

Direct Care Service Housing Support Service

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Type of inspection:
Unannounced

Completed on:
16 August 2024

Service provided by:
Direct Care Service Limited

Service provider number:
SP2019013357

Service no:
CS2019376721

About the service

Direct Care Service was registered with the Care Inspectorate on 21 January 2020. Direct Care Service provides a Care at Home and Housing Support service to people living in their own homes in West Lothian and Falkirk.

At the time of inspection, the service was supporting approximately 84 people.

About the inspection

This was an unannounced inspection which took place on 13, 14 and 15 August 2024. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with or received feedback from 42 people using the service and nine of their relatives
- spoke with or received feedback from 26 staff and management
- observed practice and daily life
- reviewed documents
- received feedback from a professional involved with the service.

Key messages

- People were treated with dignity and respect and there were kind and caring interactions between staff and the people they were supporting.
- Support with medication was well-managed, with appropriate training and observations of practice regularly carried out.
- Safe and effective recruitment practices were in place to recruit staff in accordance with good practice and national safer recruitment guidance.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our staff team?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People were treated with dignity and respect and there were very kind and caring interactions between staff and the people they were supporting. People told us, *"The care I get is really good - they are all really nice, respectful towards me, and my home"* and *"The carers are excellent. All of them. I have a good team and I know them all now"*.

People's personal plans were based on an ongoing comprehensive assessment of each person's needs and strengths and were regularly reviewed and updated to ensure people's support was carried out in line with their wishes and preferences. Personal plans were outcomes-focussed, taking an enablement approach where this was appropriate. We saw examples of this, and the positive outcomes people had achieved with this approach.

Where people were supported by a regular staff team, there was meaningful engagement between staff and people they supported. People told us, *"I have good fun and I get a good laugh. They are very helpful"* and *"I'm very happy with the support. They're all really good. They're very gentle with [my relative]. We have a regular team and they do everything we ask of them. My daughter can see the visits on her phone and we have had no concerns"*. This meant that care staff knew people well and could recognise signs of illness or changes in a person's needs. The service were working hard to improve continuity of care and to ensure that care plans held adequate information to ensure these relationships could continue to be developed.

People were protected by safe medication management policies and practices. Legislation and good practice guidance were followed when supporting people to take medication and regular observations of practice were carried out. This meant that people could be confident that staff were appropriately trained, competent and skilled in delivering support with medication.

People could be confident that staff knew when and how to access relevant professionals to support their health and wellbeing and there were good links to local health professionals. Staff were attentive to people's skin integrity and ensuring people had access to enough food and drinks of their choice. People enjoyed meals or snacks and drinks that reflect their needs and preferences, and were able to enjoy their food in an unhurried, relaxed atmosphere with staff when this was appropriate.

A professional told us that the service *"will be as flexible as possible to meet the service users' needs, ensuring their wellbeing is supported"* and that they *"ensure that the service user is involved in the planning of their care and support"*.

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Safe and effective recruitment practices were in place to recruit staff in accordance with good practice and national safer recruitment guidance. The process was well organised and documented. This meant that people could be assured that they would receive safe care and support.

Induction and training were robust and all care staff were registered with the appropriate professional body. People told us they felt staff were well trained and staff said they felt well prepared to carry out their role. Staff told us, *"They offer us continuous support through training, supervisions and meetings which help us assess how well we are doing in providing the right support for people"*. This meant that people could be confident that the staff who supported them were trained, competent and skilled, and able to reflect on their practice and follow their professional and organisational codes.

Staff felt well supported by the management team and there was regular communication about outcomes for people.

Supervisions and practice observations were regularly carried out and evidenced good quality reflective discussions about practice. Visit times were regular and dependable and there was an effective process for assessing how many staff hours were needed to cover all scheduled visits.

Because the right number of staff with the right skills were working at the right times to support people's outcomes, this meant staff had time to provide care and support with compassion and engage in meaningful conversations and interactions with people. Staff understood their role and were flexible, worked well together and supported each other to work as a team. This helped to ensure that people experienced good quality, personalised and meaningful support which met their needs and wishes.

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The provider should ensure that each person has a personalised care plan and appropriate risk assessments which reflect their current individual care and support needs, their preferences and wishes, and appropriate control measures where risks are identified. To do this, the provider should ensure that:

- a) care plan documentation is person-centred, with sufficient detail describing people's needs and wishes
- b) any changes to people's care and support are clearly documented within the care plan and communicated to staff
- c) risk assessments contain appropriate control measures where risks have been identified.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

This area for improvement was made on 9 October 2023.

Action taken since then

Person-centred care plans were in place, including appropriate risk assessments, which reflected people's current individual care and support needs and their preferences and wishes. Appropriate control measures were documented where risks were identified.

Reviews were being carried out and changes to people's care and support were clearly documented within the care plan and communicated to staff.

This area for improvement is met.

Previous area for improvement 2

To ensure that people can have confidence that staff are trained, competent and skilled in delivering support with medication; the manager should ensure there are safe systems, appropriate training and accurate recording and monitoring in place. This is to ensure the safe administration and monitoring of medicines and to promote the people's wellbeing. To do this, the service should:

- a) ensure all documentation and systems reflect the level of support identified in people's medication assessments
- b) ensure appropriate training and support for staff, and regular observations of practice
- c) ensure accurate recording through regular audits of medication support records.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 9 October 2023.

Action taken since then

All documentation and systems had been updated to reflect the level of support identified in people's medication assessments and a system of regular audits was in place.

Staff had been appropriately trained and were supported where required and their practice regularly observed.

This meant that people could be assured that there were safe systems, appropriate training and accurate recording and monitoring in place to ensure the safe administration of medicines and to promote people's wellbeing.

This area for improvement is met.

Previous area for improvement 3

The provider should ensure that people are supported by a staff group that are appropriately registered with the relevant professional body. To achieve this the provider should:

- a) make sure that all staff that are required to register with a professional body have made application and this is being progressed by the relevant professional body
- b) follow their own policies and procedures to ensure people are safe where application for registration is not made or progressed
- c) develop and implement a system of regular management oversight to make sure that all of their staff are appropriately registered.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 9 October 2023.

Action taken since then

All appropriate staff were registered with the relevant professional body and there was a system of regular management oversight in place to ensure this was sustained.

This area for improvement is met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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