Caring Direct Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out an announced comprehensive inspection of this service on 26 March 2018. We reported that the registered provider had made the necessary improvements to the service and they were no longer in breach of Regulation 9 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, some small improvements were required to Caring in relation to the consistency of staff; Responsive in relation to rota arrangements and in Well-led to continue to monitor the improvements to the quality of the service. The service remains 'Requires improvement'.

Caring Direct is a domiciliary care agency currently providing individual packages of care to people in their own homes. The provider was given prior notice of our visit because they provide a domiciliary care service and we needed to be sure staff would be available at the location to meet with us. At the time of our inspection, 98 people were using the service with 12 management and office staff and 36 care staff supporting them.

The service has a registered manager in place. 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.

Improvements were needed to the consistency of staff and the rota arrangements in some areas of the county to ensure people had times when they needed them.

The service was not always caring and respectful as the quality of staff varied. People did not always experience person centred care, which met their needs, preferences and choices in relation to the rota arrangements and call times.

The service was not always well-led. Improvements had been made to the quality assurance process but staffing arrangements needed some action to be taken to deliver a high quality service.

People told us they felt safe when receiving care and support and were involved in developing and reviewing their care plans. Systems were in place to protect people from abuse and harm. Risk assessments had been completed so that staff knew how to keep people and themselves safe.

There were sufficient staff with the right knowledge and skills to meet people's needs. Staff had been recruited safely. Staff had the competence and skills to administer medicines safely and as prescribed. A reminder to staff about protecting people from the risks of infection had been put in place, straight after our inspection, based on what people told us. The provider recorded, reviewed and investigated incidents and accidents and took the necessary action.

People's needs were holistically assessed and support delivered in line with current guidelines. Staff had

induction, training, supervision and appraisals and had the skills and knowledge to carry out their roles.

People's health needs were met as staff liaised well with health and social care professionals. Improvements had been made to enable people to have their meals as and when they wanted them and which met their nutritional needs.

The service was working within the principles of the Mental Capacity Act 2005. People or their relatives gave their consent to the care and support provided. People were involved in their care arrangements. Their health needs were met in a timely way as staff liaised well with health and social care professionals.

People's care plans were comprehensive, personalised and detailed so that staff would know about their needs. The feedback and monitoring of complaints had been used to improve the service. Staff were up to date in their knowledge and skills of caring for people at the end of their life.

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.

Risks to people's health and wellbeing and that of the staff had been completed.

Staff knew how to protect people from harm or poor practice in order to keep them safe.

There were enough staff to meet people's needs who had been recruited safely.

Staff followed correct procedures for supporting people with their medicines.

Processes for the prevention of infection were in place.

Is the service effective?

Good

The service was effective.

People's needs were assessed and monitored.

Staff received induction, training and supervision and were skilled and knowledgeable in carrying out their role.

People were supported to have sufficient to eat and drink

Professionals worked well together to ensure joined up care. People also had access to appropriate services which ensured they received on-going healthcare support.

Staff gained consent before supporting people and the principles of the Mental Capacity Act (MCA) 2005 were followed.

Is the service caring?

Requires Improvement

The service was not always caring.

The staff varied in their approach to providing care.

People's independence was promoted and maintained.

People's privacy and dignity was respected by staff who were sensitive to people's needs and wishes.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's preferences and times of calls were not always provided.

The assessment process was sufficiently detailed to provide an accurate description of people's care and support needs.

People's complaints were processed appropriately.

There was a process in place to support people at the end of their life.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The assessment, monitoring and feedback systems needed some improvement in relation to the quality of the service people experienced.

There was visible leadership in the service with a clear management structure.

Staff received support and guidance and were positive about their work.

The service continued to learn and improve to ensure sustainability and to work in partnership with other agencies.

Caring Direct Ltd

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.

We undertook an announced comprehensive inspection at Caring Direct. The provider was given prior notice because the location provided a domiciliary care service and we needed to be sure that someone would be at the service.

Inspection activity started on 22 March 2018. It included telephone calls to people who used the service and their relatives and a visit to the office location on 26 March 2018 to see the registered manager and office staff; and to review care records and policies and procedures.

The service was inspected by two inspectors and two experts by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses a similar service. Both had experience of using community based services.

Before the inspection, we reviewed the action plan provided to us after the previous inspection, information we held about the service including any safeguarding concerns and statutory notifications. Statutory notifications include information about important events, which the provider is required to send us by law. A Provider Information Return (PIR), which provides information to us about the service was provided by the service.

On the day of the inspection, we spoke with the registered and deputy manager, the operations and service managers, a director and six care staff. We reviewed ten people's care records, three staff recruitment and training files and looked at quality audit records. After the inspection, we undertook phone calls to 19 people who used the service and 20 relatives or their representatives.

Good

Is the service safe?

Our findings

At the last inspection in July 2017, we found that the service required improvement and we had made a recommendation to the provider in relation to the allocation and consistency of staff.

At our inspection on 26 March 2018, we checked if the actions had been put into practice. We found that the service had made improvements to the allocation of staff. This had resulted in a reduction to the amount of missed and late calls and people were receiving a service, which was safe. The rating has improved to 'Good.'

People told us they were safe with the staff. One person said, "On the whole, yes I am safe. I wouldn't be able to have a shower if they weren't there to support me." One family member said, "They give us all peace of mind that [relative] is safe living on their own." Another said, "Company is absolutely fine, we have them on an evening and happy with them. "

People reported that overall, the lateness of calls had improved and there was more consistency of staff. One person said, "Staff are reasonably on time but occasionally there's a long gap." Another person said, "At the moment, timing is okay, a lady comes at 9am but weekends we never know whose coming and what time." A third said, "I have regular staff, I don't mind who at the moment." One family member said, "[Relative] now has four regular staff who he knows and likes and they in turn understand his dementia and his needs."

People were supported to stay safe by processes that were put in place to protect them from harm. Staff were knowledgeable about the types of abuse people might be exposed to and how to report any concerns that they might have. Training records we reviewed showed that staff had all received training in safeguarding people.

We found that care records contained up to date and relevant information in relation to people's support needs and risks. Care plans and risk assessments were regularly reviewed and updated accordingly. Environmental checks inside and outside the person's home were undertaken to ensure that people and staff were able to access safely.

Risk assessments had been created for each person, to manage any risks that may be present. We saw risk assessments that covered moving and positioning, communication, personal care, safety and the environment, homely medicines, electrical appliances and infection control. Additional individual risk assessments not covered in the overall risk plan were also in place. For example, in one care plan, it recorded a person that was at risk of self-neglect and in another where a person was at risk of developing a pressure sore. Staff were aware of ways in which to monitor changes and report them quickly.

Most people who were supported by the service needed varying levels of support. The registered manager told us that staffing levels were determined by people's needs and levels of support needed. Staff told us there were enough staff to meet people's needs as they reported none of their support calls had been

missed. They said call times are more structured, people know what time they will receive their calls, they have the same round every week, and times are organised. One staff member said, "I have never missed one of my visits. It is better now as when we ring the office because we are running late with someone, they will then cover the rest of my calls." Another told us, "Our rounds are more regular now so we do have a chance to get to know people, I cover my round fine as they are very close together." A third said, "We try to visit people at their preferred time. We have good back up as all the office staff are trained so in an emergency they are able to come out and pick up calls."

A staff member gave an example of finding a person on the floor the previous shift; they dialled 999 and then rang the office. The carer sat with the person as the ambulance took two hours to arrive. All their other calls were covered so they could remain with the person. All staff we spoke to told us that whilst they did not get travel time their rounds were organised so they were very close together and felt travel time was not needed.

Staff employed at the service were suitable and qualified for the role they were being appointed to. All staff had completed an application form, full employment history, references had been obtained and staff had a Disclosure and Barring Service (DBS) check prior to starting work. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

People's medicines were managed safely. Staff told us, and records showed they received training in the safe handling and administration of medicines. Observations took place on individual staff member's competency to administer medicines. The care plans and the care notes we looked at matched the prescribing instructions so that all information relating to medicines was consistent and correct.

Records showed the medicine administration records (MAR) were completed accurately by staff after giving people their medicines. There was a process in place for giving people their medicines on an 'as and when required' basis and information relating to the application of creams was detailed. For example, 'Apply to legs and feet only on Tuesdays and Fridays,' and 'To be applied to legs when not bandaged.'

There were clear instructions for people who needed their drinks fortified with additives such as 'Thick and easy' to help them get the necessary nutrients. One staff member told us, "The operations manager is fantastic with medicines. They will always be able to answer any of our questions: if we find a gap we report it immediately to the office. We are pretty hot with medicines so not often we find errors."

The registered provider had infection control measures in place. There was an up to date infection control policy that staff were complying with. Staff were provided with the necessary personal protective equipment (PPE) such as disposal gloves. All care plans contained an infection control risk assessment that recorded any potential risks to people receiving care with respect to acquiring or transmitting an infection. We were told by two people that staff were not carrying out infection control procedures. We made the operations manager aware of this and were assured by correspondence after the inspection, that all staff had been reminded about this important process, in order to keep people and themselves safe.

Good

Is the service effective?

Our findings

At the last inspection in July 2017, we found that the service required improvement in relation to people not receiving their meals at appropriate times and the timing of the visits between meals as calls were late or missed.

At our inspection on 26 March 2018, we checked if the actions had been put into practice and found that the service had made improvements, Effective was rated as 'Good'.

People told us that the service they received was effective in meeting their needs. One person said, "The regular staff certainly know my needs." Another said, "My staff appear to have the necessary knowledge they need, certainly to look after me." A third said, "I make sure they all know that I like things done a certain way. To be fair, they do then follow my instructions." A family member told us "The staff are very caring and motivate my [relative] to walk. It's lovely to see them walk in the kitchen and back - it brings tears to my eyes. The staff use praise and tell them how well they are doing to ensure they continue. It is a great working relationship."

People's needs were assessed to achieve effective outcomes, and care and support was delivered in line with guidance. The service worked with the local authority to provide a short-term service for people usually following a hospital admission. This assessment was carried out in the hospital and then a follow up visit in the person's own home. This was to establish what support might be required to enable them to regain full independence or support them to access the right support following the assessment period. The service had a specific member of staff who would carry out hospital assessments and liaise with the local authority.

The registered manager told us that staff received an induction to the service and this included classroom based training specific to their role. Staff were registered to undertake the Care Certificate and supported with this as part of their induction. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of care workers. A computerised programme was used to monitor the frequency of training and when it was needed to be refreshed. Training included moving and positioning people, first aid, fire awareness, mental capacity, food safety, the safeguarding of people from harm, medicine administration, infection control, palliative Care, continence care, dementia. Training also incorporated theory and practical training within the course of the induction programme.

Service specific training included percutaneous endoscopic gastroscopy (PEG), which is a way of introducing food, fluids and medicines directly into the stomach, end of life care, stoma and catheter care, dementia and pressure care. The service had also recently sourced additional level two training in areas such as mental health, autism and safeguarding, risk assessment, person centred care planning, lean Management, funeral and bereavement and continence aid training. All staff had also attended the Virtual Dementia Tour,

The provider was committed to providing staff with on-going training such as a diploma in care, which had replaced the National Vocational Qualification (NVQ). We saw that a variety of staff were undertaking these qualifications at different levels. One staff member said, "We are sent regular emails about various training

opportunities." Another said, "We do manual handling training but, for any specific equipment, the occupational therapist will demonstrate and leave us information." A third said, "The virtual dementia tour training was fabulous and gave me a real insight into how it feels, really enjoyed it, I have also just done risk assessment training and bereavement training."

Staff told us that they received regular supervision and that this included face-to-face discussions with their line manager. One staff member said, "We have supervision every two months and regular spot checks." Another told us, "I needed to take some time off and they have been very supportive."

Staff were very positive about a recent initiative by the service where the senior managers opened the office during the evening. This meant staff were able to pop into the office in between visits to have a cup of tea and discuss any issues or concerns they might have face. One staff member said, I think opening the office during the evening is a good idea, although they are good at answering the on call number."

People's experience of receiving their meals at a regular time and at a time, which suited them, had improved. Some people needed support with the preparation of their meals and information was included in the care plan so that staff knew what was required. One person said, "Yes, they make all my meals for me. I usually have cereal in the morning, but lately, in the cold weather, they've been making me scrambled eggs on toast which has been lovely. They always tell me what choices I've got for my main meal so I'm quite happy." A family member told us, "I have to say that the workers are very good at encouraging [relative] to eat and they also make them plenty of drinks to keep them hydrated."

Where people needed additional support, strategies had been put in place to help them to eat and drink. For example, in one care plan we noted where it had been identified the person was refusing food, a laminated poster had been created which, detailed techniques staff should use, to encourage the person to eat. Where people were at risk of malnutrition, their nutrition and fluid intake was monitored and records were maintained on what the person had eaten and their fluid intake. One staff member said, "One person we make lunch and a flask of tea, they like their plate hot."

Organisations worked together well to provide coordinated care. Examples were seen in relation to the communication and coordination of services when a person left hospital and was settled back at home. Information about people's needs and circumstances was shared by professionals to ensure people's needs were met.

People's healthcare needs were monitored. The care plans detailed people's medical history and known health conditions. Changes in people's health were documented in their care records. This information was also available to inform health professionals who became involved with their care, either through an identified need or an emergency situation.

The management team told us they liaised with community health and social care professionals whenever people needed this, such as trying to source more funding for care visits when staff told them there was not enough time. Staff were able to give us examples of their communication with professionals such as district nurses, occupational therapists and GP's. One staff member said, "We have good relationships with the district nurses, we had one person with a pressure sore but this has now healed." Another said, "I phone the nurse if I notice a problem with one person's catheter and they come out pretty quickly."

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 people lacked mental

capacity to take particular decisions, any made on their behalf must be legally authorised under the MCA. If they were unable to, appropriate representation was in place, for example, one person had a Court of Protection agreement, which looked after their best interests. One person said, "They always ask me if I'm ready for my shower each morning and if I'm not, they'll go and make me a cup of tea and remake my bed before seeing if I'm ready to try again."

The staff we spoke with all had a clear working understanding of the MCA and their responsibilities to ensure people's rights to make their own decisions were promoted. People's care records contained signed documents of consent, which confirmed agreement of the care that was provided to them. Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity. Discussions with staff confirmed that they knew the type of decisions each individual person could make and when they may need support to make decisions. One staff member said, "The MCA is about people who might not be able to make certain decisions on their own and would need support with this." Another told us, "I would always show people two choices, so they had a visual choice."

Requires Improvement

Is the service caring?

Our findings

At the last inspection in July 2017, we found that the service required improvement in relation to the consistency of staff people saw and how variable the care people received was.

At our inspection on 26 March 2018, to check if the actions had been put into practice, we found that the service had made improvements with their staffing arrangements and rotas. However, further improvements were needed. Caring was rated as 'Requires Improvement'.

There was still a very mixed response from people and their families in relation to whether the service was always caring. The majority of people were positive about the service. One person said, "During these five or six weeks of having Caring Direct we've no problems. Staff are respectful to our expectations of them and they have a friendly nature which is all we can ask for." A family member said, "My [relative] has dementia and is confined to bed, and the staff are very patient. They wash their hair for them and always ensure that they look nice and tidy and they take time to talk to me, because I have few opportunities to talk to anyone these days." Another family member told us, "There are three or four staff who have always been brilliant with my [relative], highly recommend them. I understand we can't exclusively have the same ones around the clock - but I do believe the provider has the ability to be exceptionally good."

However, there were a number of people who told us the service could do better. One person said, "We really don't see them regularly enough to build any sort of relationship with them as we're too busy just explaining how things need to be done all the time." One family member said, "Most of the staff are caring, they'll notice when [relative] has dropped something down themselves and they'll find them something clean to wear. But it's just the odd few who leave soiled clothes in a pile for everyone to see, when they know that I leave a bag for them to put it in so that I can then wash it. Just little things like that make a big difference."

We reported our findings to the operations manager, which identified that the service was not always caring. They said they would identify those areas where the rotas needed adjusting to ensure regular staff could attend and improve on the inconsistency in the levels of care provided.

On the whole, people were treated with kindness, compassion and caring. Staff undertook their tasks in a caring way and people felt listened to and appreciated. Improvements had been made so that staff spent the appropriate time with people and carried out the tasks required to enable them to be comfortable and cared for. One person said, "[Staff member] never rushes me and takes their time explaining things, they always do those little extra things." One family member said, "The more experienced staff do encourage [relative] to do as much for themselves as possible even if it takes more time. Unfortunately, some of the newer staff concentrate more on getting everything done as quickly as possible, so they never get the chance to even try and do things for themselves."

For some people, the improvements to the consistency of staff had meant getting to know each other better and forming meaningful relationships. One person told us, "It's lovely to be able to talk to the same staff, just

about the minor things in life each day." Another said, "We are really impressed with what's in place, I can't stress enough - staff are supportive and loving in a professional manner." A third said, "Staff are very nice and down to earth people." A family member said, "There is now a set group of staff in the morning and [relative] is pleased to have them, they make meals and laugh and joke with them, which makes all the difference."

People gave us examples of where the staff treated them with dignity and protected their privacy. One person said, "Staff have always treated us with respect, privacy is given in the form of towels - to keep dignified. This service provider is friendly and has grounded workers to a satisfactory level. I would highly recommend them, they are 'one in a million' and easy to chat to and we aren't rushed."

People told us they were supported to be independent as much as possible. One person said, ""I'm in a wheelchair, but I'm not very safe out on my own, so each week, the staff member pushes me over to the shops so that I can still do my own food shopping. We always have a nice, sociable couple of hours and then they pack everything away for me once we get home. I look forward to it each week." A family member said, "My [relative's] workers are very caring and motivate them to the best he can at walking again." One staff member told us, "One person's goal is to walk again so we encourage them to walk on each call."

People were involved in the assessment and planning of their care. People or their relatives directed their care so they were still in control. One person said, "I am involved in planning and making decisions although I can't get out, so it's helpful for staff to come out and ask me questions, staff are friendly. Communication is pretty good."

People had been provided with written information in a way they could understand such as the service user guide. The service had listened to the comments from people at the last inspection and improved this to provide people with up to date information. This included details of how to get advocacy services and how to contact other support organisations if needed. Staff made notes of the visit in a daily notebook after each visit and these were written in a caring and respectful way.

Staff told us they had the opportunity to get to know people well. One staff member told us, "One person we go to often refuses food, but if we leave it out, they would eat it. We make sure other staff know to do this by adding this to the daily notes." Another staff member said, "One person I go to likes blue milk with their cereal, but green milk with other things and this is important to them."

Staff received the training and support to deliver care to people. Staff told us how they cared for people and knew their needs and personalities. One staff member said, "I think people are getting a good service, we bridge a gap so people can remain at home. I try and give as best care as I can." Another said, "I would use this service for a family member." A third said, "I like the people I see and am trying to make a difference. I provide the best service I can and go above and beyond by looking for extra things I can do for people."

Requires Improvement

Is the service responsive?

Our findings

At the last inspection in July 2017, we found that the service required improvement in relation to people's wishes and preferences not always being taken into account in the provision of their care.

At our inspection on 26 March 2018, to check if the actions had been put into practice, we found that the service had made improvements. People were asked their preferences and their choices and wishes were taken into account. The service was no longer in breach of the Regulation but further improvements were needed in response to what people told us. Responsive was rated as Requires Improvement.

People told us that the service had improved in response to their needs and wishes. People were now asked during the assessment of their needs, either in hospital or at home, their preferences for male or female staff. One person said, "I have both male and females working on my care package. I really don't mind who as long as they arrive as supposed to, this ensures the safe environment to live in." Another said, "Regular males and female staff visit." A family member said, "We have a mixture of staff. We were asked our preference of male or female but we don't mind as long as they are all professional."

Improvements had also been made to the rota arrangements to accommodate people's needs and call time preferences, although further improvements were needed. One person said, "We asked for a late morning call roughly 10.30 to 11am. Only when the weather has been bad have staff turned up late and the office call me if this is going to happen, like in the snow." One family member said, "Staff were in and out quickly but it's levelled off now. At the moment timing is okay, a lady comes at 9am and weekends we never know whose coming though at weekends. They don't leave till everything is done and dusted."

Some people were still not receiving care at times that suited them. This was in relation to morning and evening calls. For example, one family member told us, "The problem was that they talked to my husband about his needs while he was still in hospital. I knew nothing about it. We're now stuck with times that aren't convenient and I still have to do many things for him myself." We contacted the provider following this inspection and they confirmed that call times had now been amended. Another said, "It is most frustrating when there are long periods between lunch and tea. My understanding is there shouldn't be more than four hours wait. I understand if staff are caught up with previous clients. But long periods are when [relative] gets into trouble with the bathroom and hates having accidents, it's the biggest cause of upset."

From people's mixed comments, it was found that certain areas of the county were more difficult to allocate staff to, due to the geography and availability of staff in those areas. We discussed these concerns with the operations manager and the service manager and they agreed to contact people who used the service and look at what they could do to improve preferred call times.

People's needs were assessed and care was planned and delivered in line with their individual care plan. Care records we looked at contained assessments of people's individual needs and these were put into a person centred written plan describing what staff needed to do. This included people's histories, preferences and choices about their care and support. Documents entitled, 'What's important to me',

provided background information about the person and their likes, dislikes, and what they wanted staff to support them with. In one care plan, it stated that they wanted staff to, 'Leave them with a flask of coffee,' and in another, it stated the person would like a, 'Short walk' weather permitting. People's diverse cultural and spiritual needs were identified in the care plan. This informed staff that people might have cultural preferences for care and gave descriptive background details about their history and lifestyle.

Care plans were reviewed regularly with people and we saw most had been done in the past six months. Some people, however, told us that this was not done regularly enough as they would like to discuss their care more often. We spoke with the operations manager about this and they confirmed, shortly after the inspection, that they had implemented a programme of reviews across the service to ensure that everyone's programme of care was reviewed and people were consulted.

Daily care records were completed by staff at the end of each care visit and confirmed the needs and preferences within the care plan were being delivered by staff. These were written in a respectful way.

Improvements to call times and the service being more flexible had made a difference to people being supported to follow their interests. One person told us, "My staff come early in the morning because it means I can go out to my local day centre a couple of times each week, as well as going to physio. It's really important to me to have a change from my four walls all the time." A family member said, "They have actually been very flexible because they now come and sit with my wife so I can go fishing every week and have some time to myself."

The service had made improvements since the last inspection to their response to complaints and the way in which they listened and responded.

People told us they knew how to complain to the service, some had made complaints and these had been dealt with satisfactorily. People said, "We have never made a complaint about Caring Direct, I am very comfortable ringing up and speaking to the manager if a matter arises. Overall opinion is an excellent service to clients, relatives and staff. A great working relationship," and, "No complaints from us, they must be good and staff are ever so respectful of my [relative]."

The service had a process in place to support people at the end of their life. Care staff had all received appropriate training. On the day before the inspection, management staff had undertaken external training in end of their life care to ensure they could transfer this knowledge and information to all staff and keep this learning at the forefront of their caring role. We saw compliments to the service made by families whose relatives had received end of life care from the service. One staff member told us, "One person wanted to be at home to pass away and a 'do not resuscitate' form was in place and we provided support to them so their wishes were followed. We rang the district nurses straight away when the persons breathing changed and the person passed away peacefully with their family present."

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in July 2017, we rated the service as 'Inadequate' and the provider was found to be in breach of Regulation 9 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not made the necessary improvements within the last two inspections. Improvements were needed to how and when people received their meals and drinks, how staff were managing their time, not asking people about their preferences and choices and the inconsistency of care provided.

At our inspection on 26 March 2018, to check if the actions had been put into practice, we found that the service had made improvements. The provider had put in systems to deal with missed and late calls, which had been significantly reduced; although improvements were still required on the rota arrangements in some areas around timings. People's preferences for male and female workers were part of the initial assessment so that care could be set up as appropriate. Communication systems and processing people's complaints had also improved and their choices and wishes were taken into account.

The service was no longer in breach of the Regulation. However, minor improvements in response to what people told us in Caring and Responsive were required, namely, consistency of staff and better rota arrangements. Well led was rated as 'Requires improvement'. In discussions with the provider they told us that they had spent time concentrating on the preferred times and will now start to look at and improve continuity of staff for people that use the service.

People told us that they thought the service was well led and managed. One person said, "I have spoken to the manager; she is so lovely. When the company is short staffed, she covers shifts." Another said, "Some managers are better than others, one in particular I've had concerns about in the way they responded to me during calls, so the service listened and had the motivation to do something about it." A third said, "I know the office but not management, whoever I speak to are usually helpful." A family member told us, "I have had few run-ins with managers. All's been resolved now and put to bed." Another family member said, "I know the office have improved because when I contact them, within 15 minutes of contact, the staff member is at the door."

The service has a registered manager in place. 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

Caring Direct is a family run business. From talking with staff, the registered manager and the senior management team, it was evident that they were committed to improving the quality of the service they provided. A structured management team shared the responsibilities for different aspects of the service. The implementation of a new contingency care response team had had a significant impact on calls not being missed and this was reflected in the comments we received from people.

Staff reported that managers were visible and provided leadership; however, this visibility could be expanded so that people who used the service and their relatives knew who the managers were. We shared this with the management team at our feedback. Within two days of the inspection, the service had introduced a letter introducing the service manager and the service they would be providing. It also introduced the service support team, and included photos to allow people to know who the duty management team were, and their new opening hours. This was in the process of being given to people who used the service and placed within people's folders at their homes.

The managers were aware of the day-to-day culture of the service, and had clear policies and procedures in which they worked. Structured and recorded regular management meetings provided a framework for communication at all levels to implement and monitor improvements.

Staff were involved in the development of the service. The staff survey results for 2017 had shown a high level of satisfaction with the support and training offered to staff and their views had been taken on board and considered by the management team as part of the overall improvements to the service.

We saw that formal supervisions were carried out, and that all staff had a yearly appraisal, which highlighted their strengths and development, needed. The service held regular team meetings, which were recorded. Staff told us the registered manager and the senior management team were approachable and teamwork was good. One staff members told us, "We are a good team with good morale. I am happy here, they listen to what I have to say." Another said, "I think my opinions are valued by the office." Staff were very positive about the benefits of being able to go into the office in the evening. One person said, "The open office in the evening is brilliant and makes me feel more confident. Since your last visit they are taking more what we say on board."

There was a system of audits in place. These included care planning, records of care, care reviews, medicine records, staffing levels, training and supervision. Robust data management systems were in place, which enabled the service to measure and review the service as a whole.

The service had carried out a survey asking people's views of the service and generally this had been positive and the service had learnt from the views of people. Where people had made suggestions, or who said they were less than happy with parts of the service, these were noted and action taken to resolve the issues.

The service measured and reviewed the delivery of care. They were aware of changing legislation and best practice and followed guidance as and when required to improve the service such as being affiliated with the United Kingdom Home Care Association for updates to policy and practice. They were affiliated with other organisations such as the Essex Home Care Association (EHCA) regarding the sharing of information and learning.

The Caring Direct Spring 2018 newsletter for staff was very colourful, readable and informative with guidance on use of bedrails, training opportunities and whistleblowing at work.

The management systems included reviews of incidents and accidents and analysing outcomes for people and the service. There was a system in place to look at the impact and lessons learnt from incidents and staffing issues. This was to ensure action was taken to prevent a recurrence and to share good practice with staff. The registered manager was aware of their responsibility to submit notifications to CQC of events, which involved any impact on people who used the service. We saw that notifications had been submitted in a timely way.