day, on an evening and out of hours.

We saw from the care records we looked at that people's care packages were regularly reviewed and changes made where necessary. Most people told us they received a review of their care needs; however others said they had not. One person said "A supervisor came and sat with me and my wife and talked through the care that I had been receiving. I said that I liked to have the same regular carers because they knew me and the problems that I had. We also talked about the difficulties I was encountering making a meal for myself and it was agreed that I would have a carer coming at lunchtime to help me. Now at least I know I will have a warm meal every day, rather than having to wait until my wife comes home from work in the evening." Another person said "Certain things have changed over the time they (the staff) have been coming and it is always recorded in my care plan. The staff are brilliant."

We saw that client review checklists were available so that people could provide feedback on the service they were receiving.

Discussions with staff confirmed that rotas were individual to each client. We were told that the service tried to allocate set staff to people so that they got to know the people who were providing support. This meant that people got to know each other.

Care plans were person centred and focused on the individual needs of the person being supported. They included people's preferences, likes and dislikes and all of the people we spoke with confirmed that they had been involved in discussions regarding their care. One person told us "My husband is in hospital at the moment. I will need much more support before my husband will be allowed home, the management assure me that they can offer this but I am not sure."

We saw that the complaints procedure was included within the service information pack and a copy of this was given to each person who was supported by the service. People we visited told us their complaints were listened to and said that any issues they had were resolved.

We looked at the complaints policy dated 01/05/14. We saw that four complaints had been made in January, two of which related to late calls, one related to a missed call and the other was in relation to an individual's care needs. We saw from the complaints viewed that these were fully recorded, investigated and where necessary action was taken in response.

None of the carers with whom we spoke told us they had made a complaint over the previous year, all said they knew how to make a complaint and would so do if they felt it necessary. All indicated they would make contact with the registered manager to resolve any difficulties should they arise. One member of staff said "I would always raise any issues with the office. I would always pass any information on."

All of the people we spoke with knew how to make a complaint and could tell us that the complaints procedure was in their file. No one we spoke with had made a formal complaint to the agency but most, from one time or another had had to contact the agency regarding the late arrival of carers to their homes. The responses that they had received ranged from not having the call answered at all, to speaking to someone and being apologised to, with the agency sending a replacement carer. No one was convinced that the agency had thought about the issue of late arrival in any collective way.

Apart from the fact that carers could consistently be running late, thus having the effect of impinging on people's routine during the day, there were no other concerns about the lack of being able to lead an independent life.

All users spoken to were relatively happy with the level of professionalism of care that they were receiving. Comments included "Although they sometimes run late, I never feel that they are rushing me and my regular carers will still ask if there are any additional tasks that I need doing before they leave to go to the next client."

Some of the people we spoke with told us they had been asked to fill in a survey or questionnaire about how they found the standard of care. None of these people however

Is the service responsive?

had received any feedback from the agency regarding their comments and what if anything was going to happen about their concerns. Their concerns were mainly about the lateness of some of the carers arriving at their homes. They told us they would have liked to have known what

steps the agency was considering in order to alleviate their worries when somebody was late arriving. The manager had employed on- call staff on a weekend to help alleviate this issue. However it was evident that this had not been fully communicated to people using the service.

Is the service well-led?

Our findings

The agency had a registered manager who had been in post for almost two years. Very few of the people we spoke with or their relatives could name the registered manager at the agency. However they all knew the telephone number to contact if they had a particular difficulty and everyone we spoke with assured us that if there was an issue they would be on the phone straight away. One person told us "If I have any problems I know that if I call the office the management will try and sort it." Another person said "if the girls are going to be late or there is a problem I always get a phone call and the company will send someone else."

Staff spoke positively about the way in which the service was run. They told us that they attended team meetings (although in some areas these were held more regularly than others) and all of those spoken with confirmed that they felt able to raise issues. They told us they could make suggestions for change to the manager and office staff and said that they felt confident these would be listened to. Comments from staff included "It's a good company to work for. Clients come first and I enjoy working with people" and "It's a good company to work for. The support is good, the staff in the office, everyone. I can drop into the office anytime." Another staff member said "My manager and care co-ordinator are both really supportive." Some staff however said they would like more staff meetings to be held. However they also told us that they received communication via a newsletter and by email to keep them up to date with important matters.

Whilst some users and their relatives were very complimentary about the office staff, saying how helpful they were, there were two or three people, mainly relatives who said that they found it very difficult to find anybody who could answer their concerns and they said that office staff had failed to return calls to them. However, others were positive and one relative told us: "I have always found the office staff to be most helpful. If they promise to phone me back they usually do and they will usually have the answer to whatever my question has been. My husband and I like this particular agency because they are not too big and they still take time to know you as a person."

People told us that improvements had been made in terms of carers turning up and regarding the agency addressing

people's concerns. One person said "In the past I had problems with carers double booking or not having enough travel time but this has got better now." Another person said "I had teething problems at first but things have improved."

We asked how people's views were sought. We were shown copies of a recent survey which had recently been sent out to people using the service. The results of these were still being collated as not all of the responses had been received. We were also shown a copy of the surveys which were sent out in 2014. The results of these were summarised so that any themes or areas for improvement could be actioned. The registered manager told us that people in the 2014 survey had raised concerns about staffing levels at weekends. The registered manager had implemented an on-call arrangement on a weekend to counteract this. This demonstrated that people's views were taken into account with regard to the way the service was managed and run.

The agency had a motivated staff team who were respectful towards one another and the people they supported. We found the ethos of the agency was positive and there was an open and transparent culture. Staff confirmed that if they had any concerns they could talk with their manager.

The manager submitted timely notifications to both CQC and other agencies. This helped to ensure that important information was shared as required. Accidents and incidents were recorded and these were reviewed each month with the registered manager and health and safety officer to look for trends. This helped to minimise re-occurrence.

People told us they received good quality care. We saw that people were involved in reviews regarding their care. One staff member told us "We pop in to see people; I book an appointment if we are formally reviewing records but quite often I will pop in between jobs, just to check people are alright."

We saw that regular client checks were completed. One staff member told us "We do these every four to six weeks. We can change things if needed." The people we visited and the records we saw also confirmed this.

We were told that important information was sent to staff by email. Staff also received a staff newsletter to keep them up to date.