

Direct Care (Kent)

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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 well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Direct Care (Kent) is a domiciliary agency providing care and support to people in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (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. At the time of the inspection they were providing personal care to 19 people.

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

People told us, "As far as I'm concerned there is nothing they could do better. They are all marvellous. They encourage me and can pick up if you're not feeling so grand."

People were supported by a core staff team that enabled them to form good professional relationships. People we spoke to, and evidence reviewed, supported people had care from regular staff.

Risks to health and safety of people were appropriately assessed. Plans and guidance were in place for staff to mitigate these. Peoples medicines were managed in safe ways and there were clear policies in place to ensure this continued.

The registered managers had completed comprehensive background checks of staff before they started work with a fully supported induction process to ensure staff were confident to support people. Staff received appropriate training and received regular supervisions and appraisals. The registered managers completed unannounced supervisions to ensure care staff were working to their standards.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's care plans were detailed and person centred. Care plans were regularly reviewed throughout the year and were reviewed if changes in peoples needs were identified.

There was a clear management structure in place at the service and people and staff we spoke with were able to tell us the processes for raising concerns or complaints. Feedback about the registered managers was that they were approachable, fair and reactive to things raised to them.

### Rating at last inspection and update

The last rating for this service was requires improvement (published 31 December 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 14-15 November 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Regulation 12 (Safe Care and Treatment), Regulation 17 (Good Governance) and Regulation 18 (Staffing).

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. 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 Direct Care (Kent) on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service until we 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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-Led findings below

# Direct Care (Kent)

## 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

This inspection was carried out by one inspector.

#### 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 two managers 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 27 May 2021 and ended on 02 June 2021. We visited the office location on 27 May 2021.

#### What we did before the inspection

We reviewed information that we had received about the service since the last inspection. We sought feedback from the local authority which was reviewed when received. 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 of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the two registered managers and three care workers.

We reviewed a range of records. This included three 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 policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to ensure systems were in place to demonstrate staff were effectively deployed. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- People were supported by staff who were effectively deployed. There were records of staff rosters with accurate start and finish times. The registered managers had implemented a check in system where the staff informed the office when completed a visit and the tasks which had been completed. This was checked against rotas by the registered managers.
- Staff were attending people's allocated time slots effectively. Records supported this and one person we spoke with told us, "They always turn up on time. I think there was only one time they were going to be late and they called me to let me know, they were held up with another person."
- Records showed staff had been recruited in a way that ensured they were suitable to work in a community care setting. Staff employed since the last inspection had completed an application form and competency-based interviews. Application forms provided full employment history with any gaps explained. References were obtained and the Disclosure and Barring service was checked to prevent unsuitable staff working with people who use services.
- Staff told us they are, "Very supported by supervisors and management." There is an on-call system in place outside of office hours which worked well.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to do all that was possible to assess, manage and mitigate risks to people's health and safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's health and safety were assessed, identified and managed appropriately. Guidance was in place for staff to reduce risks to people.
- Risks to people using equipment such as hoists or catheters were appropriately assessed. Instructions for staff supporting people were in place and these were personal to the person receiving the care.

- The registered managers had developed a system to identify potential risks to a person's health which enabled them to act quickly to help prevent hospital admission.
- People's home environments were assessed to make sure they were safe for staff to work in.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and discrimination. Staff had uniforms and an ID badge. People told us, "I have gotten to know my carers very well. It is only a small agency, so you end up getting to know everyone."
- Staff have completed training on keeping people safe. The registered managers and staff we spoke with understood different types of abuse and what to do if they had concerns. Staff said, "If I had concerns, I would report it straight to [registered managers] and I know they would act on this straight away."
- The registered managers told us there had not been any safeguarding incidents reported in the last 12 months. Records reviewed supported this.

#### Using medicines safely

- Staff managed people's medication in a safe way. Staff provided support to people with assistance needed and guidance was in place for this.
- Medication risk assessments were in place on the care plans we reviewed. This highlighted the level of support individuals required. If people did not require physical assistance, staff encouraged people to complete this as independently as possible.
- The registered managers regularly completed medicine audits to ensure people were receiving their medicines correctly.

#### Preventing and controlling infection

- The service had a COVID-19 policy in place providing information and guidance to staff to minimise risks to people.
- The service had adequate stocks of personal protective equipment such as masks, gloves and aprons and these were worn on every care visit.
- Staff were part of a robust testing regime to identify their status of COVID-19 and the registered managers encouraged staff to accept COVID-19 vaccinations to help protect themselves and people they support.

#### Learning lessons when things go wrong

- Accident/incident policies and procedures were in place and provided guidance to staff with what they should report.
- There had been no incidents or accidents recorded in the last 12 months.
- There was an issue raised by a person who wished to change the staff member attending their call. Evidence showed the registered managers acted on this promptly and made changes as necessary.
- Following the previous inspection, the registered managers implemented a system where staff inform them of arriving and leaving each person's call. The registered managers reviewed this and felt it was not working for the service and people were not happy with care staff using their phones so often. They adapted this to a more streamlined practice which was working well.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure systems were in place to demonstrate safety was effectively managed. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems and processes for assessing, monitoring and improving the quality and safety of the service had been improved and were operating effectively.
- Audits and reviews of people's care plans had identified the need for person centred instructions for staff in operating individual equipment. Action had been taken to address this.
- The registered managers had implemented a monitoring service of people's calls. Start and finish times were monitored, and cross referenced to ensure everyone received correct care.
- The registered managers were in the process of changing paper records to an electronic monitoring programme. This will provide further oversight on the service and assist staff to monitor people more closely.

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

- The registered managers and staff team worked well together and had an open and honest relationship. There was a management structure in place and staff we spoke with demonstrated knowledge of what roles were for different staff in the service.
- All care plan records we reviewed showed that they were developed with the person, or their relative if they could not be involved. All plans were person centred and signed that the plan was agreed between both parties. Initial care plans were completed by the registered managers and reviewed regularly.
- People we spoke with knew both registered managers by name, what their role was and could give examples of why they would contact them. One person told us, "Not that I have had to yet, but if I wasn't satisfied for whatever reason, I would without a doubt call the office and speak with [registered managers]."

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

- The registered managers had a duty of candour policy and both registered managers were able to demonstrate an understanding of this. Staff we spoke with told us the registered managers were both open, transparent and could be approached at any time, including out of hours.
- The service had two registered managers who demonstrated a clear understanding and knowledge of people using the service, what their care needs were and what their support package consisted of.
- There were no notifications received by the Care Quality Commission at time of inspection. The registered managers demonstrated clear knowledge of what would need to be notified inline with correct guidance.
- The registered managers had displayed rating on their website which showed as out of date. This was addressed on inspection.
- Staff were actively encouraged to report concerns, accidents and incidents and be honest with what had gone wrong.

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

- The registered managers had sent questionnaires, as part of their quality monitoring process, to people using the service. Responses were analysed and were positive. One person had feedback, "They meet my requirements to the full, I have had a wonderful selection of carers who fully understand my situation and make every effort to help me enjoy life under very difficult circumstances, Life would not be the same without them."
- Staff received regular appraisals with the supervisor and registered managers. This enabled them to discuss professional development, positive incidents and concerns or complaints.
- The registered managers often attended people's care visits. They found people were more likely to discuss issues or complaints face to face and they encouraged people to talk to them whilst completing care.

#### Continuous learning and improving care

- The registered managers were both members of recognised domiciliary care managers network. This enabled the registered managers to stay up to date with current policies and procedures relevant to the service.
- The registered managers demonstrated making changes since the last inspection and developed them so they worked for their service.

#### Working in partnership with others

- The registered managers evidenced working with a range of healthcare professionals such as occupational therapists, physiotherapists, local authority commissioners, GPs and district nurses to ensure people were receiving appropriate care.
- The registered managers demonstrated the service had worked with other care agencies ensuring people were supported appropriately.