Care Direct UK Limited

Care Direct UK

Inspection report

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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 14 December 2017 and 8 January 2018. We gave the provider two days' notice of the inspection as we needed to make sure the manager and staff would be available at the location. At our last inspection of the service on 15 January 2016 the service was rated Good. At this inspection we found the service remained Good and they demonstrated they continued to meet the regulations and fundamental standards.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service mainly to older adults. Not everyone using Care Direct UK receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. Care Direct UK is an independent care agency providing personal care and domestic support to people living in their own homes. At the time of our inspection there were approximately 186 people using the service.

The service had a registered manager in post. 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.

Medicines were managed and administered safely. There were safeguarding policies and procedures in place and staff knew what actions to take to protect people from harm. Risks were assessed, managed and reviewed regularly to ensure people's needs were safely met. Appropriate recruitment checks took place before staff started work and there were enough staff to meet people's needs. There were systems in place to ensure people were protected from the risk of infections.

Assessments of people's care and support needs were conducted. Staff completed an induction when they started work and received appropriate training. Staff were aware of the importance of seeking consent and demonstrated good knowledge of the Mental Capacity Act 2005. There were arrangements in place to comply with the Mental Capacity Act 2005. People were supported to meet their nutritional needs where appropriate and people were supported to access health and social care professionals when required.

People told us staff were caring, respectful and polite. People were consulted about their care and support needs and were provided with information about the service that met their needs. People received personalised care that met their diverse needs. People knew about the provider's complaints procedure.

There were systems in place to monitor the quality of the service provided. The provider took into account the views of people using the service. Staff said they received good support from the registered manager and office staff. There was an out of hours on call system in operation that ensured management support and advice was always available. The service worked with external organisations to meet people's needs.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Care Direct UK

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 announced inspection took place on 14 December 2017 and 8 January 2018. The inspection team consisted of a single inspector, who visited the office on both days and an expert by experience who spoke with people using the service or their relatives by telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held about the service and the provider which included statutory notifications the provider had sent the CQC. A notification is information about important events which the service is required to send us by law. The provider also completed a Provider Information Return (PIR). This is a form that asks the provider for some key information about the service, what the service does well and any improvements they plan to make. We also contacted the commissioning authorities to request feedback on their views of the service. We used these sources of information to help inform our inspection planning.

There were approximately 186 people using the service at the time of our inspection. We spoke with 11 people using the service and five relatives by telephone to gain their views of the service they received. We contacted four members of care staff and spoke with members of staff on site including the registered manager and deputy manager. We looked at the care plans and records of eight people using the service, four staff records including training, supervision and recruitment records and records relating to the management of the service such as policies and procedures.

Good

Is the service safe?

Our findings

There were systems in place to ensure medicines were managed and administered safely and people and their relatives told us the support they received from staff to manage their medicines was good. One person said, "Yes I get my tablets when I need them. They give them to me and I take tablets in the morning and at night." Another person said, "My carer helps me with my medicines. They are very good and I always get them when I should." Care plans and risk assessments recorded the medicines people were prescribed by health care professionals and confirmed medicines administration arrangements for people using the service. We looked at medicine administration records (MAR) and saw these were completed accurately by staff. MARs were routinely returned to the office to be checked for any issues or concerns. Staff were trained on the safe management and administration of medicines and told us they felt confident undertaking this duty. One member of staff said, "We get regular training on how to manage medicines safely. Senior staff also come out and observe us in people's homes to check we are administering them safely and also check peoples MAR's are completed correctly. It's a very thorough process."

People told us they felt safe with staff that supported them. One person said, "Oh yes they are wonderful." Another person commented, "I feel very safe. The carers are lovely and they know just what to do." Assessments were undertaken to identify and assess risks to people's health and well-being. Care plans and assessments identified and documented areas of risk to people, for example in relation to their communication needs, mobility and moving and handling, nutrition and hydration, medicines and pressure wound management. Assessments provided guidance for staff on the support and actions to be taken to minimise any identified risks. For example one care plan documented that the person required support from staff to safely transfer from room to room and whilst completing personal care. Detailed guidance for staff included safe manoeuvring techniques and also included information on any identified risks within the home environment to ensure people and staff remained safe. Risk assessments conducted on the home environment also contained personal emergency evacuation plans to provide staff on the action to take in the event of a fire. There were arrangements in place to manage emergencies and people had an out of hour's contact number available to them should they require support out of office hours. We saw that staff received training in health and safety, basic life support and fire safety and knew how to respond in the event of an emergency.

Accidents and incidents involving the safety of people were recorded, managed and acted on appropriately. Records demonstrated that staff identified concerns, took actions to address concerns and referred to health and social care professionals when required. Staff were issued with a staff handbook for reference, identity badge to ensure people using the service knew them before they entered their home and were provided with personal protective equipment (PPE) to minimise the risk of infection. The provider had an infection control policy in place and PPE was made readily available for staff. Staff confirmed they had access to PPE including gloves and aprons when required and had received training on infection control and food hygiene.

There were policies and procedures in place to safeguarding people from abuse. Staff had a clear understanding of safeguarding and knew how to report any concerns. The registered manager knew their

responsibilities to safeguard people and what actions to take in line with their policies and local authorities safeguarding procedures. Staff received training to ensure they were knowledgeable about how to respond to concerns and were also aware of the provider's whistle-blowing procedure and how to report any issues of poor practice. We looked at the service's safeguarding file and saw that records of safeguarding concerns were managed appropriately and audited to ensure concerns were managed and any themes were identified and addressed. Where required referrals to safeguarding authorities were made and notifications to the CQC were sent as appropriate.

There were robust staff recruitment practices in place. Appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a social care environment and staff records confirmed this. Records included application forms and interview records, photographic evidence to confirm identity, criminal records checks, references and history of experience and or professional qualifications. People told us there were enough staff working at the service to meet their needs and they had regular staff that visited them. One person said, "I have regular carers that visit, they are all very good. They always tend to come on time but let me know if there are any problems." Staff told us they thought there were enough staff working at the service to ensure people's needs were met. The registered manager told us that if staff were unwell and couldn't attend work or on holiday then cover from other available staff was sought.

Good

Is the service effective?

Our findings

People and their relatives told us they were involved in decisions about their care and staff sought their consent. One person said, "My carer is very good. She always asks me how I want things to be done." Another person commented, "Oh yes they check with me first. They ask me what I want." There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. This provides protection for people who do not have capacity to make decisions for themselves. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Staff were aware of the importance of seeking consent from people but where necessary for them to act in someone's best interests. One member of staff told us, "I always seek permission. It's important that people make their own decisions about things if they can and that we support them to do that." The service worked within the principles of the MCA and assessments were completed where appropriate to ensure people were supported to make their own decisions about their care and support in accordance with the MCA.

Assessments of people's needs and preferences were completed before they started using the service and care plans also contained referral information and assessments from local authorities that commission the service. Assessments covered areas such as physical and mental health, medicines, nutrition and hydration and mobility amongst others. Care plans documented involvement from people and their relatives where appropriate and any health and social care professionals involved to ensure all individual needs were addressed. Care plans documented the support people required with meal preparation and with eating and drinking to ensure people's nutritional needs were safely met. Information documented on individual nutritional needs included known allergies, likes and dislikes and risks such as any swallowing difficulties. People told us they were supported to access health and social care professionals when required. One person said, "Yes they help me. When I had to go back into hospital the carer sorted that out for me. They will ring the doctor if necessary." Care plans contained information on the health and social care professionals involved in people's care and showed staff worked in partnership with them ensuring people's needs were met.

Staff told us they completed an induction programme when they started work, appropriate training and received supervision support on a regular basis. One member of staff said, "I remember I had a good induction which included a week's training and shadowing. I'm doing an NVQ now which they are supporting me to do. They are very supportive and I get supervision frequently." The registered manager told us that all new staff were required to complete an induction in line with the Care Certificate and records we looked at confirmed this. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. Staff records demonstrated staff received supervision on a regular basis and undertook training in areas such as, food hygiene, health and safety, manual handling, medication, MCA 2005, safeguarding adults and equality and diversity amongst many others.

Good

Is the service caring?

Our findings

People and their relatives told us staff were caring and they were involved in planning for and reviewing their care and support. One person said, "I am very happy with my carer, they are very kind and caring. The office calls me sometimes and asks if I am happy with my care, I always tell them that I am." A relative told us, "The carers are so good with my mum. I have no trouble with my mother's carers." Care plans documented personal accounts of people's history and their preferences including any communication needs such as hearing or sight impairments and how staff can best support them. Staff told us they knew where to locate important information about people, which was kept in people's home's including care plans and risk assessments.

People were provided with information about the service when they joined in the form of a 'service user guide' which was kept in people's care plans for their reference. The manager told us this was given to people when they joined the service and included information on the provider's service user charter, statement of purpose, complaints procedure, and care worker duties.

Staff were knowledgeable about the people they supported and had built good relationships with them. One member of staff told us, "We get to know the people we support and their family very well as we visit most days. It's good because we know how best to care for them and they know us well and trust us." Staff had a good understanding of people's individual needs and recognised what was important to them. For example, one member of staff gave us an example of how they respected one person's faith. They told us of the way in which they supported the person to meet their nutritional and cultural needs.

People told us that staff promoted their privacy and dignity, were respectful when supporting them and promoted their independence. One person said, "Yes, the carer always makes sure that I'm covered up when I go to the bathroom and they close the door when I get dressed." A relative told us, "They are always very kind and respectful to my loved one. They do encourage him to do something's for himself which is good." Staff we spoke with provided us with examples of how they promoted people's independence and respected their privacy. One member of staff said, "I treat people how I would wish to be treated. I ensure that they are covered if I am supporting them with personal care and also support them to do things for themselves if they can safely."

Good

Is the service responsive?

Our findings

People and their relatives told us they received care that met their needs, preferences and wishes. One person said, "Yes they do meet my needs. They do everything that I need them to do and more." A relative commented, "I feel the service is responsive as they support my love one in the way that they need it, which is very important." Care plans documented people's needs, preferences, what is important to them and how staff can best support them to meet their needs. Care plans recorded people's visit times, duration of support visits and tasks to be undertaken by staff to ensure people's need were met appropriately. Staff kept a daily record of each visit showing that staff supported people according to their individual needs. Care plans were reviewed on a regular basis to reflect changes in people's needs and these were undertaken either in person within people's homes or by telephone discussions with people and their relatives.

Care plans included information about people's histories, preferences and lifestyles and staff we spoke with were knowledgeable about people's needs with regards to their disabilities, physical and mental health, race, gender, religion and sexual orientation. One member of staff told us, "The people I support are all very different with very different needs. I respect all of them equally and try to meet any differing needs they have as best as I can." There were assessments in place which allowed for people to identify and document any end of life care needs and wishes they had should they so wish. The registered manager told us that no one currently using the service required support with end of life care, however they would support people to meet their end of life care needs if required working in partnership with health and social care professionals.

People told us they received the care they needed at the times they requested. One person told us, "Yes my carer comes in to see me when needed and they do everything I ask." Another person commented, "Yes they visit me four times a day, every day. There's never a problem." The registered manager told us that they tried to adapt and accommodate people's preference for their support and always tried to maintain a continuity of staff. They told us they planned staff rotas in advance and reviewed it daily to ensure staff availability to meet people's needs. They told us that they monitored people's visits to ensure good service delivery but at present they were replacing the call monitoring system which they hoped would be operational soon. They told us that at present they made telephone calls to people to check if staff had arrived and if they had stayed the duration and met their needs. They also encouraged people to contact the office to report any issues of staff lateness.

People told us they were aware of the service's complaints procedure and would use it if they needed to. One person said, "If I wasn't happy obviously I would make a complaint to the office first, but if I wasn't happy with the response I would just leave them." Another person said, "Yes I know how to if needed because the details are in the folder they provided us with." There was a complaints policy and procedure in place and information on how to make a compliant was provided to people within their care plans. Information provided guidance on the provider's complaints handling process and how complaints could be escalated to ensure best outcomes for people. Complaints records we looked at showed where complaints were made these were managed appropriately in line with the provider's guidance.

Good

Is the service well-led?

Our findings

People told us they were happy with the service they received and felt the service was managed well. One person said, "They call me on occasions and ask if I am happy with the carer and the service. I always say my carer is lovely and the service is good." Another person said, "Yes they have called me before and asked if I am satisfied with the carer and I said yes 10 out of 10." There was a registered manager in post. They knew the service well and were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the registered manager demonstrated good knowledge of people's needs and the needs of the staffing team.

Staff told us they felt supported by the registered manager and they were active in ensuring people's needs were met and staff were supported to do their job. One member of staff said, "The manager is very good at making sure people get the care they need. They manage the service well and make sure we get good training." Another member of staff told us, "I think the manager does a good job in running the service. They treat us right and the people we care for." Staff told us communication within the service was good and they were provided with a staff hand book when they joined for reference on the services mission and values. Records relating to the management of the service showed that staff meetings were conducted on a regular basis for both care and office staff to ensure the service ran smoothly.

There were systems in place to ensure care plans and records were appropriately managed and staff provided safe and effective care to people as appropriate. Records showed that senior staff conducted spot checks on staff working within the community to seek feedback from people and their relatives, to ensure good care delivery and that staff visited people at the correct times and for the correct duration. One person told us, "Staff from the office visit sometimes to make sure the carers are doing what they should. They ask me if I'm happy or if there are any problems. It's good that they check." Other systems in place included methods such as telephone monitoring calls to help drive service improvements and in person and telephone reviews.

People's views were taken into account through provider annual satisfaction surveys. We looked at the results and analysis completed for the surveys conducted from November 2016 to November 2017 for which 100 people were consulted. Results were positive showing vast ethnic representation of service users and findings detailed that 100 percent of people felt they were treated with respect, dignified and valued, and their privacy upheld, 82 percent of people confirmed that they were satisfied with their care worker's skills and abilities in delivering the care they require and 86 percent of people's responses were "very satisfied" with the service they received. We noted that people were also encouraged to leave any comments and comments we saw included, "Me and my family are extremely pleased with the service", "I am very pleased with my mum's carers, they are professional carers with high standards", and, "The carers are effective, considerate, careful, and thoughtful." We saw that where areas for improvements were identified the provider had highlighted these main points to be addressed and actioned. For example, staff punctuality and reliability was being addressed by the provider's plans to introduce a new electronic call monitoring system within the coming months.

There were systems in place to regularly ensure the service was monitored and evaluated. Various checks and audits were conducted to identify any areas for improvement. These included incidents and accidents, health and safety, care and staff files, safeguarding, and medicines amongst others. We saw that audits undertaken were up to date and conducted in line with the provider's policy which states "Care Direct UK Limited places a strong emphasis on providing the highest quality service possible for all of its service users. The organisation believes that, no matter how good its present services, there is always room for improvement." We saw that the provider's policy also highlighted what people using the service could expect.

The service worked with external organisations including health and social care professionals to ensure people's needs were safely met and to improve the quality of the service provided. The registered manager told us that they regularly communicated with local authorities who commission services, GP's, district nursing teams and other professionals such as occupational therapists and pharmacists.