Homecare Direct Limited

Home Care Direct

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**	●

Overall summary

Homecare Direct is a specialist third party option service, which arranges and coordinates support for people in their own home throughout England and also in Northern Ireland. The service is funded through various streams, including direct payments, personal health budgets and private compensation funding. Homecare Direct operates from an office in Derbyshire, using locally based support staff in other areas of the country. The service is used by adults and children with a range of needs and various conditions, including learning and physical disabilities.

We carried out this inspection on 29 September 2015. It was an announced inspection, which meant the provider knew we would be visiting. This was because we wanted to make sure that the registered manager, or someone who could act on their behalf, would be available to support our inspection.

At our last inspection of this service on 10 September 2014, we found that the provider did not have appropriate arrangements for safeguarding people, supporting staff and quality assurance monitoring. These

Summary of findings

were breaches of Regulations, 11, 23 and 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond with Regulations 13, 18 and 17, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider told us about the action they were taking to address this and at this inspection we found that the required improvement had been made.

A registered manager was 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.

Staff were appropriately recruited, trained and supported. They had all undergone a comprehensive induction programme and, where necessary, had received additional training specific to the needs of the people they were supporting. Communication was effective and regular meetings were held to discuss issues and share best practice. Staff understood their roles and responsibilities and spoke enthusiastically about the work they did and the people they cared for.

The provider had detailed policies and procedures relating to medicine management. Staff understanding and competency regarding the management of medicines was subject to regular monitoring checks and medicine training was updated appropriately.

Staff knew the people they were supporting and provided a personalised service and used effective systems for gaining consent. Individual care plans, based on a full assessment of need, were in place detailing how people wished to be supported. This helped ensure that personal care was provided in a structured and consistent manner. Risk assessments were also in place to effectively identify and manage potential risks.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the management staff understood when an application should be made and how to submit one.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests.

Systems were in place to effectively monitor the safety and quality of the service and to gather the views and experiences of people and their relatives. The service was flexible and responded positively to any issues or concerns raised. People and their relatives told us they were confident that any concerns they might have would be listened to, taken seriously and acted upon.

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. Staff were appropriately trained and knowledgeable about people's identified care and support needs. Risks were assessed and appropriately managed. Medicines were managed appropriately by staff who had received the necessary training to help ensure safe practice. People were protected by safe recruitment procedures which helped ensure they received care and support from suitable and appropriate staff.	**Good** ●
Is the service effective? The service was effective. People and their relatives were involved in the planning and reviewing of their personalised care. Staff knew individuals well and understood how they wanted their personal care to be given. Relatives were happy with the care and support provided. Staff had a good understanding of people's identified care and support needs. Individual care plans detailed how people wished to be supported and their care reflected their current needs, preferences and choices. People unable to make decisions about their care were protected as staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).	**Good** ●
Is the service caring? The service was caring. Staff were kind, patient and compassionate and treated people with dignity and respect. People were involved in making decisions about their care. As far as practicable they were consulted about their choices and preferences and these were reflected in the personalised care and support they received.	**Good** ●
Is the service responsive? The service was responsive. Individual care and support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received. Personalised care and support reflected their assessed needs and identified wishes and preferences. A complaints procedure was in place and people were supported to raise any issues or concerns, confident any such issues would be taken seriously and acted upon.	**Good** ●
Is the service well-led? The service was well led.	**Good** ●

Summary of findings

There was an open and inclusive culture. Staff felt valued and supported by the management. They were aware of their responsibilities and competent and confident in their individual roles.

Accidents, incidents and risks were closely monitored to identify trends and help ensure lessons were learned and necessary improvements made.

The management regularly checked and audited the quality of care and support provided, to help drive service improvement and help ensure people's needs were met.

Home Care Direct

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

The inspection team consisted of two inspectors 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 service.

Before the inspection we checked the information that we held about the service and the service provider. We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

During the inspection, we spoke with three care workers, one independent living nurse (ILN), the marketing manager, the lead independent living advisor, the training manager, the registered manager and a director. Due to the nature of their individual disabilities and very complex care and support needs, it was not possible to speak with any of the people using the service. However, as part of the inspection process we spoke, by telephone, with nine relatives of people and three personal assistants (PA). We also looked at documentation, which included four people's care plans, incorporating comprehensive risk assessments, as well as staff training files and records relating to the management of the service.

The previous inspection was on 10 September 2014 when the service was found to be 'non-compliant' in several areas, including safeguarding people, supporting staff and quality assurance monitoring.

Good ●

Is the service safe?

Our findings

People's relatives had no concerns about the service and support their loved ones received. They said they were well cared for and felt safe and confident with the staff who provided their support and personal care.

During the previous inspection of this service in September 2014, we found that the provider did not have appropriate arrangements for safeguarding people. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond with Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider told us about the action they were taking to address this and at this inspection we found that the required improvements had been made.

Safeguarding policies and procedures were in place and PAs had received relevant training and had a good understanding of what constituted abuse and their responsibilities in relation to reporting such concerns. They told us that because of their training they were aware of the different forms of abuse and were able to describe them to us. They also told us they would not hesitate to report poor or unsafe care practice and were confident any such concerns would be taken seriously and acted upon.

Relatives spoke very positively about the service, and said that, as far as practicable, their family member was encouraged and enabled to make decisions regarding how they wished to be supported and, "The way they liked things to be done." One relative told us, "My daughter's care has to be flexible in order for her to be able to take part in the activities that are important to her. I always ensure that the carers understand that their role is to facilitate her in being able to play an active part in everything that she wishes to do." Another relative we spoke with said, "It's not so much about either my daughter or me feeling in control of her care, it's more important, specifically to me, that she has care and support that is there for her at the times and the days when she wants it and that she has a clear picture of what activities she would like to participate in."

Potential risks to people were appropriately assessed and reviewed. Care records contained up to date risk assessments which included personal care, moving and handling and supporting people to access their community. PAs told us individual care plans helped to ensure consistency and continuity of care because, "Carers all know how to support (the person) safely." One relative spoke to us about a member of her son's care team, who was a colleague when they worked together as nurses many years ago. They told us, "She has known my son since before he was born and knows him almost as well as I do."

Staff told us they had received training in handling medicines, which was updated regularly. This was supported by PAs and relatives we spoke with and training records we were shown. One relative told us, "My son's carers have training on a yearly basis to ensure they are up-to-date with what is required in order to keep my son's condition stable. Individual care records contained clear information about each person's medicines and the support they required. One relative told us, "My son has to take special emergency medication for his seizures. All three of his carers have re-training every six months to ensure that they are completely up-to-date with the requirements of the medication." Another relative told us, "My daughter's carers always ensure that they fill in the paperwork around her medication whilst they are with her so that everything is up-to-date for both myself and the agency to see."

People were also protected by staff following infection control procedures. People spoke about carers using protective clothing, such as gloves and aprons, when they were being supported with their personal care. One relative told us, "They always wear gloves and they've got aprons if they're going to do any washing." Another relative said, "It is important to us that the carers don't wear uniforms, as we don't want them to stand out. However when needed they have access to gloves and aprons and the like." This was supported by another relative who told us, "As a parent looking after my child, I obviously don't wear a uniform but the agency supplies me with gloves and aprons and the correct bin liners for clinical waste. It does sometimes take a fair bit of chasing from me in order to get them to provide me with these materials when I am running low on stock though."

The registered manager told us any accidents and incidents were reviewed and monitored monthly. This was to identify potential trends and to prevent reoccurrences. They also said that care plans and risk assessments were regularly reviewed to reflect changing needs and help ensure people were kept safe. We saw documentation to support this.

Good ●

Is the service safe?

People were protected by a safe and robust recruitment process. We looked at four staff files and saw people were cared for by suitably qualified and experienced staff because the provider had undertaken all necessary checks before the individual had started work. We saw that all staff had completed an application form and provided proof of identity. Each staff file also contained two satisfactory references and evidence that Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Good ●

Is the service effective?

Our findings

People received care from staff who had the knowledge and relevant skills to carry out their roles and responsibilities effectively. Relatives spoke positively about the service, the staff and the care and support provided. One person told us, "When a new carer starts, they will have specific training in the learning disability that my daughter has. This is vital to help them understand how to look after my daughter." Another relative told us, "The agency provides the basic training but then they send the carers for more specialist training around the individual needs of my daughter. Also, because I recruited the two carers, the agency will rely on me to bring them up to speed with how my daughter likes her routine to be managed."

Many people's primary carers were close family members. One relative told us, "Obviously, I have been looking after my son all his life, so in terms of specific training I don't need any. However the agency do still come and review the care I am giving to my son on a three monthly basis in order to ensure back to the continuing healthcare team that I am providing everything that they are requiring me to." This helped ensure that people's care and support reflected their changing needs.

Staff confirmed they received appropriate support and the necessary training to undertake their roles and responsibilities. They also described how they 'shadowed' more experienced colleagues, when they first started work, until they felt confident and had been assessed as competent to work independently. The registered manager confirmed that regular supervision sessions and annual appraisals were carried out for all staff and we saw appropriate records to support this.

People experienced positive outcomes regarding their healthcare needs. Staff had developed effective working relationships with people. They were aware of - and closely monitored - their routine health needs and individual preferences. Relatives we spoke with were clearly satisfied with the support provided regarding their family member's individual health care requirements. One relative told us, "The support I have from my son's carers is priceless. Thankfully [the carer] was with me yesterday on the way to a hospital appointment, because halfway there in the car he had a seizure. I knew that his carer would be perfectly capable of handling the situation and true to form she did. It would've been virtually impossible for me to deal with this myself as like my son, I am not getting any younger!"

Another relative told us, “My daughter's carers help her with all aspects of going out. They will assist her to make an appointment at the doctors and then will ensure that she gets there on time. They will also ensure that they have a record of the events that take place, including what the doctor says, so they can report that back to me." This demonstrated the service supported people to maintain good health and access appropriate healthcare services, as required.

Staff we spoke with also understood the principles of the Mental Capacity Act (MCA) and gave us examples of how they would follow appropriate procedures in practice. Staff were aware decisions made for people who lacked capacity needed to be in their best interests. Mental capacity assessments had been undertaken where people were unable to make specific decisions about their personal care and support. We saw, where appropriate, family members and health and social care professionals were involved in these decisions. We saw that there was a record of meetings held and decisions made in the best interests of the individual.

Care plans we looked at contained a signed contract and services agreement that identified which services were in place. We spoke with relatives about how consent was obtained where individuals lacked verbal communication. One relative explained, "The carers will take prompts from my daughter, who has her own way of showing them how she wants things to be done. It's not so much about getting consent before carrying out a task but more about making sure my daughter is comfortable and prepared for whatever that task is."

This was reflected in other comments we received. One relative told us, "It's not so much about asking for consent before starting anything. My daughter has known her two carers for such a long time now that they can pick up from the look on her face exactly when she's ready to start whatever particular pieces of support they are aiming to do at that time." Another relative described their experience of providing long term care and support. They told us, "I've been looking after my son all his life and therefore I know instinctively if he is happy for me to do something for him or not. To be honest it's not something that can be taught but it's more about knowing from a certain look he may have as to whether he is happy or not for me to go ahead." This meant that, as far as practicable, people's consent to their individual care and support was obtained.

Good ●

Is the service caring?

Our findings

Relatives spoke positively about the support they received and the caring and compassionate nature of the staff. One relative told us, "If my son’s carers weren't kind and caring I wouldn't have them in the house! They are really like members of the family now and I know that they have my son's best interests at heart." Another relative said, "I wouldn't have recruited anybody who wasn't going to be kind and caring to my daughter."

Staff were knowledgeable and showed a good awareness and understanding of the individual preferences and care needs of people they supported. Communication was effective and regular formal and informal meetings took place to enable staff to discuss issues, including ongoing support packages. This meant people receiving the service could be supported in a structured and consistent manner by staff who were fully aware of their current care needs. Relatives told us that, as far as practicable, people were involved in making decisions about their care, treatment and support. Staff emphasised the importance of developing close working relationships with individuals and being aware of any subtle changes in their mood or condition. Consequently they were able to respond appropriately to how individuals were feeling. This meant they were able to provide care and support to individuals and meet their assessed needs in a structured and consistent manner.

People felt ‘in control’ of their care and support and confirmed they had been included and ‘fully involved’ in the writing of their care plan. This was supported by plans that we saw, which clearly demonstrated that people’s preferences, likes and dislikes had been taken into consideration. People’s relatives told us they were directly involved in developing the care and support plans. They said they were consulted regarding any changes to the care plan and were directly involved in reviews. They told us they felt confident their views were listened to, valued and acted upon where appropriate.

A relative emphasised the importance of consistency of carers and of recruiting ‘the right people’. They told us, "With this agency, my son has only ever had the three regular carers that we continue to have now, some five years after commencing with them. Because of my sons disability he would not take kindly to different carers every other day." Another relative also spoke of the dedication of carers and told us, “I recruited the small team of carers for my daughter and most of them have remained with us since 2006. When a long-term carer has looked to change jobs, I have also been involved in their replacement recruitment. It is imperative for my daughter's care that she has continuity of staff that she gets to know and is comfortable having around her."

We spoke to people and their relatives regarding how the service enabled them to maintain their independence. This was clearly an important issue for the majority of families we spoke with. One relative told us, “It is vital for me that if my daughter is to live a more independent life the only way she can do that is with carers who she feels comfortable with and I have confidence in their abilities to look after her."

Relatives felt that, wherever possible, carers encouraged and supported their family member to be as independent as they were able to be. For some, this meant making more of their own choices. One relative told us, "Without my daughter’s carers it would be impossible for me to support her to be as independent as she is capable of being and more importantly, wants to be. She loves to go out and socialise and without her carers’ support she would not be able to do this." Another relative said, “As well as the importance of helping my son remain independent, the respite that these carers provide for him at weekends gives me the chance to recharge my batteries and also have some valuable time with my other family members and friends."

Without exception, relatives said that carers were respectful towards their loved ones. They told us staff provided their personal care and support in a respectful and professional manner. They described how, during personal care, towels were used “for modesty” and explained clearly what they were going to do. They also said that carers would routinely close doors and curtains, if necessary, before carrying out personal care. This meant that people received care and support in a way that helped ensure their privacy and dignity was maintained.

Good ●

Is the service responsive?

Our findings

People told us they felt listened to and spoke of staff knowing them well and being aware of and sensitive to their preferences and how they liked things to be done. They and their relatives also spoke of a thorough assessment process which they had been involved with, to identify and discuss what care was needed. One relative spoke of the personalised care and support provided. They told us, "Whilst my daughter has a severe learning disability, she likes to make her own mind up about things she would like to do. The carers support her to be able to do and go to these activities. If she wants to go to the cinema then one of the carers will make sure they are available to go with her. They are basically there to help her access whatever it is she wants to do on a day-to-day basis."

The registered manager informed us that before anyone received a service with Homecare Direct, a comprehensive initial assessment of their personal circumstances was carried out, with the full and active involvement of the individual. The assessment established what specific care and support needs the person had and incorporated personal and environmental risk assessments. This was supported by completed assessments we saw and confirmed through discussions with people and their relatives.

From this initial assessment a personalised care plan was developed, again with the active involvement and full agreement of the individual. The plan specified what care and support the person required and detailed just how they wished that support to be provided, in accordance with their identified preferences. We saw samples of completed plans and spoke with people regarding their personal experience of the care planning process.

People said they were fully involved in drawing up their personal care plan and confirmed that the plan accurately reflected their individual support needs. Family members confirmed that the support provided was personalised and met their relative’s needs They said individual care requirements were recorded in their personal folder and were read and updated by carers. One person described how her daughter had contacted the service to request additional care for her and this had now been arranged.

One family member said they had been involved in reviewing specific aspects of their relative’s care plan. They described how a review had been held when their relative’s condition had changed and she was at risk of falling. They said following the review, their relative’s care plan was changed to provide additional support for them, “When moving from their wheelchair to an armchair, without slipping.” Another relative told us about the communication between carers and the progress notes that were maintained. They told us, “They’ve got a log book and they write in it every time they come so the next carer coming in knows what’s been happening.”

There was a clear complaints procedure in place to be followed should a concern be raised. The manager confirmed that any concerns or complaints were taken seriously and acted upon. People were confident that they could make a complaint or raise an issue if they needed and said they had contact numbers for the service. A number of people said they were happy with the way the service supported them or their relatives and, although they were aware of how to make a complaint, if necessary, they had had no cause to do so. One person told us, "I’ve never had a problem but I am sure they would listen to my concerns if I did."

Good ●

Is the service well-led?

Our findings

Homecare Direct had a positive ethos and clear set of principles and values. Care staff we spoke with were open and helpful and clearly shared the provider's vision and values for the service. These included choice, involvement, dignity, respect, equality and independence for people. We found a positive culture which centred on the needs of people who used the service. People's relatives we spoke with, without exception, told us how valuable the service was and said that the 'motivated' staff were clear about the support they needed.

We received contrasting comments regarding contact with the office. People's experiences varied with some describing ongoing and long term shortfalls with communication, although others spoke positively and did not consider this issue was a problem. One relative told us, "My [relative] has been having care through the agency since [year] and I have to say that my biggest issue with them is the communication side of the business. It really lets them down. Whether it's about arranging meetings supplying information or just letting me know what is happening they will invariably leave it to me to chase them. Although at the end of the day, the most important thing is that my [relative] is well looked after, and I have no concerns about this but my life would be so much easier if they could address the communication problems."

However this was not a view shared by everyone we spoke with. One relative told us, "Communication is not a problem. I have a designated manager who I know I can talk to if I need anything. If she is not in the office when I call, I leave a message and she always calls me back." Another relative with similar experience, told us, "I have to say that on the few occasions I have called the office since we started with the agency in May, they have always been very good and got back to me within 10 to 15 minutes. So I don't have any issues around that at present."

We spoke with several members of staff during our inspection and they answered our questions in an open and helpful manner. They described a "very open and person-centred" culture and demonstrated a thorough understanding of the values of the service and the positive outcomes for people in their own homes. They were able to give examples of these behaviours in practise. Independent living nurses (ILN) and PAs all emphasised the importance of maintaining the individual's dignity and respect when delivering personal care. One ILN spoke of "the incredibly privileged position we are in as guests in these people's homes."

The registered manager had organisational policies and procedures which also set out what was expected of staff when supporting people. Staff had access to these and were given key policies as part of their induction. The registered manager's whistleblowing policy supported staff to question practice. It defined how staff that raised concerns would be protected. Staff confirmed if they had any concerns they would report them and felt confident the registered manager would take appropriate action. This again demonstrated the open and inclusive culture within the service.

There were effective and robust systems in place to monitor and improve the quality of the service provided. We saw that the provider had well established quality assurance procedures that included monthly audits of key records such as care records, medication records, reviews of the support people using the service received and a clear complaints procedure. We also saw that audits had been completed to seek feedback from people who used the service and their relatives. This included sending out surveys and telephoning people who used the service and their relatives. This was supported by comments from relatives we spoke with. One relative told us, "I certainly remember being asked to do surveys over the years, however I can't actually recall the agency ever getting back to me around what issues were brought up and what they were doing about them. I know that I always take the opportunity to fill them in when they do come." We saw that matters identified through the quality assurance processes had been documented and had been addressed by the provider. This helped ensure that people, their relatives and friends were regularly involved, in a meaningful way, to drive continuous improvement.