

Direct Approach Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Direct Approach Care Ltd is a service that provides support with personal care to people living in their own homes. This includes adults living with dementia and mental health conditions.

At the time of our inspection, the service was providing support to seven people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

The service was not always safe. Information about people's risks was not comprehensive enough. There was no evidence that the service looked for safety related themes or trends. We could not be assured that medicines were always managed safely as audit processes were not in place.

Recruitment processes were not robust enough to ensure staff were safe to work with people. Full employment histories were not always recorded or corroborated.

The safeguarding policy did not reflect current guidance meaning staff may not be up to date with safeguarding practice. We have made a recommendation that the provider updates its policies.

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

The service was caring, people and their relatives told us staff treated them well.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. Although the service adopted a model of care that maximises people's choice, control and Independence; people's care records and governance processes required improvement to better evidence that care was person-centred and promoted people's dignity, privacy and human rights.

The service was not always responsive. People's care plans did not contain enough information about their

routines and preferences around their care and support, but people and their relatives told us that staff were caring and treated them with respect.

Although the service had not received many complaints, complaints were not recorded and there was little evidence of learning applied to practice within the service. We have made a recommendation about the management of complaints.

The service was not always well-led. Systems for governance and performance management either did not exist or were not reliable or effective.

The registered manager began to address our concerns immediately following the inspection, showing they were responsive and committed to making the required improvements, and that the safety and quality of the service was a priority.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

This service was registered with us on 19 November 2020 and this is the first inspection.

Why we inspected

As the service has been registered with CQC for over one year, we carried out this comprehensive inspection to award a rating for the service.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Direct Approach Care Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager was also the director for the provider of the service. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 16 May 2022 and ended on 25 May 2022. We visited the location's office on 16

May 2022.

What we did before the inspection

We reviewed information we had received about the service since its registration. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We attended the office and spoke with three members of staff, including the care co-ordinator, a senior carer and the registered manager.

We looked at records in relation to people who used the service including three care plans, staff files and systems for monitoring the quality of the service provided.

After the inspection we continued to seek clarification from the provider to validate evidence found. We looked at staff training and quality assurance records. We also spoke with one person who used the service. Not everyone was able to speak with us due to their health conditions, so we spoke to three relatives on the telephone to help us understand their experience of the care and support their loved ones received.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk was not consistently assessed and managed. Care plans did not always identify risks to people, or record risks in sufficient detail to show how they were managed and mitigated. This included risks from choking and behaviours that may challenge. Staff did not always have appropriate information to support people safely.
- Environmental risks in people's homes had not been considered and assessed. This meant people and staff were exposed to a risk of avoidable harm.
- The service did not robustly look for safety related themes and trends. Although a system was in place to record any incidents or accidents, there was no recorded oversight for identifying any trends and help prevent any future risk and reoccurrence. This meant we could not be assured that lessons were learnt or shared with staff.

We found no evidence that people had been harmed, however, systems and processes were not consistently implemented to ensure risk and practices related to the health, safety and welfare of people and staff were assessed, monitored and mitigated. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the shortfall in records, staff were able to describe risks to people and the action they took to help manage risks to help keep people safe.

Using medicines safely

- We could not be assured that staff had the required understanding of safe medicine administration. Not all pre-completed medicines administration record (MAR) were available for us to inspect. One MAR we saw did not contain information in-line with best practice guidance, including the person's name, date of birth and allergy status. On some days, medicines had not been signed for correctly. These inconsistencies had not been highlighted by quality checks.
- The service was not clear about its responsibilities and role in relation to medicines, there were no safety and quality checks in place to ensure that people had received their medicines as prescribed. This made it difficult or impossible to audit the safe administration of medicine.

We found no evidence that people had been harmed however, systems in place were not robust enough to provide assurances about safe medicines management. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- We could not be assured that safeguarding policies and procedures were fully embedded or consistently followed by staff. For example, the safeguarding policy did not list all forms of potential abuse and did not reflect current guidance. The registered manager provided us with a revised policy after our inspection, but this referred to outdated government policies.

We recommend the provider implements policies which reflect current guidance to keep people safe from the risk of harm and/or abuse.

- Staff told us they would take action if they suspected the risk of harm or abuse to keep people safe. One told us, "I wouldn't hesitate to escalate any concerns."

Staffing and recruitment

- Recruitment processes were not consistently applied. Suitable recruitment processes provide assurances that staff members employed have the required skills and characteristics to work with vulnerable people. We found some pre-employment checks, and employment histories were not always recorded prior to staff being employed to work in people's homes.
- We spoke to the registered manager about this who confirmed that recruitment checks had been completed, and were kept electronically, but were not properly recorded on the staff file. The registered manager began to update staff files on the day of our inspection.
- There were enough staff employed to meet people's needs. People told us that staff were on time. Although one relative told us that staff did not always stay for the duration of the care call. This had been raised with the registered manager.

Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively to help minimise the spread of infection including COVID-19. Staff had received training in infection, prevention and control best practices. One told us, "I take a test daily, I have enough PPE and have had all my training."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We were assured that staff sought people's consent to care and treatment, people's care plans recorded people had consented to their care and support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to live healthier lives, access healthcare services and support

- There was a lack of evidence that care, treatment and support was delivered in line with legislation, standards and evidence-based guidance to achieve effective outcomes. Staff did not always have enough guidance to support people in line with their care requirements, as there was a lack of detail about people's care needs and routines in their care plans.

- People's care plans did not always reflect their choices and preferences regarding their care and support, for example, preferred gender of staff.

- Despite the lack of recorded information, people and relatives told us staff knew their needs well. Staff were matched to people based on their shared characteristics and interests. People's relatives told us they were cared for by staff who knew them well and who were familiar with their needs, routines and preferences. One told us, "Staff are trained and have even done training specific to meet [Name's] needs."

Staff support: induction, training, skills and experience

- Staff had completed required training identified by the provider including in safeguarding, medicines and infection control. The training matrix was not fully complete to reflect this. We asked the registered manager

to update this.

- Staff spoken with commented how well supported they felt through the induction process and training programme, "I have all the training I need and more," "I have actually received training to help better meet [Person's] needs" and "If I needed any additional training, I would only have to ask and it would be arranged."

Supporting people to eat and drink enough to maintain a balanced diet

- The service did not support anyone with specific dietary needs, for example, a diabetic diet. However, staff told us they would report any concerns about a person's weight or eating and drinking habits to the registered manager.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other health and social care professionals to help ensure people's healthcare needs were met, such as district and palliative care nurses.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives were largely positive about how staff provided support. One person told us, "Staff are nice and caring, there's nothing I would change and I would recommend the company."
- Comments from people's relatives included, "The service is not perfect but we understand the issues they face, we do have a good working relationship with staff" and "Staff are absolutely brilliant, knowledgeable and patient, they have changed [Name's] life."
- Staff respected and considered people's needs and rights and people were afforded equal opportunity.
- Although people and their relatives were largely positive about the staff that provided support, the registered provider's lack of effective systems in place to ensure care was safe and of a good quality, did not help to demonstrate a caring service.

Supporting people to express their views and be involved in making decisions about their care

- The registered manager told us that they regularly called people to ask their views and ensure they were happy with the care being provided. One person told us, "[Manager] does call me to check everything is OK." Although there was not a record of these calls, the registered manager told us they would improve their recording of these conversations moving forwards.
- Although people's care records did not always evidence that their views had been considered in making decisions about their care and support, people and their relatives told us staff involved them with everyday decisions and supported them effectively.

Respecting and promoting people's privacy, dignity and independence

- The service understood the need to maintain people's dignity and independence by scheduling care and support calls so that people received care from staff who were familiar to them.
- People and their relatives told us that people's dignity was always respected and staff were able to describe how they protected people's dignity and privacy when providing personal support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- We could not be assured complaints were managed consistently as complaints and any responses, were not recorded. It was not clear how complaints were investigated and any learning applied to support improvements within the service.
- Although there was a complaints management system in place, it was not wholly accessible. The service user handbook provided to people did not reference external agencies available if people remained unsatisfied with the service's response to their concerns. However, people and their relatives told us they knew how to raise a complaint and felt confident any concerns would be acted upon.

We recommend the provider ensures complaints are recorded and managed consistently to better evidence learning applied to practice in the service.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- It was not clear if people were involved in planning their care and support in a meaningful way. Care records were basic, incomplete and did not always adequately document people's care and support needs, which meant people were at risk of not receiving appropriate care and treatment.
- Some records contained inconsistent information. For example, about people's mobility requirements, this meant care plans were not always accurate and did not always reflect people's current needs.
- Insufficient consideration had been given to the recording of person-centred information such as people's preferences, likes and dislikes and interests in their care plans. This meant people were at risk of not receiving support in line with their wishes.
- We spoke with the registered manager about this who confirmed care plans would be updated to better evidence people's involvement.

End of life care and support

- We could not be assured that people's end of life care needs and decisions around their end of life care would be met. Although the service supported people with end of life care, care records did not contain details about people's decisions and wishes around end of life care.
- Some staff had received training in end of life care and support and worked alongside external members of healthcare staff.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service supported people to follow their interests and encouraged people to take part in social

activities relevant to their interests. We saw how the service supported one person by facilitating activities they had an interest in. By doing this, the person gained in self-esteem and made new relationships within their local community.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service was aware of the Accessible Information Standard to meet and record the communication needs of a person with a disability or sensory loss.
- A member of staff was able to describe how they communicated effectively with a person who used non verbal communication.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was not always well-led, there were shortfalls in oversight and leadership.
- Quality assurance checks were not always recorded. We found no systematic approach to audits and many of the checks we were told were completed were not evidenced.
- Governance processes and systems to monitor the safety and quality of the service were either not in place or effective enough to ensure reliable oversight of the service. This meant there were missed opportunities to identify improvements that needed to be made.
- The registered manager needed to improve their understanding of quality performance, risk and regulatory requirements. Systems and processes did not always operate effectively to prevent risk of harm to people. Appropriate action had not been taken to assess risk to people and implement appropriate or enough guidance for staff to mitigate risk.
- Systems in place had not identified the concerns found at our inspection, such as the lack of risk assessments and guidance for staff on how to manage risk, insufficient information in care plans and the absence of audit and governing processes.
- Policies contained outdated information and were not reflective of current guidance. Policies did not contain accurate or enough information to help guide staff in their roles.
- Systems were ineffective in helping to drive forward improvements and mitigate risk to people and did not conform with the service's own principles, philosophy and values; as stated in their Assessment and Monitoring Policy which stated, "My home-care agency will routinely check the quality of their service. The Managers of the agency will regularly monitor the quality of the service they provide to make sure I receive the support I need."
- Feedback to staff was inconsistent. We looked at minutes of staff meetings and found some meetings and staff feedback had not been properly recorded. This meant there was a risk staff may not be clear on what they needed to do to improve. However, staff did tell us they found that staff meetings useful and acted as good sources of communication.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to ensure the service was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager responded to our concerns proactively. Shortly after the inspection, they began to implement risk assessments for people, rewrite care plans and introduce revised policies.

- Staff were keen to tell us how they felt supported by the registered manager and how much they enjoyed working for the service, comments included, "[Manager] is the best manager I have ever had, they are so supportive and approachable," "I get all I need from my manager, they support me to develop," and "This is by far the best job I have ever had, work is my happy place."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- We could not be assured that the service always achieved the best possible outcomes for people. Although the registered manager demonstrated a desire to engage people using the service and promote an empowering culture, the lack of recorded evidence and governing processes, created limited opportunity to foster a best practice learning environment.
- There was no evidence that people's views had been sought on the quality of care provided to them. The registered manager told us they did seek the views of people, but this information was not recorded. This meant the need for any improvement was not always identified.
- The registered manager promoted a positive culture which was shared with staff. A member of staff told us, "The care here is compassionate, all the staff put the needs of the clients first."
- Staff told us they felt listened to and could approach them with any concerns or queries, one commented, "I can pick up the phone anytime to [Manager] and ask anything," and "I feel I can speak up and I am listened to."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware to notify CQC of notifiable events in line with their regulatory requirements.
- The registered manager was open and transparent with us about the lack of governance processes in place and the concerns found at the inspection. They were committed to introduce more robust systems to help develop and sustain further improvement in people's experience of care and support.

Working in partnership with others

- The service worked with others such as commissioners, safeguarding teams and health and other social care professionals, to ensure people received the care they needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found no evidence that people had been harmed, however, systems and processes were not consistently implemented to ensure risk and practices related to the health, safety and welfare of people and staff was assessed, monitored and mitigated. This placed people at risk of harm.</p> <p>We found no evidence that people had been harmed however, systems in place were not robust enough to provide assurances about safe medicines management.</p> <p>12 (1) (2) (a) (b) (g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence that people had been harmed, however, systems were either not in place or robust enough to ensure the service was effectively managed.</p> <p>17 (1) (2) (a - f)</p>