

Care Direct & Support Solutions Ltd

Care Direct & Support Solutions (Luton) Office

Inspection report

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27 June 2017

28 June 2017

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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

Care Direct & Support Solutions (Luton) Office is a domiciliary care service for adults of all ages who may have a range of care needs including, physical disabilities, mental health, dementia, sensory impairments, and learning disabilities or autistic spectrum disorders. There were four people using the service at the time of this inspection.

The inspection took place on 22, 27 and 28 June 2017 and was announced. It was the first inspection of this service, since it registered with the Care Quality Commission on 29 April 2016.

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.

People were protected from abuse and avoidable harm. Staff had been trained to recognise signs of potential abuse and were confident about reporting any concerns they might have, and risks associated with people's care were managed positively.

There were sufficient numbers of staff to meet people's needs, and people received their care when they needed it. Robust checks were carried out for new staff, to make sure they were suitable to work at the service.

Systems were in place to ensure medicines were managed in a safe way and that people received their medicines as prescribed.

Staff had the right skills and knowledge to meet people's needs. They had received training to carry out their roles, including support to meet the individual needs of people using the service.

Staff sought peoples' consent before offering care and support, and involved them in making decisions about their mental capacity.

Where responsible, staff supported people to have enough to eat and drink.

Staff were clear about the importance of monitoring people's health needs and seeking additional support and advice as required.

Staff provided care and support in a caring and meaningful way. They treated people with kindness and compassion, and respected their privacy and dignity at all times.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible. They were given opportunities to express their views on the service they received, and to be actively involved in making decisions about their care and support.

A complaints procedure had been developed to let people know how to raise concerns about the service if they needed to. People were confident in raising concerns if they needed to do so.

The registered manager provided effective leadership at the service, and promoted a positive culture that was open and transparent. Everyone felt the registered manager was approachable and helpful.

Systems were in place to monitor the quality of the service provided, and to drive continuous improvement.

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.

Staff understood how to protect people from avoidable harm and abuse.

Identified risks associated with people's care were managed appropriately.

There were sufficient numbers of staff, and people received their care when they needed it.

The provider carried out robust checks on new staff to make sure they were suitable to work at the service.

Systems were in place to ensure people's daily medicines were managed in a safe way.

Is the service effective?

Good ●

The service was effective.

People received care from staff who had the right skills and knowledge to carry out their roles and responsibilities.

Systems were in place to ensure the service acted in line with legislation and guidance in terms of seeking people's consent and assessing their capacity to make decisions about their care and support.

Where the service was responsible, people received support to ensure they had food and drink of their preference.

People were also supported to manage identified and on-going healthcare issues.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and compassion.

Staff listened to people and involved them in making decisions about their care.

People's privacy and dignity was respected and promoted.

Is the service responsive?

The service was responsive.

People received personalised care that was appropriate for them.

Systems were in place to enable people to raise concerns or make a complaint, if they needed to.

Good ●

Is the service well-led?

The service was well led.

We found that the service promoted a positive culture that was inclusive and empowering.

A registered manager was in post who provided effective leadership.

There were systems in place to support the service to deliver good quality care.

Good ●

Care Direct & Support Solutions (Luton) Office

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 was announced and was carried out on 22, 27 and 28 June 2017 by one inspector.

We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection we checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we used different methods to help us understand the experiences of people using the service, because some people had complex needs which meant they were not able to talk to us directly about their experiences. We spoke with one person using the service and an external professional who had experience of working with three of the people using the service. We also spoke with the provider / registered manager and one care member of staff.

We then looked at care records for three people, as well as other records relating to the running of the service. These included staff records, medication records, audits and meeting minutes; so that we could corroborate our findings and ensure the care being provided to people was appropriate for them.

Is the service safe?

Our findings

People confirmed that they felt protected from abuse and avoidable harm. Staff demonstrated a good understanding of safeguarding processes and what to do in the event of suspected abuse. They told us they had been trained to recognise signs of potential abuse, and understood their responsibilities in regard to keeping people safe. They were very clear that they would report any concerns to the registered manager, or the local authority as required. We saw that information was shared with staff about whistleblowing procedures and safeguarding; including who to contact in the event of suspected abuse. The registered manager told us that there had been no safeguarding incidents since the service began operating the previous year however, records showed that staff had received training in safeguarding, and were constantly prompted to promote people's safety and look out for signs of potential abuse. Systems were also in place for the service to follow locally agreed safeguarding protocols if required.

People told us that arrangements were in place for managing risks associated with their care; to ensure their safety and to protect them. Staff spoke to us about how risks to people were assessed to ensure their safety and protect them from harm. They described the processes used to manage identifiable risks to individuals such as not eating or drinking enough, falls and pressure damage to the skin. Care records showed that risk management plans were in place to promote and protect people's safety, and separate daily observational charts recorded the care provided by staff in order to mitigate identified risks. We noted that risk management plans contained good levels of detail for staff on how to minimise identified risks to people on a day to day basis. For example, one person had a pressure ulcer risk assessment in place that reminded staff about the importance of ensuring bed sheets were smoothed out; to minimise the risk of friction on the person's skin.

Consideration had been given to potential emergency situations such as bad weather or staff shortages, and how these might be managed. The registered manager outlined how each of these situations would be handled, in order to ensure people still received the care and support they needed. We saw that a business continuity plan was in place outlining these processes; to support staff in the event of an emergency or a major disruption to the service.

People told us there were enough staff to keep them safe and meet their needs. One person told us they had regular care staff, which they appreciated because this enabled them to receive their care and support in a consistent way. They also told us that staff arrived on time and when agreed. Staff confirmed they did usually manage to provide care to people at the agreed times however, if they were ever going to be late due to unforeseen circumstances, then they would ring the person to update them, or ask the registered manager to pass on a message for them. The registered manager told us the service did not use an electronic call planning system due to its current size, which she explained would support her to monitor when care calls were carried out, including the time staff arrived and how long they stayed for. However, she showed us that she kept in touch with staff through text messages to know when they had completed a care call, and also to ensure their safety by knowing their whereabouts.

The registered manager outlined the processes in place to ensure that safe recruitment practices were being

followed; to confirm new staff were suitable to work with people using the service. We were told that new staff did not take up employment until the appropriate checks such as: proof of identity, references and a satisfactory Disclosure and Barring Service (DBS) certificate had been obtained. The registered manager showed us that she was in the process of recruiting new staff and we saw that robust recruitment checks had been carried out, with clear records being maintained of any anomalies such as delays in obtaining a reference. Files for staff already working at the service contained evidence of legally required checks being carried out prior to them working at the service.

Systems were in place to ensure people received their medicines when they needed them and in a safe way. However, staff told us that the support they provided to people at the current time regarding medication was minimal. One person using the service confirmed this by telling us they were able to manage their own medication, although they added that staff would help them to remove a tablet from the packaging if asked.

Staff confirmed they had received training to be able to administer medicines in a safe way, and demonstrated a good awareness of safe processes in terms of medicine storage and administration. Training records provided evidence of training being completed.

Care records contained information about people's medicines and any possible side effects, despite staff not having lead responsibility for administering medicines to everyone using the service. This information would be helpful however for staff to support them in recognising potential side effects and keeping people safe as a result.

We checked medication administration records (MAR) for one person who did receive support from the service with their medicines. These provided clear instructions for staff to follow in terms of when the person's medication was due, and demonstrated that medicines had been administered as prescribed. Separate care records also demonstrated that staff regularly applied cream to another person, to minimise the risk of a pressure ulcer for example, with clear reasons provided for each application.

Is the service effective?

Our findings

People told us they were supported to have their assessed needs met by staff with the necessary skills and knowledge. One person confirmed this and said, "Definitely, no question about it." An external professional echoed this by telling us about their experience of the service, in terms of meeting the needs of someone using the service, who had some complex needs. They told us, "[The manager] has done a fantastic job. She has developed a good rapport (with the person), and I couldn't praise her enough." She went on to describe the positive impact that staff were having on the person, through their kindness and competent approach.

Staff talked to us about the training and support they received to help them in their roles, and to meet people's assessed needs, preferences and choices. They told us they received the right training to do their jobs. One member of staff told us they were in the process of completing the Care Certificate (a nationally recognised induction programme), and records we saw supported this. The registered manager confirmed that although the member of staff had previous care experience, she still liked all new staff to complete this training, because it refreshed their previous learning. We found robust processes were in place to ensure new staff were appropriately trained for their roles. This included shadowing an experienced staff member and formal observation; to check the new staff member's understanding and competency. Staff files provided further evidence of on-going training for all staff in areas relevant to their roles such as: personal care, safeguarding, manual handling, pressure area care, medication, dementia and communication.

The registered manager explained that she had completed training to enable her to train other staff in a number of areas, and we saw evidence of this in staff files. She added that if more specialist training was required, then this would be arranged by another provider and preferably before a new package of care commenced. We found that some useful and detailed training had been provided to staff to support them in meeting the specific needs of existing people using the service. For example, one person did not communicate using words, so training had been provided to staff regarding other forms of communication including facial expressions; to support them in understanding alternative ways that the person might try to communicate with them.

Staff confirmed that meetings were held to enable the registered manager to meet with them as a group, and to discuss good practice and potential areas for development. Recent minutes showed that the team had discussed specific issues relating to people using the service, and how best to manage these. The registered manager explained that as the service was still relatively small, she regularly worked alongside the other staff, which provided more informal methods of support and communication for them. Records we looked at supported this. We also saw that staff had received individual supervision; providing them with additional support in carrying out their roles and responsibilities.

The Mental Capacity Act 2005 (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. People can only be deprived of their liberty so that they can receive care and treatment when this

is in their best interests and legally authorised under the MCA. We checked whether the service was working within these principles.

The registered manager confirmed that no one currently using the service was being deprived of their liberty, and as such it had not been necessary for any applications to be made to the Court of Protection. The Court of Protection makes decisions on financial or welfare matters for people who are not able to make decisions at the time they need to be made. However, she was able to demonstrate a good understanding of her responsibilities regarding the requirements of the MCA and told us that if someone using the service lacked capacity, then a best interest decision would be made to seek appropriate care for that person. Records showed that people's mental health and status had been checked with them prior to using the service; to establish any initial needs in this area.

Arrangements were in place to ensure people had enough to eat and drink however, staff told us the support they provided to people at the current time regarding food and drink was minimal. One person using the service confirmed this by telling us their relatives prepared or left food out for them. They did confirm that staff from the service would always make them a hot drink if they asked for one however.

Care records included information about people's needs and preferences in terms of food and drink, and the support in place to meet those needs. Staff demonstrated a good understanding about involving people in making decisions about what to eat and drink as far as possible, although they confirmed this often depended on what was actually available in each person's home.

People confirmed that their day to day health needs were generally managed by themselves or their relatives. Staff were clear about the importance of monitoring people's health needs and seeking additional support and advice as required. They told us that if they were concerned about a person, they would speak to the person or their relatives directly about making an appointment with a relevant health care professional.

Care records demonstrated that where a person had an identified health care issue, then staff supported them to manage this to avoid any unnecessary interventions from health care professionals.

Is the service caring?

Our findings

People told us they were treated with kindness and compassion. One person told us, "They (the staff) do everything that's on the care plan and anything else they can see needs doing. They are fantastic; I have never had a company like it." They went on to explain that they had had significant experience of using care services prior to using this service and added, "I have to tell them sometimes that it's not their job!" An external professional confirmed that the staff offered a person centred approach and were sensitive to people's individual needs and anxieties. They told us the registered manager had gone, "Far and beyond her role," to reassure a person using the service, and had demonstrated a personalised and supportive approach as a result. They went on to explain that the staff team had worked hard with someone who had initially resisted their support, but had since responded positively and was now making good progress in terms of regaining their health and well-being.

Staff demonstrated a person centred approach in the way they spoke about the people they provided care to. They understood people's needs well and we noted that there was great consistency in the accounts provided by them and the information people shared with us, or we read in their care records. Staff we spoke with spoke with great passion in terms of putting the people they supported at the centre of their care.

People confirmed they were involved in making decisions about their care and support on a day to day basis. One person laughed when they told us, "They (the staff) don't have any choice!" It was clear that they felt comfortable with staff from the service and there was a positive and supportive bond between them.

People confirmed that their privacy and dignity was respected. One person explained with good humour, "They (the staff) go over the top, closing doors when my family are around, and covering me up." However, it was clear that they were appreciative that their privacy and dignity was respected and upheld. An external professional also made a point about telling us about how the registered manager was good at respecting people's confidentiality.

Staff files showed that staff had been trained to respect people's privacy, dignity and human rights. Other records also showed that dignity, respect and choice were an integral part of how people's care was provided, with staff regularly being reminded about the importance of showing respect to people and their families, acknowledging the fact that they were visitors in other people's homes.

Is the service responsive?

Our findings

People told us that they or, where appropriate, those acting on their behalf, were encouraged to contribute to the assessment and planning of their own care. They confirmed they had been asked for information about their needs prior to receiving a care package, and that their needs were kept under review. Records supported this and showed that people were asked about all aspects of their life and care needs, including important events and dates that might have an impact on their wellbeing, such as an anniversary. An external professional added that the registered manager carefully considered requests to support people; to ensure she and the staff team only took on packages of care where they could be certain they were able to meet their needs in a safe and personalised way. They told us, "I put it to her (the registered manager) and then she speaks to the staff to see if they are on board first, before getting back to me." It was evident from speaking with the external professional and staff that they were fully supportive of this considered approach.

People confirmed they had a care plan in place which reflected how they wanted to receive their care and support. Information gathered during the assessment process had been used to develop care plans that reflected how people wanted to receive their care and support. Care records we saw contained some useful and personalised information to support care staff in meeting individual people's needs. Additional records and monitoring charts were also being maintained to demonstrate the care provided to people on a daily basis.

People told us that staff supported them to have as much choice and control as possible. One person talked about a request they had made to have their evening support later in the summer months, so they could spend less time in bed and enjoy the lighter days, and told us this had been arranged. They said, "They do it. They get me up early and put me to bed late in summer." They explained that this flexible approach from staff had had a positive impact on their quality of life. An external professional echoed these comments by adding, "They have just been fantastic." This showed that people received personalised care that was responsive to their individual needs.

The registered manager told us the service was not responsible for supporting people to follow their interests and take part in social activities, unless this was a specified part of their care package. She told us that only one person was supported in this way at the current time. An external professional talked to us about this person and told us about the positive impact that staff were having. They explained that staff ensured they made the most of their time with the person, whilst ensuring they respected the person's wishes at all times. We were told that the person did not always like to go out, so on those occasions, staff would fully engage with the person by sitting with them, listening to music or dancing. The professional felt that the person's communication had improved as a result, and told us they had received positive feedback from the person too; indicating that they enjoyed their time with staff from the service.

The registered manager told us that she encouraged people to bring any concerns and complaints to her attention. She showed us that information had been developed for people outlining the process they should follow if they had any concerns with the service provided. People we spoke with confirmed they were aware

of this. One person confirmed they knew what to do if they had a concern. They told us, "Yes, and I would do so. I also know how to get onto you (CQC) if I need to." They went on to tell us that they had the phone numbers for their main care member of staff and the registered manager stored in their phone. This meant they were able to contact them whenever they needed to. Staff were clear that if a concern was reported to them, they would do their best to sort it out with the person there and then, but failing that they would pass this onto the registered manager immediately.

The registered manager told us she had not received any formal complaints or concerns since the service became operational, but showed us that communication logs were being maintained; to record contact with people and their relatives. We saw from these that appropriate actions had been taken in a timely way to meet people's requests or feedback, in a personalised and flexible way. This showed that people were listened to and that systems were in place for lessons to be learnt from their experiences, concerns and complaints; in order to improve the service.

Is the service well-led?

Our findings

The registered manager talked to us about some of the ways in which she planned to enhance people's involvement and promote a positive culture that was person centred, open and inclusive. For example, she showed us that she had prepared some satisfaction surveys ready for sending to people using the service; to gain their feedback and involve them in developing the service. She explained that as the service had not yet been fully operational for a year, she had wanted to give people some time to familiarise themselves with the service, before sending them a questionnaire. We also saw that new feedback forms had been developed which the registered manager explained she planned to use, to record the outcome of periodical telephone checks with people, after they had received their support; to ensure they received care and support as expected. Due to the current size of the service, it was evident from records that the registered manager was in regular face to face contact with people; which enabled them to openly communicate with her on a frequent basis. Staff made positive comments about the open culture at the service and confirmed they were supported to question practice. They told us that they knew how to raise concerns, if required. We noted from speaking with different members of staff that their responses were very similar and corroborated information that we had read or been told by people using the service. For example, in terms of people's care needs and how these were met, and the general day to day running of the service.

Some helpful information had also been developed for existing and prospective users of the service, setting out what they could expect from the service. Records showed this information had been given to people at the start of them using the service, along with some thoughtful extras such as information about the telephone preference service and approved gardening / handyman services. A handbook had also been produced for staff which included useful information about safeguarding, whistleblowing, training, recruitment and expected standards of conduct. This demonstrated an open and transparent approach in terms of how information was provided to and communicated with people and staff.

The service demonstrated good management and leadership. People knew who the registered manager was and told us she was approachable. One person told us about their experience of using other care agencies in the past and told us, "They (this service) knock spots off of [name of another care agency]." They added, "I have no complaints about this service in fact, I can't say enough good things about them."

We observed a member of staff speaking with the registered manager and noted the way they communicated with one another to be open, respectful and friendly. Staff we spoke with were clear about their roles and responsibilities, and told us they were happy working at the service. One staff member told us the registered manager had, "A genuine passion to provide personalised care," and provided an example of when the registered manager had arranged for a person using the service to have their evening call moved; to meet their wishes and suit their needs better. An external professional echoed these comments by adding, "[Name of the registered manager] always responds. I have only known her a short while but she makes me feel comfortable in my role and I trust her." They went on to give us an example of when the registered manager had gone the extra mile to support them in helping to keep someone safe. They added, "I can't say anything bad. She [name of registered manager] hasn't let me down at all and I am 110% happy with everything she has done so far." We found the registered manager to be very organised, with clear

records and systems in place. She was both open and knowledgeable about the service, and responded positively to our findings and feedback; in order to improve the quality of service provided. The registered manager spoke enthusiastically about developing the service and team; to be the best they could be and to drive improvement.

Systems were in place to ensure legally notifiable incidents were reported to us, the CQC in a timely way. The registered manager confirmed there had been no notifiable incidents since the service became fully operational in September 2016, but she was able to demonstrate that she understood what to report and when, should the need arise.

The registered manager talked to us about how she ensured the service delivered high quality care. She showed us new tools that she had developed to support her in undertaking internal audits, observation of staff practice and seeking feedback from people using the service, but explained that at the current time, due to the size of the service, her quality monitoring methods were more informal. It was evident from records we looked at that the registered manager was in regular face to face contact with people and staff; which enabled them to openly communicate with her on a less formal basis. We also saw written evidence of communication and feedback between the service and people through the use of communication logs. A clear record had been maintained of any actions taken by the service in response to the feedback received. In addition, we saw evidence that the registered manager was one of the main contributors in terms of maintaining people's care records and daily notes; this meant that she had regular oversight of these records and was in a position to identify any potential risks or problems first hand. The registered manager told us that people's records, such as medication administration records and daily records, were kept in people's home's, but showed us that they had been developed in a format that would enable staff to bring them back to the office for her to audit on a regular basis, should the service grow and mean her having less regular face to face contact with people. This demonstrated that the registered manager had considered how she would monitor the quality of the service provided more formally, as the service developed and grew in the future. She had also introduced systems that would support her in doing this, in order to drive continuous improvement.