

Community Care Direct Limited

Community Care Direct

Inspection report

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15 September 2020

22 September 2020

25 September 2020

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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 ●

Summary of findings

Overall summary

About the service

Community Care Direct is a home care provider which offers domiciliary care and support for people within their own homes. The service was providing support to 31 people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Leading up to the inspection the service has undergone a period of management change and disruption following the last registered manager leaving and the appointment of the current registered manager. Over this period, we received feedback which raised concern around the general management and running of the agency.

On inspection, some staff reported a lack of clarity regarding the senior manager roles in terms of the running of the agency. The recent history leading to the inspection and the staff feedback suggest this is the main barrier to progress.

Quality audits were carried out but needed further developing to help ensure continued monitoring and bring about improvements.

People's experience of using the service was mostly positive. People received the care and support when required and at their preferred times. People said they received the same carers most of the time. People and family members told us staff were helpful and kind. Positive relationships had been developed between staff and people they supported. People said calls to their home were rarely missed and that staff usually arrived on time.

Although feedback about care delivery was positive, this was carried out by some staff working excess hours. Some staff reported low moral because of this. There was a realisation that more staff needed to be recruited. Current staff had been recruited safely.

People reported good support regarding the management of their medicines and told us they get their medicines on time. There were some anomalies with medication records and the auditing processes had not picked these up. Although staff underwent training, they were not being formally monitored in terms of their ongoing competency to administer medicines.

The new registered manager was a positive force in leading the service.

The service worked effectively with other professionals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 8 August 2018).

Why we inspected

The inspection was prompted in part due to concerns received about the overall management of the agency and how this might affect standards of care. A decision was made for us to inspect and examine those risks. We undertook a focused inspection to review the key questions of safe and well-led only.

We have found evidence that the provider needs to make improvement. You can see what action we have asked the provider to take at the end of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings 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.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to the monitoring of quality and care at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led finding

Requires Improvement ●

Community Care Direct

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an inspector and an 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 September 2020 and ended on 25 September 2020. We visited the office location on 25 September 2020.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and eight relatives / supporters about their experience of the care provided. We received feedback via email from one other person. We received feedback from ten members of staff as well as the nominated individual and the registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

After the inspection

We contacted health care professionals for their feedback.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People received their medicines at the right time. When people were administered medicines there was a record made on a Medication Administration Record [MAR].
- MAR's did not always have enough detail with respect to administering medicines to be given when needed [PRN]. There were no support plans to advise staff and help ensure consistent administration.
- Staff told us they had training to administer medicines and that managers assessed their competence to administer safely; there was no formal assessment or record of this however.
- Some auditing of medicines was carried out; however, improvements were needed. The medication auditing tool that had been used previously had not been completed for some time. One MAR contained some anomalies and errors that the registered manager could not explain as the MAR had not been audited.

Staffing and recruitment

- People told us they received support when needed and they felt care staff were competent.
- Some staff were working excess hours to cover existing calls and they reported they were not always supported by the management. All staff felt things had improved and the morale had improved since the appointment of the new registered manager.
- There was a realisation from the nominated individual and the registered manager that the service needed more staff. There had been a positive response from a recent recruitment drive aimed at improving the staffing situation and further developing the service.
- Staff had been recruited safely to ensure they were suitable to work with vulnerable people.

Assessing risk, safety monitoring and management

- Risk assessments were completed to identify areas of risk and how people needed to be supported.
- Risk assessments were reviewed regularly to reflect people's current care needs. Individual assessments did not include assessments and plans for Covid-19 which the registered manager advised they would now develop.
- People said they felt safe. Most people had regular staff visiting them but said changes occurred when staff were on holiday or to cover staff absence. The consistency of staff had improved over time. One person commented, "At the beginning it was a different person every day, recently I've had the same lady and when she visits, she has the understanding and (supports) me to do a little bit of shopping."

- Other comments included, "Carers are like family" and "The staff are lovely and kind; they keep me safe and independent."

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place.
- Staff understood their safeguarding responsibilities and had confidence in managers to address any concerns.

Preventing and controlling infection

- Personal protective equipment (PPE), such as gloves, masks, visors and aprons, were available to help staff maintain infection control.
- Staff had been advised and kept up to date with the requirements of which PPE to wear during the Coronavirus pandemic.

Learning lessons when things go wrong

- Incidents and accidents were recorded.
- The registered manager reviewed the records to identify what needed to be done to prevent reoccurrence.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- There have been several management and staff changes over the past year which had disrupted the running of the service.
- There was a newly registered manager in post at the time of inspection and the feedback evidenced a more settled and consistent approach, but this needed to be fully established.
- Systems and processes in place to monitor the quality and safety of the service were not always effective and needed further development. For instance, standards for medication safety were only partially audited. Care records were being checked and audited but anomalies such as a lack of risk assessments for Covid-19 had not been identified. Some of the previous audits used to monitor quality and safety had not been completed for some time. The registered manager was in the process of identifying key systems and audits and developing these.
- Regulatory requirements had not always been complied with. The service had recently moved premises and required statutory notifications had not been submitted to CQC. The notification and registration processes were retrospectively submitted and applied for. Internal monitoring had not identified this at the time. This was a potential offence under Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We found no evidence that people had been harmed however governance systems and processes were not fully established and the quality and safety of care was not always effectively being monitored or assessed. This placed people at risk of harm.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had displayed the quality rating from the last inspection on the services web site.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received their support at a time which suited them; they received the support they needed to meet

their needs.

- Staff told us they enjoyed working for the service overall but reported constant changes of managers and inconsistent approach by the provider had affected team morale. Staff told us this had lately been more settled and positive with the approach of the new registered manager. Staff's comments included, "I am sure that with [registered manager] now in place she will strive to make the improvements going forward" and "I will say that the carers have the upmost respect for the new [registered manager], and only since she was awarded this position, has started to make a change to the business."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's opinion of the service was sought. The feedback and comments seen were positive. The registered manager was seeking to complete a full analysis of the surveys and provide feedback to people being supported and staff.
- Regular reviews took place for people using the service to ensure the support was meeting their needs.
- Staff felt communication from managers had improved. Some staff still felt they were not always listened to at times.

Continuous learning and improving care

- There had been some improvements to the service recently and although feedback from staff was mixed, it was positive about the provision of care. People receiving care were also positive in their feedback.
- Quality assurance measures still needed developing to clarify areas for improvement, such as those identified on the inspection.
- The registered provider kept up to date with much of current best practice and relevant health and social care requirements.
- The registered manager and nominated individual were responsive to the feedback we delivered during the inspection and both were positive in being able to develop the service ongoing.

Working in partnership with others

- The registered manager worked with the neighbouring local authorities and healthcare providers.
- Feedback from local authorities confirmed that commissioners had no current concerns about the service.
- Staff described how they reported concerns and worked with healthcare professionals.
- We received positive feedback from the health care professional we contacted who told us people were supported by the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems and processes were not fully established; the quality and safety of care was not always effectively being monitored or assessed.