

Direct Health (UK) Limited

Direct Health (Doncaster)

Inspection report

Unit 6, M&M Business Park, Doncaster Road
Kirk Sandall
Doncaster
South Yorkshire
DN3 1HR

Tel: 01302638821

Website: www.directhealth.co.uk

Date of inspection visit:
16 March 2016

Date of publication:
29 April 2016

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

The inspection took place on 16 March 2016 and was announced. We gave the service 48 hours notice in line with our current methodology about inspecting domiciliary care agencies. The service was registered with the Care Quality Commission in July 2015. This was the first inspection of the service.

Direct Health (Doncaster) provides personal care to people living in their own homes. At the time of our inspection there were 96 people using the service.

At the time of our inspection the service did not have a registered manager in post. 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. The service had appointed a manager who was in the process of applying to be registered with the Care Quality Commission.

We saw the service had appropriate procedures in place to ensure people received their medicines safely. However, this was not always followed through in practice. We saw a selection of medication administration records (MAR) sheets and found some gaps in recording.

The service had a policy in place for safeguarding people from abuse as well as local authority procedures and practice guidance. The safeguarding policy included the types of abuse and how to recognise and report abuse. We saw that staff had received training in this area and knew what to do if they suspected abuse.

We saw care plans contained information about risks associated with people's care. However, these contained limited information about how to keep the person safe. Some risks were not identified.

A lot of people we spoke with told us that they felt the service was short staffed and there was a high turnover of staff. The service had experienced a lot of occasions where calls to people in the community had been missed. This was an issue that the manager was currently trying to address. The process in place was to meet with any staff who missed a call for whatever reason.

The service had arrangements in place for recruiting staff, and pre-employment checks were carried out prior to commencing work.

People were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge. We looked at records in relation to staff training and found training took place on a frequent basis. Staff we spoke with told us they felt the training they received had given them confidence to carry out their role effectively.

We found the service to be meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a good knowledge of this and said they would speak to the registered manager if they needed any further advice.

People were supported to eat and drink sufficiently to maintain a balanced diet. We spoke with people who used the service and looked at their care plans. We found care plans identified the support people required during mealtimes.

People were supported to maintain good health, have access to healthcare services and received ongoing healthcare support. We looked at people's records and found they had received support from healthcare professionals when required.

We spoke with care workers who gave evidence that they clearly understood the needs of people they were supporting, and they were able to understand how individuals wanted to be supported. All of the staff that were interviewed by us had a very good understanding of the individual needs of the people who used the service and also of how they chose to have their care delivered.

We spoke with people who used the service and their relatives and they were aware they had a care plan. However, people told us they had not been involved in any reviews to ensure the plan was still correct. We looked at care plans belonging to people and found they were not very organised. Some contained paperwork relating to the company who previously provided the support to people. This was confusing as it was not clear what parts of the documentation were relevant and which were no longer required. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The service had a complaints system in place. We saw evidence that concerns had been dealt with effectively. However, when we spoke with people and their relatives they told us they had raised concerns and were not satisfied with the response.

We saw various audits had taken place to make sure policies and procedures were being followed. However, it was not clear what had been done to address any shortfalls. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

People we spoke with felt the service lacked leadership and felt communication was a problem. One relative said, "There is a lack of communication from the office and this shows a lack of leadership." People told us how they received a rota advising them of who would be attending their calls, but this changed frequently and they were not informed of the update.

Staff we spoke with felt the service was well led and the manager was approachable and listened to them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

We saw the service had appropriate procedures in place to ensure people received their medicines safely. However, this was not always followed through in practice.

The service had a policy in place for safeguarding people from abuse as well as local authority procedures and practice guidance.

Risks associated with people's care contained limited information about how to keep the person safe. Some risks were not identified.

The service had arrangements in place for recruiting staff, and pre-employment checks were carried out prior to commencing work.

Is the service effective?

Good ●

The service was effective.

People were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge.

We observed staff working with people who used the service and spoke with nine staff, and found the service to be meeting the requirements of the DoLS.

People were supported to eat and drink sufficiently to maintain a balanced diet. Staff told us they assisted people with meals where needed.

People were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Is the service caring?

Good ●

The service was caring.

We saw staff were aware of people's needs and the best ways to support them. Staff enabled people to remain independent and were able to explain how they respected people's privacy and dignity.

Staff we spoke with were aware of people's preferences and were able to explain how they would maintain a person's dignity.

Is the service responsive?

The service was not always responsive.

We looked at care plans belonging to people and found they were not very organised. Some contained paperwork relating to the company who previously provided the support to people.

The service had a complaints system in place. We saw evidence that concerns had been dealt with effectively. However, when we spoke with people and their relatives they told us they had raised concerns and were not satisfied with the response.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

We saw various audits had taken place to make sure policies and procedures were being followed. However, it was not clear what had been done to address any shortfalls.

People we spoke with felt the service lacked leadership and felt communication was a problem.

Staff we spoke with felt the service was well led and the registered manager was approachable and listened to them.

Requires Improvement ●

Direct Health (Doncaster)

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 checked 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.

The inspection took place on the 16 March 2016 and was announced. The provider was given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed all the information we held about the home. We spoke with the local authority and Healthwatch Rotherham to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with nine people who used the service, and eight relatives of people who used the service.

We spoke with six care workers, a care co-ordinator, the manager and the transitional manager. Other members of the management team were present on the day of inspection to support the manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at six people's care and support records, including the plans of their care. We also looked at six staff files. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

We spoke with people who used the service and most people told us that they felt very safe with their carers and felt they knew what they were doing. Some people told us that they had 'regular' care workers who supported them, but others said they continually got different carers. One person said, "The problem is when they send different people, they have different methods and I'm not as comfortable with them. When my carer was off the office didn't bother to tell me and they just sent someone else."

We saw the service had appropriate procedures in place to ensure people received their medicines safely. However, this was not always followed through in practice. We saw a selection of medication administration records (MAR) sheets and found some gaps in recording. This meant that it was not clear whether people had received their medicines as they had been prescribed. We spoke with the manager who was aware of this issue had this had been highlighted in the company's own audit system, dating back to November 2015. A meeting was due to take place with staff to discuss this issue and to tighten up the recording of medicines.

Care plans we looked at included a section on 'my medication needs.' This told staff specific requirements and how to support the person. For example, they instructed the staff where the medicines were stored. Most people we spoke with were happy with the way staff supported them to take their medicines and felt the record charts were being completed correctly.

We saw care plans contained information about risks associated with people's care. However, these contained limited information about how to keep the person safe. Some risks were not identified. For example, one care plan belonging to someone stated they were at risk of not eating and staff should prompt the person to eat at each visit. This was not identified on a risk assessment and there was nothing in place to monitor this. We spoke with the manager about this and were told that staff wrote in the daily records what the person had eaten. However we could not see where this had been evaluated.

The service had a policy in place for safeguarding people from abuse as well as local authority procedures and practice guidance. The safeguarding policy included the types of abuse and how to recognise and report abuse. We saw that staff had received training in this area and knew what to do if they suspected abuse. Staff we spoke with were knowledgeable about abuse and told us they would report any concerns to their line manager. Staff felt confident that their manager would listen and act on this.

We spoke with the manager who showed us a safeguarding log which was maintained on a monthly basis. We saw that when action had been required to address issues this had been dealt in an appropriate manner.

Staff we spoke with felt there were enough staff working with them and said they had enough time to manage the calls they had been given to complete. One care worker said they completed calls which required two carers and said two people always attended the calls in line with people's care plans and assessed needs.

A lot of people we spoke with told us that they felt the service was short staffed and there was a high turnover of staff. One person said, "I think they are short staffed because the calls can be all over the place. I prefer my morning call at 6.45am but sometimes it can be 9.30am and staff say it's because they are shorthanded."

The service had experienced a lot of occasions where calls to people in the community had been missed. This was an issue that the manager was currently trying to address. The process in place was to meet with any staff who missed a call for whatever reason. They had the opportunity to discuss the events leading up to the missed call and whether they had been notified of the call. On some occasions disciplinary action had been taken to address this practice. We spoke with the transitional manager of the company who showed us a new system they will be introducing in April 2016 to monitor calls via the use of telephones.

The service had a staff recruitment system in place to ensure the people employed were safe and suitable for the role they applied for. Pre-employment checks were obtained prior to people commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people. We looked at files belonging to four staff and found the recruitment policy had been followed effectively.

Is the service effective?

Our findings

We looked at records in relation to staff training and found training took place on a frequent basis. However, we did see some gaps in the training matrix which indicated the staff member required the training in line with the company's policy and procedure. We spoke with the manager who had begun to address this issue and showed us training which had been scheduled to take place.

We spoke with a company trainer, who was on site on the day of the inspection delivering training to staff. We were told that staff completed an eight day induction, followed by a series of workbooks. These had to be completed within the first 12 weeks of their employment and was used as evidence towards the care certificate. The care certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

We found that the company policy was to provide supervision sessions with staff every three months. (Supervision sessions were one to one meetings with their line manager). We spoke with staff and they told us they received supervision sessions on a regular basis and felt they were useful.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in their best interests and protect their rights. The Deprivation of Liberty Safeguards (DoLS) is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom.

We looked at care plans which contained information about the person's capacity. We saw a capacity assessment had been completed but not reviewed. This did not account for any changes in capacity. The manager had already highlighted this as an area of development and told us this was now part of the person's review. Care plan contained consent forms for things such as sharing information with other professionals and care notes being stored on a computer. These had been signed by the person using the service or their representative.

Some people were supported with preparation of meals. Staff we spoke with said they made sure people had access to drinks and snacks where required. One care worker explained how they used flasks to ensure people had access to hot drinks if they were unable to make a drink themselves.

One person said, "I think they would do anything I asked but I have ready meals so they just have to put them in the microwave. They do my breakfast for me and wash up as well."

People were supported to maintain good health, have access to healthcare services and received ongoing healthcare support. We looked at people's records and found they had received support from healthcare professionals when required. Staff we spoke with told us they work with other professionals when they are involved in the person's package of care. On the day of our inspection we were made aware that a meeting

was taking place with other professionals to discuss a care package and to ensure carers were working within their advice. We were told there was sometimes problems with professionals communicating directly with carers and then the care plan not being up to date. This could lead to the wrong care being delivered. The manager told us that Direct Health Doncaster wanted professionals to communicate with the office staff so that the care plan could be amended. These conversations were taking place.

Is the service caring?

Our findings

We spoke with people who used the service and they all felt the staff were caring, kind and compassionate. People said staff were respectful and polite and observed their rights and dignity. One person said, "I'm very happy with the carers. I tell them what I need and they are always obliging. They are cheerful as well which makes a difference when you're on your own." Another person said, "They are superb. I don't need a lot of help but I can't say more than that. They are brilliant and very kind. They talk to me which for me is the most important thing."

People felt that carers were all very thoughtful and respected their home. They told us carers knocked on the door prior to entering their home and called out who they were and their name. We spoke with staff who were conscious they were in someone's home and so respected that they were a visitor.

We looked at care plans belonging to people and found they contained information about what the person liked and disliked and what was a good and bad day for the person. This gave the care workers guidance in relation to the person's preferences.

We spoke with staff and found they were knowledgeable about maintaining dignity and respect. Staff told us how they did this on a daily basis. For example one care worker said, "It is important to respect someone's home as it is their private space. I always knock on the door and tell the person who I am. It is important to build a rapport with the person so they feel comfortable with you and at ease when delivering personal care." Another care worker said, "If relatives are visiting when I call and I need to deliver personal care, I will politely ask the relative to leave the room while this is completed or take the person to another room. Whichever is best for the person."

One person said, "There is one carer who is excellent. They shower me and they are ever so careful and gentle."

The manager and care co-ordinators from the office carried out observations of staff working with people in their own homes. These were unannounced and looked at how staff carried out their role and checked to see if they were respecting people. We looked at records and found these had been completed and that care workers were providing care whilst respecting people's privacy and dignity.

□

Is the service responsive?

Our findings

We spoke with people who used the service and their relatives and they were aware they had a care plan. However, people told us they had not been involved in any reviews to ensure the plan was still correct. One person said, "There's been nothing since I first started with them. I thought I might get a phone call now and again to check but there hasn't been anything."

We looked at care plans belonging to people and found they were not very organised. Some contained paperwork relating to the company who previously provided the support to people. This was confusing as it was not clear what parts of the documentation were relevant and which were no longer required. Care plans lacked detail about how to support the person and what tasks the person required support with. For example one person needed their food intake monitoring and while this was documented in the daily notes there was no evaluation of this. Another person required their skin integrity to be monitored but there was no evidence that this took place. However there was a risk assessment in place which stated the care workers had to monitor and apply barrier cream. The care plan did not identify what staff should do in order to follow the advice from the district nurse.

Another person had a moving and handling tool in place which stated the person required the use of a hoist for all transfers. There were no further details regarding what type of sling should be used and where the sling loops should be situated. We also found there were no reviews of this care package. This meant any changes were not documented and there was a danger in providing care which was no longer relevant. This meant People who use services did not always receive person centred care which appropriately met their needs.

This was a breach of Regulation 9 (1) (a) (b) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a complaints procedure in place which detailed how people could raise concerns. We spoke with the manager and were shown a log of complaints received and detailed how the service had resolved the issues. We also saw a file which contained thank you notes and letters thanking staff for their dedication. However, some people we spoke with felt they had raised concerns with the management team, but had not felt listened to. One relative said, "We have raised concerns in the past but nothing seems to get sorted, it's quite frustrating."

Is the service well-led?

Our findings

People we spoke with could not speak highly enough about the care provided by the care workers, but felt the communication and the office let the service down. One relative said, "The carers are good but the organisation is not good at all. They come to do breakfast at turned ten and then come back to do lunch before twelve. We've complained and they just say it can't be helped. They've got to fit it in. Well if it's as bad as that why take on people they can't cover properly." Another relative said, "The carers are brilliant but the problems are with the office. There is no communication between them and the carers." They explained that carers have to use their own initiative when their relative was not on their rota. They said, "It shouldn't be left to the carers to use their initiative to make sure people get their calls."

Another person said, "The carers are wonderful but the office staff are not so good. They say they will call back if you phone them for anything but they don't. I don't think they are trained properly."

People we spoke with and their relatives were concerned mainly about the lack of communication. One relative said, "There is a lack of communication from the office and this shows a lack of leadership." People told us how they received a rota advising them of who would be attending their calls, but this changed frequently and they were not informed of the update.

The service had an internal audit visit which was undertaken on a regular basis. This was designed to ensure the branch was working to performance targets and providing good quality standards. This was last completed by the company's quality assurance manager in July 2015. This highlighted 28 recommendations. We saw some of these had been met.

We saw the manager had completed audits on daily report books as they had been returned to the office completed. However, we saw that some had missed signatures on the medication administration records dating back to November 2015. This was still apparent on recent report book audits from February 2016 which showed that timely action had not been taken. We spoke with the manager about this and were told that a meeting was due to take place to address the issue with the staff concerned.

It was evident that although the service had systems in place to manage the service, these needed embedding into practice.

We saw the provider sent out questionnaires to people who used the service. The last ones were sent out in January 2016. This gave people the opportunity to comment about the service they received. Some results were that 77 percent of people felt involved in their care planning, 62 percent felt they mattered to the care team and 61 percent said they would recommend the service to someone. We asked the manager how these results were addressed and were told they were recorded in the file. We could not see clear evidence that issues had been addressed or what had been done to address areas which had a low percentage.

These issues identified showed that systems used to assess and monitor the service were not always used to improve the service. People were asked for feedback but there was no evidence what was done to address

shortfalls.

This was a breach of Regulation 17 (1) (a) (b) (e) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Team meetings took place on a regular basis and staff we spoke with felt supported by the manager and the care co-ordinators. Staff we spoke with felt the service had improved over the past two months and felt much more at ease contacting the office for advice and guidance. They said that previously they did not feel comfortable doing this and they would never return their call.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People who use services did not always receive person centred care which appropriately met their needs.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems used to assess and monitor the service were not always used to improve the service. People were asked for feedback but there was no evidence what was done to address shortfalls.