

Direct Health (UK) Limited

Direct Health (Crewe)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on the 6, 7 and 8 December 2016. The inspection was announced.

At the time of our inspection Direct Health (Crewe) provided a home care service to people in Crewe, Sandbach, Alsager, and Congleton areas. It is part of the Direct Health Group, which operate a number of agencies around the country. The service is registered with the Care Quality Commission (Commission) to provide the regulated activity personal care. Information provided by the manager indicated that the service was providing personal care for 49 people in total.

A registered manager is a person who has registered with the 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. At the time of the inspection a manager was in post who was applying to be registered with the Commission. Since the inspection the manager has successfully completed her application and is now registered.

This comprehensive inspection of the service was a follow up to previous comprehensive inspections in December 2015 and January, June and July 2016 where we found that the provider was not meeting all the requirements for a service of this type and was awarded an overall rating of inadequate. We took enforcement action in line with our enforcement procedures and put the service in special measures. As a result of this inspection this service is no longer in special measures.

During this inspection, we found that the provider was meeting all the required regulations. During this inspection we found that significant improvements had been made regarding how the service was provided. We spoke with 40% of all people using the service, or their representatives and received predominantly positive feedback. Comments included, "They (staff) are well trained and know what they are doing", "They are excellent, a well managed service, I know who is coming and when so I am happy" and "Overall they are very good."

People told us that they felt safe and we found that staff understood their responsibilities to report any suspicions of abuse or poor treatment.

People told us that their care calls were never missed, and that staff always arrived to support them as expected.

All new employees were appropriately checked through robust recruitment processes.

Staff were skilled and knowledgeable. We found that staff completed an induction prior to starting work in the service and received regular and on-going training. Staff told us that they felt supported, they received

regular supervision and appraisals.

People received personalised care and the service was responsive to people's changing needs. Assessments and care plans were in place. They provided sufficient information and were regularly reviewed.

The service had a complaints policy and procedure. Records showed that in general the service responded to concerns and complaints and learnt from the issues raised.

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.

Medicines were generally managed safely.

Recruitment procedures were thorough to ensure new staff were suitable to work with vulnerable people.

Is the service effective?

Good ●

The service was effective.

Staff had access to a range of training and were further supported through supervision and team meetings.

Is the service caring?

Good ●

The service was caring.

Staff were aware of and sensitive to preserving people's privacy and dignity and looked for ways to ensure these needs were met.

Is the service responsive?

Good ●

The service was responsive.

We found that care plans were person centred and had been signed by the person receiving the service and by the manager. Care plans were detailed.

The registered provider had a complaints policy and from the records we could see that complaints were taken seriously. However, further work was needed to ensure that any improvements made as a result of a complaint were maintained.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The manager had not applied to be registered with The Care Quality Commission at the time of the inspection.

The registered provider had developed a quality assurance

system and was working to ensure that any shortfalls identified were addressed. Future inspections will monitor if the improvements have been sustained. We need to see sustained improvement to award a rating of good.

Direct Health (Crewe)

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.

This inspection took place on 6, 7 and 8 December 2016 and was announced. The inspection was carried out by one adult social care inspector. Another adult social care inspector and an inspection manager also made a number of telephone calls to people using the service or their relatives, to gain their views on the care provided.

Before the inspection we checked the information that we held about the service. We looked at any notifications received and reviewed any information that had been received from the public. We contacted the local authority contracts and quality assurance team to seek their views and we used this information to help us plan our inspection.

We used a number of different methods to help us understand the experience of people who used the service. We spoke with 21 people who used the service or their relatives over the telephone. This represented 40% of the people using the service. We looked at a number of records during the inspection, including care plans of people supported by the service, staff personnel records and records relating to the management of the service such as policies and procedures, rotas and meeting minutes.

Throughout the inspection we spoke with a number of staff including the nominated individual for the service, (this is the person the company has nominated to represent them), the manager, a peripatetic manager, and three care assistants.

Is the service safe?

Our findings

We asked people using the service, or their relatives if they felt they were provided with a safe service and they told us they were. Comments included, "Oh yes, he is safe" and "I feel safe, of course I do."

We looked at a sample of medication record sheets (MAR) and saw that medicines in general, were managed safely.

We looked at a sample of care records and could see that specific risks to individuals had been identified and plans put in place to mitigate them. More generic risk assessments had also been completed, for example in respect of the environment to consider the use of equipment and the environment in which the person lived and carers delivered care.

We found that the service had a safeguarding and whistleblowing policy in place. Staff we spoke with were able to explain what they would do if they suspected abuse and were aware of the whistle blowing policy.

Nearly everyone we spoke with told us staff arrived for the visits at the correct time and stayed for the specified time (one person was finding some issues with the times of their calls). Just prior to the inspection some concerns had been raised that calls were being missed. We spoke with the manager about this who was able to explain the reasons this had happened and give assurance that they had taken steps to rectify matters. Two new care co-ordinators were due to start employment the following week and the staff rotas had been reviewed to ensure that the correct numbers of staff were working each day to cover the shifts available.

All new employees were appropriately checked through robust recruitment processes. We inspected staff files, which confirmed that all the necessary checks had been completed before staff had commenced work at the service. This helped to reduce the risk of unsuitable staff being employed. We saw that all staff had completed an application form which included their employment history. Recruitment checks included obtaining references, confirming identification and checking people with the Disclosure and Barring Service (DBS). A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children.

During the inspection we saw that several new employees were attending induction training in the office, but we were advised that they would not be visiting people using the service until their DBS checks were received.

Is the service effective?

Our findings

People told us the agency was effectively meeting their needs. Comments included, "They come on time and they stay the correct amount of time. They know what to do to meet [name]'s needs", "They (staff) are well trained and know what they are doing", "They do what I want and they do things the way I want them done – it is a very good service."

One person told us that staff did not always stay the full time and that they came too early for the lunch time call. We raised this with the manager who agreed to address it.

People told us the agency worked collaboratively with them to meet their family member's needs. They told us it was very important that their family member was supported by the same carer each day as he needed to be familiar with them. The agency had been able to provide this continuity of care provision and the staff member and the person using the service had developed a good rapport.

All staff were required to complete induction training before starting work at the service. At the time of our inspection a trainer was on site in the office, training two new employees. We had the opportunity to hear some of the training that was being delivered and found it to be of good quality, involving the participants in discussion and reflective of the topic.

Staff told us that they had regular supervision and their mandatory training was up to date, including training in medicines management, moving and handling, safeguarding and infection control.

Some family members told us that spot checks had been carried out by managers to observe the practice of the carers.

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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. We saw that staff had considered if people had the capacity to make decisions and sought consent prior to undertaking any care delivery.

Is the service caring?

Our findings

All the people using the service, or their representatives that we spoke with told us that staff working for the agency were caring in their approach. Comments included, "I can't fault the carers, they are very good", "They (staff) are kind to him", "The carers are very good really", "The carers are very kind and considerate", "I feel comfortable with them", "There's nothing they could do better" and "Staff are very good, they treat us with respect."

At the time of our inspection a service user survey had been sent out and we saw some of the initial responses that had been received. Questions on the survey asked whether people felt they mattered and were treated with dignity. People had mainly answered "yes always" to these questions. One person had written that staff response had not always been good when they called the office but that this had improved recently.

From talking with staff it was clear that they knew the people they were caring for well and enjoyed chatting with them, for example telling us about one person they visited that "liked murder mysteries".

Is the service responsive?

Our findings

We asked people if they felt the service was responsive to their needs and were told that staff were responsive and helpful in their care delivery. Comments included, "They (staff) have care plans which say what they need to do", "I have never made a complaint, I've never needed to", "I've never made a complaint but would just ring them up", "I think they would listen and put things right" and "I have care plans and I'm happy with them."

One relative said that the care package had been changed for her family member and that the manager had visited them at home and gone through the care plans. However, another did say that the times of their visits had been changed without consultation.

The service had a complaints policy which set out the process and timescales for dealing with complaints. We did become aware of one minor complaint that a family member had made that had not been recorded, although it was dealt with at the time. The manager accepted that this should have been done.

Another complaint had concerned staff talking amongst themselves. This had been addressed through writing to all the care staff to remind them this was poor practice. Staff we spoke with confirmed they did receive the letter. The record of the complaint referred to a follow up visit at which the complainant had stated things had improved. The manager confirmed the follow up had been done by telephone. However, when we spoke further with the person, they stated that it did still occur from time to time that staff chatted amongst themselves and "I just cut myself off". This is discussed further in the well-led section of this report.

We looked in detail at the care files for people using the service. We found that care plans were person centred and had been signed by the person receiving the service and by the manager. Care plans were detailed and described how people could present on a good day or a bad day, hobbies and interests and identified needs.

Is the service well-led?

Our findings

We asked people if they felt the service was well managed. People in general thought it was. Comments included, "I have had a questionnaire which asked the sort of questions you have asked", "They keep in touch with me and see if I'm OK and happy", "They always ring you up if something is wrong", "They are excellent, a well-managed service, I know who is coming and when so I am very happy", "Overall they are very good", "I like Linda – she explains everything, she is a very good manager" and "I'd give it nine out of ten."

The nominated individual for the company told us that as a result of the shortfalls and breaches found at previous inspections, they had learned that their quality assurance (QA) systems needed to be evidence based. As a result of that, any issues that arose out of QA audits remained the responsibility of the QA manager who retained oversight and provided updates to the senior management team. All areas that was seen to require improvement were subject to a fortnightly review with senior managers, who went through the action plan and any issues arising.

At the time of our inspection a service user survey had been distributed and the results were expected to be collated by the end of the year.

We could see from the records that quality monitoring visits had been carried out. Also, although action had been taken to address complaints there needed to be further repeated checks to ensure that the measures put in place to learn from them had been effective and that improvements, for example in staff attitude continued to be maintained.

Staff we spoke with told us they were confident in the agency's reporting procedures when things went wrong and liked the new manager. They told us, "She is very approachable and supportive".

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had failed to ensure the safe management of controlled medicines.