

Direct Health (UK) Limited

# Direct Health (Stockton on Tees)

## Inspection report

80-82 Norton Road, Stockton-On-Tees TS18 2DE  
Tel: 01642 602130

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### Overall summary

We carried out an unannounced inspection of this service [using our old methodology], starting on 29 September 2014. Breaches of legal requirements were found and we issued formal warnings. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to: The care and welfare of people who used the service. The safe administration of medicines. The effective deployment, supervision and training of staff. Implementing effective governance systems. Maintaining accurate and fit for purpose records.

We undertook this focused inspection on 01 and 20 April 2015, to check that the provider had followed their plan and to confirm that they now met with the legal requirements. This report only covers our findings in relation to that focused inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Leeming Bar Grange on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Direct Health (Stockton) provides personal care for people in their own homes in Stockton, Billingham, Eaglescliffe and Yarm. It is a large service, providing care to approximately 450 people and employing approximately 200 staff at the time of this inspection.

We told the provider two days before our visit that we would be inspecting, so that we could be sure the people and information we needed to see would be available.

We reviewed the action the provider had taken to address the above breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 [which correspond to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014].

During our inspection visit we identified that the address of the office location was not the same as the location address registered with us for the purposes of carrying on a regulated activity. We also found information on the registered provider's website and paperwork in the office that raised questions about the registered provider and if the correct legal entity was registered with us. This meant that we could not be sure that the registered provider and registered location were correctly registered with us and needed to make further enquiries before continuing with the inspection.

However, the information we had gathered before the registration issues were identified is reported on in this focused report. Feedback about people's satisfaction with the service varied and there were some consistent themes that emerged in the feedback. These were issues with management, organisation and communication, variations in staff approach and competence, and people not feeling confident that issues and complaints were handled effectively. There was a lack of consistency in people's experiences around continuity of care staff. We

# Summary of findings

also found that there were still problems regarding the safe management of medicines. The pharmacist inspector provided feedback on their findings to both the manager and area manager during our visit.

After making further enquiries and speaking with the registered provider's representatives we established that the registered provider was correctly registered, but that the location address was incorrect and not registered correctly. We made the registered provider aware of the

need to correct the registered location's address, but it was not until 29 July 2015 that CQC received a notification from the registered provider to correct the registered location address. A new comprehensive inspection was commenced, to include follow up of all the outstanding breaches, on 08 September 2015. You can read the report from our latest comprehensive inspection once it is published, by selecting the 'all reports' link for Direct Health Stockton on our website.

# Summary of findings

## 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.

We found improvements had not been made since the last inspection regarding medicine management

There was a lack of consistency in people's experiences around continuity of care staff.

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### **Is the service effective?**

The service was not always effective.

People experience poor communication and co-ordination between care staff, office and people using the service.

There were inconsistencies reported regarding different staff and their approach, training and competence.

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### **Is the service responsive?**

The service was not always responsive.

People were not confident that the service could sort out problems that arose and many people did not report good experiences either with queries or complaints.

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### **Is the service well-led?**

The service was not well-led.

Information we received was incomplete and in some case inaccurate.

The address of the office location was not the same as the location address registered with us for the purposes of carrying on a regulated activity

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# Direct Health (Stockton on Tees)

## 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to check that the improvements to meet legal requirements planned by the provider after our September 2014 inspection had been made. This is because the service was not meeting some legal requirements and we identified breaches of regulation at the last inspection.

We undertook this announced focused inspection of Direct Health Stockton on 01 and 20 April 2015. The team inspected the service against four of the five questions we ask about services: is the service safe, effective, responsive and well led.

The inspection was undertaken by two adult social care inspectors and one pharmacy inspector. Three experts by experience spoke on the telephone with 32 people who used the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses a domiciliary care service.

The provider was not asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed all the information we held about the home. The information included reports from local authority contract monitoring visits and concerns we had received from people using the service.

During our inspection visits we went to the service's office. We spoke with the service's manager and care coordinators. We also met the area manager. We looked at a selection of records, including the care records relating to people who used the service and their medicines. The pharmacist inspector also visited 3 people who used the service in their own homes, to look at how their medicines were managed and administered. At the end of the first day of our inspection the pharmacist inspector provided feedback on their findings to both the manager and area manager.

On the second day of the inspection visit we identified information that suggested that the service was not registered with us correctly. The inspection was suspended while we made further enquiries and ensured that the service's registration was correct. The registration issues have now been resolved, but because of the time delay a new comprehensive inspection was commenced on 08 September 2015, to include follow up of all the outstanding breaches. You can read the report from our latest comprehensive inspection once it is published, by selecting the 'all reports' link for Direct Health Stockton on our website.

# Is the service safe?

## Our findings

We carried out an unannounced inspection of this service [using our old methodology], starting on 29 September 2014. Breaches of legal requirements were found and we issued a formal warning relating to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010: Management of medicines [which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment]. This was because the registered person did not have effective systems in place to ensure the safe management of medicines.

During this inspection we looked at how the service managed and assisted people with their medicines. We looked at the care plans and information the service had in place to support people with their medicines, looked at the medicine records that the service maintained and visited three people who received support with their medicines from the service.

We found that clear and accurate records were not being kept of medicines administered by care workers. Gaps in the medicines administration records meant we could not be sure people were always given their prescribed medicines. Details of the strengths and dosages of some medicines were not recorded. Care plans and risk assessments did not support the safe handling of people's medicines.

We found that arrangements were not in place to ensure that up to date information about people's medicines was available. We found in the care files that the information on the current medication that people were prescribed was not accurate and up to date. Because the medicine records were not accurately kept it was not possible to know what medicines people were meant to be taking and this could put people at risk.

The level of support that people needed was not accurately documented in their care plan. For one person we visited we saw that the person received a lot of support from family members alongside care workers. This support was not reflected within that person's risk assessments and care plan and it was not clearly documented what

medicines had been administered by care workers and what had been administered by family. This information would help to ensure people were given their medicines in a safe, consistent and appropriate way.

One person told us that 'newcomers' [new staff] were not always clear about medication, although in this person's case they were able to manage any potential problems themselves. Examples of comments made to us were: "At the start they okayed it all with me and the social worker. After this though there were lots of different staff and too many newcomers and they did not do the medication right as well. They had got it wrong about four or more times. So, we had a review on three occasions due to the problems, and these (reviews) have helped to get things right. I did have to complain, but eventually that got things done right. It needed social services to get things done."

At the end of the first day of our inspection the pharmacist inspector provided detailed feedback on their findings to both the manager and area manager of the service.

We carried out an unannounced inspection of this service [using our old methodology], starting on 29 September 2014. Breaches of legal requirements were found and we required that the registered person take action to make improvements in relation to Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010: Staffing [which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing]. This was because the registered person had not ensured that sufficient, competent and skilled staff were deployed to meet the needs of people using the service.

During this inspection we gathered information about people's experiences of using the service, including how staff were organised and deployed to meet people's needs. We found that there was still a lack of consistency in people's experiences around continuity of care staff. Some people said they had regular/reasonably regular carers or carers from a regular group. However, others reported high levels of staff change and/or concern over not knowing who would be coming. For example, in one instance someone reported receiving 25 different carers over a 3 month period, while another told us that their relative with dementia had received care from around 40 different staff in a 3 month period. Examples of comments made to us were: "It could be better [relative has dementia]. We had lots of issues about the regularity of carers in the first 3

## Is the service safe?

months and in that time they sent around 40 different carers.” “How regular they are has changed. I've had a few changes, but they couldn't come for some slots [the person did not know the reason]. I can't say more than that.” “Yes, it's safe. I just have one carer at eight o'clock in the morning. It's the same person except on a Sunday.” “A little while ago there was a problem with the regularity of staff, but it has now improved since a few days ago and they are now sorting this.” “We both feel relaxed with the regulars [care staff], but it's difficult with strangers and we need to tell them how to help.”

This focused inspection found further breaches of regulation, but reporting was delayed due to the registration issues identified during this inspection and the time these took to resolve. A new comprehensive inspection was commenced on 08 September 2015, to include follow up of all the outstanding breaches. You can read the report from our latest comprehensive inspection, including any actions we have asked the provider to take, once it is published on our website.

# Is the service effective?

## Our findings

We carried out an unannounced inspection of this service [using our old methodology], starting on 29 September 2014. Breaches of legal requirements were found and we required the registered person to make improvements in relation to Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010: Supporting workers [which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing]. This was because the registered person did not ensure that staff were adequately supported through effective training and supervision or deployed in a way that met people's needs. We also issued a formal warning relating to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010: Planning and delivery of care [which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Person centred care]. This was because care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare.

During this inspection we spoke with people about their experiences of using the agency and the quality and competency of their care staff. People we spoke with were complimentary about their regular staff. However, there were inconsistencies reported regarding different staff and their approach, training and competence. For example, people said regular staff were very good, but that others [such as new staff or replacement staff] did not fully understand people's medication or care needs or did not seem well trained.

People consistently reported that the consistency and standard of care varied depending on which care staff visited. Examples of comments made to us were: "Some carers are just in and out, but the regulars are good, but some casuals are not so good." "They do her wash as far as I can gather okay, but for example, they don't take enough care to make sure she has a good meal and they don't make the meals very appetising. If they ask her she is likely to just say she's alright and this means she gets nothing. The more regular staff know this, but replacements are not as bothered." "There is a better quality of service with regular staff, because they realise how the right times are so important [for this particular person's needs]. The regulars are really good. The replacements are not so good and they are really not very well prepared if they are a

'newby' [new staff member]." "The staff are very good really, brilliant and we have so much time for them. They are very professional, but the company cannot keep them and we therefore lose any continuity of care." "They're not a bad bunch. By and large they're safe [to work with]. I've had occasions with one guy that needs a bit of training and I have said that." "They do have a chat while they do the work. They're very nice girls. Oh, no, there's no rushing even if they're late. They always give me an hour." "I'm quite pleased with the staff. The younger girls don't chat very much but the older ones do as they understand age. But they all work in a safe way." "Oh they are very, very good. Yes they are really nice with me and I like them calling."

People reported a common experience of poor co-ordination between care staff, office and people using the service. For example, lack of communication about changes to requested call times, people not receiving their weekly rota, the rota having lots of unallocated calls so that people didn't know who was coming or the staff on the rota not being the ones who actually came to provide care. Some people were not upset by this, but others would have liked to be kept better informed. Examples of comments made to us were: "The office is very disorganised and they pile stuff on the carers and some are very stressed out, but they also sometimes have a lot of staff call in sick at weekends. Once recently they had 27 sick. So the service has a bad 'sicky' day and everything goes bad." "If they're late it's down to the rest of the system and not their [the individual care staff] fault, they never know if someone else is going to need help before they get to me, till they get a call. Yesterday I got a call half an hour before they were due, and another day they said they'd be late because the car was broken down." "They come at the right time, but the time they arrive varies a lot. The weekly chart I often haven't got, and this is the fourth time I haven't had one recently. I've had to ring in to ask who is coming." "I've waited for them to come sometimes as they're a bit late. But I find them very good once they get here." "They never (just) don't turn up, and they can be late or early by about 15 minutes, not longer than that. If they finish early, they go". "The care is good, but there are too many unallocated calls and when I ring they have not sorted it out yet. They just seem to be slotting people in day by day. I get four calls a day and they cannot tell me even each day who is calling." "We rarely get a proper rota list and we should

## Is the service effective?

have got this earlier. We get a lot of unallocated slots in recent months.” “I’ve only been with them x weeks and there has been a mix up with days they come and they have come at the wrong times.”

“They are ok but they do not keep to the times on the rotas and there are quite a few unallocated times on the sheets which is not helpful.”

There was mixed feedback about the services reliability and time keeping. Some people said that staff were reliable and on time, but there was also feedback about variation or lack of consistency of call times and the impact this had on people who used the service. For example, people had experienced staff being called away from people using the service to help elsewhere, unreliable timekeeping impacting on people’s ability to plan health appointments and the associated worry regarding this, the discomfort of

not being able to get to toilet if staff were late, and the impact on a diabetic who missed meals because staff turned up early before their medication was due, despite them not being able to eat until after taking their medication.

This focused inspection found further breaches of regulation, but reporting was delayed due to the registration issues identified during this inspection and the time these took to resolve. A new comprehensive inspection was commenced on 08 September 2015, to include follow up of all the outstanding breaches and to provide the service with an overall rating. You can read the report from our latest comprehensive inspection, including any actions we have asked the provider to take, once it is published on our website.



# Is the service responsive?

## Our findings

During this inspection we received feedback from people who used the service about the way the service responded to requests for change or concerns and complaints about the service. People were not confident that the service could sort out problems that arose and many people did not report good experiences either with queries or complaints: For example comments from people we spoke were: “They do not really deal with things. It’s now sorted out, but neither [the person described their experiences with two complaints] were dealt with well.” “We have asked to change times a couple of times and the staff still turned up at the same time. No messages were getting through and these requests were just treated as cancelled.” “They are not passing on messages and there is one in the office who just does not care. One coordinator is appalling. The only complaint that was dealt with well was the one about the evening times and this was dealt with well by the manager, but this was just by luck and the co-ordinators do not care. Complaints to them are not taken seriously.” “We

had a serious issue when a key from the key safe went missing and it was investigated and the key which was found was the wrong one. They did not find out what had happened. The complaint about the key was not taken seriously until the social worker got involved. I was not really satisfied though I did get an explanation, but not really very satisfactory. I also had complaints about care continuity and they have been better, but it slides back if they are short staffed.” “When I have spoken to anyone they have seemed to listen, but then nothing really changes.”

This focused inspection found breaches of regulation, but reporting was delayed due to the registration issues identified during this inspection and the time these took to resolve. A new comprehensive inspection was commenced on 08 September 2015, to include follow up of all the outstanding breaches and to provide the service with an overall rating. You can read the report from our latest comprehensive inspection, including any actions we have asked the provider to take, once it is published on our website.

# Is the service well-led?

## Our findings

We carried out an unannounced inspection of this service [using our old methodology], starting on 29 September 2014. Breaches of legal requirements were found and we issued formal warnings relating to Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010: Records and Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010: Assessing and monitoring the quality of service provision [both of which correspond to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance]. This was because the registered person did ensure that records were up to date, accurate and fit for purpose and did have effective processes to assess, monitor and improve the service.

The service had not had a registered manager since 02 January 2015. The service had a person managing the service, but they were not registered with the Care Quality Commission at the time of this inspection visit. However, during our visit they told us that they were aware of the need to register with us and were in the process of applying to become registered. A valid application to register was not received from the manager until 22 October 2015.

As part of the inspection we asked the manager to provide us with information about people who used the service, so that we could make contact with people and request feedback about the service they received. We provided a template the registered provider could use to provide the correct information. However, the information we received was confused, incomplete and in some case inaccurate. For example, some contact details were missing and others supplied to us were incorrect. We also found that the records kept relating to medicines were not accurate and up to date. We provided feedback about these issues to the manager at the time of our inspection.

During our inspection visit we identified that the address of the office location was not the same as the location address registered with us for the purposes of carrying on a regulated activity. We also found information on the registered provider's website and paperwork in the office that raised questions about the registered provider and if the correct legal entity was registered with us. This meant that we could not be sure that the registered provider and registered location were correctly registered with us and needed to make further enquiries before continuing with the inspection.

After making further enquiries and speaking with the registered provider's representatives we established that the registered provider was correctly registered, but that the location address was incorrect and not registered correctly. We made the registered provider aware of the need to correct the registered location's address, but it was not until 29 July 2015 that CQC received a notification from the registered provider to correct the registered location address.

The manager had started to complete basic checks of the medicines administration records, but a more detailed audit of medicines handling was not completed. The feedback from people using the service and findings during this inspection evidenced that there remained breaches of regulation and effective improvements had not been made.

This focused inspection found further breaches of regulation, but reporting was delayed due to the registration issues identified during this inspection and the time these took to resolve. A new full comprehensive inspection was commenced on 08 September 2015, to include follow up of all the outstanding breaches and provide the service with an overall rating. You can read the report from our latest comprehensive inspection, including any actions we have asked the provider to take, once it is published on our website.