

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Carers Direct Homecare

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November 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Carers Direct Homecare Ltd
Registered Manager	Mr. Baljeet Singh
Overview of the service	Carers Direct Homecare provides care and support to people living in their own homes in the city of Leicester and surrounding areas. At the time of this inspection there were 10 people using the service and 15 staff employed.
Type of service	Domiciliary care service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 15 November 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

During this inspection we visited the homes of three people who used the service to ask them for their views on the service they received. We also spoke with three relatives of people who used the service.

People told us that they felt involved when decisions were made about the support they received. They also told us that staff were courteous and treated them with respect. One relative we spoke with told us, "When the care plan was done we discussed all the requirements."

People also confirmed that the service was delivered in a reliable way. They told us that staff usually arrived on time and stayed for the expected length of time.

Staff we spoke with understood the types of concerns that may present a risk to the vulnerable people they supported and they were alert to these. They also told us that they felt well supported and found the manager of the service to be approachable and available.

Satisfaction surveys had been sent to people who used the service and also to employees and demonstrated that levels of satisfaction were high.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. Their views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. Peoples' individual assessments and care plans included detailed information about their specific needs and routines. These documents reflected peoples' preferences, explained the things that were important to them and described how their care and support was to be delivered. Care plans were reviewed and updated at regular intervals to check whether any changes were needed and to ensure that peoples' needs continued to be met. The views of people who used the service, and those of their relatives or representatives, had been taken into account as they had participated in those review meetings. People, or their representatives, had also signed the care plan and review documents to indicate their agreement with the arrangements that were in place.

When we spoke with people who used the service, and their representatives, they told us that they felt involved when decisions were made about the support they received. They also told us that staff were courteous and treated them with respect. One relative we spoke with told us, "When the care plan was done we discussed all the requirements. The staff read this information and now they know all the routines well. I am more than happy with the arrangements." This was confirmed by one of the people we spoke with who used the service. They said, "I am very happy with the service I get. The staff are good and very respectful." This showed that people and their relatives had been involved in the assessment process and their preferences had been taken into account when the plans were put together.

People who used the service were given appropriate information and support regarding their care or treatment. A handbook was given to people when they first began using the service. This contained information about the way the service was organised. Copies of care plans were kept in each person's home so that they could refer to these at any time, if they wished. Alongside these care plan documents was other information relating to the support provided, including daily logs which staff added to at each visit. This meant that people were provided with up to date, useful information in relation to the care and support

they received.

People's diversity, values and human rights were respected. Through the assessment process people were asked about their cultural and religious needs. This information was recorded in their care plan documents and taken into account when care plans were put together. People we spoke with told us their individual requirements had been satisfied. One relative explained that staff who supported their parent were able to speak Punjabi, which was their parent's first language. This relative told us, "Having the right language is a major thing, the staff can communicate in Punjabi and that makes such a difference." Another person we spoke with was also pleased that the carer they had was able to speak Punjabi. They told us, with the assistance of their relative who acted as interpreter, "It is important to me to have a male carer and someone who speaks my language. I am very happy that it has been arranged for me." Carers Direct Homecare employed staff with different language skills, including English, Punjabi, Urdu and Somali. This showed peoples' communication and cultural needs were taken into account when support was provided.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. During our inspection we selected three sets of care plan documents to review. These showed assessments had been completed to identify peoples' individual needs and plans put in place to explain how their care and support was to be delivered. These documents had been reviewed at regular intervals which meant the information was up to date and reflected peoples' current circumstances. When we spoke with people who used the service, and relatives of these people, they told us that they received the support they needed and staff followed the routines outlined in the care plans. They confirmed that staff referred to the written care plan information when they arrived at the home so they were aware of any changes in the arrangements. This showed that people's support had been assessed and the support they received met the needs that had been identified.

The provider may wish to note that one of the care plans we reviewed was less detailed than others. Essential information had been collected and recorded and an assessment completed. When we spoke with the member of staff who delivered this support they were obviously very aware of this person's needs, routines, interests and preferences. However, it would be useful to expand the detail in the written records should other staff be required to provide cover at short notice.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The people we spoke with confirmed that the service was delivered in a reliable way. People told us that staff usually arrived on time and stayed for the expected length of time. There were only very occasional delays usually because of unexpected circumstances, such as traffic delays. One person told us, "They are always on time, they are very reliable." Another explained how supportive they found the service to be should they need to make any changes to the planned care. This relative said, "They are very adaptable. If we need any extra help or if things change at short notice they help." This showed that the arrangements for delivering people's support worked well.

Risk assessments had been completed to consider whether there were any risks associated with providing a person's support. An environmental risk assessment had been used to determine whether there were any potential risks associated with the premises

where support was delivered. Risk assessments had also been used to assess whether there were any risks associated with the delivery of care, such as in relation to mobility and transfers from bed to chair. This helped to ensure that people who used the service, and the staff who supported them, were protected from risk.

There were arrangements in place to deal with foreseeable emergencies. Care plan documents contained up to date emergency contact information, including telephone and addressed for relatives and doctors. Summary one-sided care plans had been drafted which gave an easy to read overview of peoples' needs and health issues. This meant that accurate up to date information was available should it be needed in any emergency situation, such as an admission to hospital.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

There were policies in place which helped to protect people from risk. Staff were given information about these when they joined the service and within their employee handbook. These included policies relating to handling money, confidentiality and the safeguarding and protection of people who used the service. These policies outlined what the provider's expectations were in relation to the conduct of staff.

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff we spoke with were able to describe the types of concerns that may present a risk to the vulnerable people they supported and they were alert to these. They were also clear about what action they would take should they suspect a person's safety or welfare was at risk. They were confident about raising any concerns with senior staff, or with external organisations, if they felt it necessary to do so.

The provider checked to make sure that staff had a good understanding of safeguarding issues. Staff satisfaction questionnaires had been sent out at regular intervals. As well as capturing information about staff satisfaction levels in relation to employment these questionnaires had also asked questions to assess staffs' understanding of safeguarding. Also, a recent staff meeting had used case scenarios for a group discussion about safeguarding issues.

Staff were given information about safeguarding and copies of the provider's policies during their induction. All staff had attended up to date safeguarding training, which was confirmed by certificates held on staff files and in the provider's training plan.

When we spoke with people who used the service they told us that they felt that staff were competent in their roles and they felt safe with them. One person said, "They are very good. I always feel safe with them." Another told us, "I am very happy and of course I trust them. They are good at their jobs."

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. Training records showed that staff had completed training in relevant subjects to support them in their roles, including first aid, food hygiene, health and safety. When we spoke with staff they confirmed that they had attended recent training and also completed induction training when first joining the company. The induction training acted as refresher training for those staff who had already completed similar training in their previous employment.

A training plan was in place and the provider had arranged some forthcoming sessions to help ensure staff skills and knowledge remained up to date. Training was classroom based and included a competency check to assess staff at the end of each course. This meant that staff received appropriate training to help equip them for their roles.

Although there was evidence of up to date training, in a small number of cases this had been completed with previous employing organisations. Not all staff had yet attended the provider's own preferred training courses. The provider may find it useful to ensure that all staff complete the in-house training programme as soon as is practicable.

Staff we spoke with confirmed that the provider carried out regular spot checks, to assess performance. They also told us that they had regular one to one supervision meetings with the manager of the service. This was confirmed when we saw copies of notes of these meetings. The staff we spoke with told us that they felt well supported and found the manager of the service to be approachable and available. This showed that there were arrangements in place to support staff and help ensure the service was working effectively.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about the arrangements for care and treatment and they were acted on. Care plan documents showed that people's care and support needs were reviewed on a regular basis and as part of this process people, and their representatives, were asked for their comments. Written records of these review meetings showed that people's views had been taken into account. This helped to make sure that people's care and support was being delivered in a way that met their needs. Satisfaction surveys had been sent to people who used the service and also to employees to gather their views on the way the service operated. Completed surveys demonstrated that levels of satisfaction were high amongst both the people who used the service and staff. This showed that the provider carried out a regular check on overall satisfaction levels to help monitor the quality of the service.

The provider had not received any formal complaints since it had begun operating in November 2012. Information about how to make a complaint or raise a concern was included in the handbook given to people when they first began using the service. When we spoke with people who used the service, and their representatives, they told us that they were satisfied with the support provided by Carers Direct Homecare. They felt staff were competent and the service was reliable. One of the relatives we spoke with told us, "They sit with them, they talk to them and put them at ease - they are not just doing their job, it is more than that." Another relative also confirmed how satisfied they were with the service. This person said, "I have no complaints at all. If I did I would ring the office and I am sure it would be sorted."

The provider carried out regular spot checks to observe the working practices of staff and to feedback to them about their performance. During our inspection we spoke with three of the staff who worked for Carers Direct Homecare. They all confirmed that these spot checks took place. One staff member told us, "The checks are always a surprise. You never know when you will get one." Another staff member said, "I get useful feedback from a spot check. It is helpful to know what you are doing well and what could be better." This showed that staff performance was monitored and feedback given to staff help ensure the service was working effectively.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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