

Direct Health (UK) Limited

# Direct Health (Stockton on Tees)

## Inspection report

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Date of inspection visit:  
27 September 2016  
03 October 2016

Date of publication:  
21 November 2016

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We undertook an announced inspection of Direct Health Stockton on 27 September 2016 and 3 October 2016. We told the provider two days before our visit that we would be inspecting, this was to ensure the manager would be available during our visit.

In September 2015 we completed an inspection and found that the provider was continuing to fail to ensure people received safe care and treatment; to operate and establish effective systems or processes and to assess, monitor and improve the quality and safety of services provided and to ensure that staff receive appropriate training as is necessary to enable them to fulfil the requirements of their role. We issued a formal warning telling the registered provider that by 1 February and 1 March 2016 they must rectify these breaches of regulation.

At our last inspection in March 2016 and April 2016 we found that the registered provider had not rectified the breaches of condition and identified more breaches of regulation so we rated the service as inadequate. The service was placed in special measures. We took enforcement action to impose registration conditions, which required the registered provider not to take on or extend any care packages without our agreement and to supply each week information about the management of the care packages and how they dealt with missed calls.

The breaches of regulations we identified were:

- ☐ Continued breach of Regulation 12: we found the registered provider was failing to provide safe care and treatment. The staff management of medicines was not safe, risk assessments provided limited or no guidance about the ways to meet people's needs and minimise the risks. Accidents and incidents were not recorded and acted upon.
- ☐ Continued breached of Regulation 18: We found the registered provider was not employing enough staff to cover calls safely and consistently, there was a high turnover of staff and extra calls were added onto a care workers rota without their knowledge. Staff supervision and appraisals were not taking place and training was not up to date.
- ☐ Continued breached of Regulation 17: We found the registered provider had no system to accurately monitor care calls, rotas were not completed, there was no effective system for maintaining an accurate list of people who used the service and the monitoring the quality of the services performance was wholly inadequate.
- ☐ Breached of Regulation 11. We found the registered provider's capacity assessments were confusing and contained typographical errors.
- ☐ Breached Regulation 9: the registered provider failed to do everything reasonably practicable to ensure people received person centred care which reflected their needs and personal preference.
- ☐ Breached Regulation 16: We found their complaints process to be confusing, there was no clear record as to whether the registered provider had acted on a complaint or an outcome to the complaint.

We completed this inspection to review the action the registered provider had taken in response to our concerns and to ensure they were compliant with the regulations.

Direct Health (Stockton) provides personal care for people in their own homes in Stockton, Eaglescliffe and Yarm. It is a large service and at the time of this inspection was providing care to approximately 400 people and employing approximately 200 staff. Direct Health was providing a personal care service to 310 people in their own homes. This was a reduction from the previous inspection, as the provider had made the decision to cease to provide a service in one area of Stockton. Following the last inspection the registered provider had not accepted any new packages or increased packages unless they could provide CQC with evidence that they could do this safely.

The service has not had a registered manager for over two years and this is a breach of their conditions of registration. 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. At the time of our inspection the service had a new manager who expressed their intention to register with the CQC. The new manager had started the week before the inspection and prior to completing this report left the organisation.

During this inspection we found

We found that improvements still needed to be made within regard to medicines management. 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 correctly. Care plans and risk assessments did not support the safe handling of people's medicines. The medication policy continued to inaccurately reflect the actions staff were to take. This had been raised as a problem at the last four inspections. On the day of the inspection the registered provider ensured this document was amended.

Care files we looked at had limited person centred information and due to the lack of continuity of care not many people were receiving a personal service. We found the information confusing and struggled to determine what care was being provided. We visited one person to determine what support they received. We found that the staff understood the needs of the person and knew the extent of their role.

We found that staff did not monitor food intake, assess the impact a restricted diet might have on an individual or take any action to establish why individuals might only have a sandwich at every meal provided by the service. We spoke with one person about this and found they asked for a sandwich at every meal and found that this was because staff did not have the time to cook a meal and they disliked microwave meals. We discussed this with the area manager who following our visit ensured the care package was increased so a cooked meal could be provided.

We found that care records detailed actions staff were to complete in relation to delivering clinical actions such as dealing with catheter care and the emergency procedures if someone experience an allergic reaction. Staff were not completing these tasks. We pointed this out to the area manager and found on the second day of our visit all irrelevant material had been removed.

We found some improvements had been made around risk assessments although work still needed to be

done.

The area manager and staff had an understanding of the Mental Capacity Act 2005 and had received training in this area to meet people's care needs. The service was still using the capacity assessment form seen at the last inspection. On three separate inspections we had pointed out that this form was confusing and made it difficult to understand whether the person had capacity or not. We were shown a new form that was to be introduced after inspection. This had led to staff incorrectly completing mental capacity assessments and failing to accurately determine when someone lacked capacity to make decision. The registered provider showed us the new tool they had developed, which was clearer and would accurately outline the requirements of the mental capacity assessment. But this had not yet been introduced.

Quality assurance audits were now taking place, missed and late calls were being monitored and audits of each person's record book was taking place monthly. Any concerns and staff would be asked to attend retraining workshops. However audits had not picked up on the concerns around medicines and missing risk assessments.

We found that accidents and incidents were now being monitored with an overall outcome.

We found the service now had enough staff and there was sufficient capacity to deliver people's care. Management of staff rotas was now taking place and unallocated calls had reduced significantly.

We saw the services training chart and a selection of certificates. We saw that training was up to date We also saw up to date certificates on staff files to evidence their participation in the care certificate and completion of specialist training courses in areas such as Diabetes, Parkinson's care, Huntington's Disease and Dementia. However the information held centrally did not reflect that staff had completed condition specific training such as how to use a Percutaneous endoscopic gastrostomy (PEG) to feed safely. The record suggested that staff providing this intervention had not been trained or checked to ensure they were competent. We visited one person's home who need support with PEG feeding and found staff had received recent training, been competency assessed by district nurses. We saw that the staff who attended the person's call were confident and competent when giving PEG feeds.

Supervisions and appraisals were starting to take place, however at the time of inspection they were still inconsistent. The supervision policy was not in line with the local authority's contract.

Staff said they felt supported by the area manager. Staff had only just been introduced to the new manager.

Staff knew the people they were supporting regularly well, however where they were covering other people's calls they did not know enough about these people to be assured that all of their needs were met. Care plans and phone records provided limited information.

We looked at the complaints file and found that complaints were now documented with an outcome stating whether the complainant was satisfied or not.

Recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers and we saw evidence that a Disclosure and Barring Service (DBS) check had been completed before they started work at the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. To help employers make safer recruiting decisions and also to minimise the risk of unsuitable people working with children and vulnerable adults.

Staff understood safeguarding issues, and felt confident to raise any concerns they had in order to keep people safe.

Staff we spoke with said they had access to plenty of personal protective equipment (PPE).

We found there were continued breaches of three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## 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 considered that the service was failing to protect people using the service against the risks associated with the unsafe use and management of medicines.

Risks relating to the health, safety and welfare of people had not always been properly assessed and responded to.

There were enough suitably qualified, skilled and experienced staff.

Staff understood safeguarding issues and felt confident to raise any concerns they had.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff received training to ensure that they could appropriately support people.

Staff were starting to be supported through supervisions and appraisals.

People's capacity to make decisions and best interest decision were not completed in line with the requirements of the Mental Capacity Act 2005. However a new capacity assessment form was to be introduced.

### Is the service caring?

**Good** ●

The service was caring.

People who used the service were very happy with the care staff.

People were treated with dignity and respect and staff knew how to maintain people's privacy and dignity.

We received positive feedback from people and their relatives.

### Is the service responsive?

The service was not always responsive.

Care plans were starting to deliver care that responded to people's needs and preferences, however improvements were needed.

Complaints were investigated with a full outcome for the complainant

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

The manager was in the process of becoming registered with the Care Quality Commission. However we were informed during the writing of this report that they had since left the organisation.

Quality monitoring was taking place however they had still not picked up on the concerns we raised.

The culture of the service had improved and staff felt supported by the area manager.

**Requires Improvement** ●

# 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 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 of Direct Health Stockton took place on 27 September 2016 and 3 October 2016. Both inspections were announced. We told the registered provider before our visit that we would be coming to inspect to make sure management would be there for the inspection. Four adult social care inspectors and one pharmacy inspector undertook the first day of inspection. Two adult social care inspectors and one pharmacy inspector undertook the second day of inspection. Three experts by experience telephoned people in their own homes to gain their views of the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses a service, on this occasion 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. During the inspection the manager and the area manager was asked to provide information on achievements made with the service and plans for improvement.

Before the inspection we reviewed all the information we held about the home. The information included reports from local authority contract monitoring visits, enquires and notifications and any concerns, complaints and safeguarding information we had received.

During our inspection we went to the registered provider's office and spoke to the Chief Executive, The Director of Operations, and the Head of Customer Engagement, the area manager, manager, three care coordinators and eight care staff. We reviewed the care records of ten people that used the service and



visited one person in their own home, reviewed the records for five staff and records relating to the management of the service. We also looked at the medicine records of people who used the service. We spoke with staff about medication and reviewed the registered provider's medication policies.

Of the five medication records we looked at, we visited two of the people in their own home to make sure that appropriate arrangements were in place to manage medicines safely. During and after the inspection visit we undertook phone calls to 55 people that used the service and 13 relatives of people that used the service. We emailed staff a set of questions to respond to and we received five back.

# Is the service safe?

## Our findings

At the March 2016 and April 2016 inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management of medicines remained unsafe as information contained within care plans regarding the level and nature of support was inconsistent and lacked details.

During this inspection, we looked at the medicine records of people who used the service and visited two people in their own home to make sure that appropriate arrangements were in place to manage medicines safely. We spoke with staff about medication and reviewed the provider's medication policies.

The registered provider had a detailed medication policy in place, which was under review. At our last visit, we informed the provider that the levels of support detailed in their policy did not match the level of support described in the risk assessment documentation. This had not been addressed in the new draft policy. When we brought this to the attention of the new manager, an appropriate change was made.

Staff had not accurately documented the level of support that individual people needed in their care plan. For one person whose care plan we looked at, the medication risk assessment stated that they required their medication to be administered by staff but we saw on the medication administration record and the daily notes that on some occasions one medicine was left out for the person to take later. No risk assessment had been completed so that the provider could be sure that the individual knew when and how to take this 'left out' medication and that they could manage it safely.

Care workers did not always ensure that the administration of people's prescribed medicines was accurately recorded. We saw that care workers signed medicine administration records (MAR) when people had been given their medicines. The MARs we looked at did not always clearly demonstrate which medicines were administered on each occasion. We saw gaps in the records kept for all the people we looked at, these were identified in the audits done by the provider. We also found that details of the strengths and dosages of some medicines were not recorded. This meant we could not tell whether medicines had been given correctly.

Several people were prescribed creams and ointments that were applied by care staff. There should be guidance for care staff in the care plan that described how these preparations should be applied. However, in the care plans we looked at this information was missing, or the guidance referred to several creams on the same chart and for other people the frequency or area of application was not specified. This meant there was a risk that staff did not have enough information about which creams were prescribed and how to apply them.

One person was prescribed paracetamol tablets for the relief of pain. To avoid paracetamol toxicity the interval between doses should be a minimum of four hours. For this person on a number of occasions the time interval between doses recorded on the medicine administration record was less than four hours.

This person was also prescribed medicine administered through a transdermal patch. This meant the medicine was applied to their skin and it is absorbed over time. The instructions for carers were not clear regarding the positioning of the patch or removal of previous patches. The manufacturer's instructions for this medicine clearly state that the location should be varied and patches should not be applied to the same area within 14 days but the instruction for carers stated, "Carers to put it on the opposite sides of the upper arms every morning." This meant there was a risk this person received their medicines incorrectly.

We looked at the guidance information kept about medicines to be administered 'when required'. The provider's policy for medication and health related tasks states that the service user assessment should include information on what the medicine is for and what signs might indicate when the medicine is needed. It would also include information on the minimum length of time between doses and the maximum number of doses in 24 hours. This guidance was missing for the people whose records we looked at.

We looked at the current medicines administration record for one person prescribed a medicine with a variable dose, depending on regular blood tests. This information was now clearly detailed, staff had written confirmation of the current dose and clear records were made of the dose given. This meant that arrangements were now in place for the safe administration of this medicine. The manager told us that carers had completed additional medication training since our last visit and staff we spoke to confirmed this. Staff did checks of the medicines administration records but these mainly identified gaps in the records and did not pick up other issues we identified at our visit.

At the last inspection we found significant shortfalls in how risks relating to health, safety and welfare had been recorded. At this inspection we found some improvement. However identified risks were not always accurate. For example we saw someone with a Percutaneous endoscopic gastrostomy (PEG) and who was a choking risk had been eating steak and liver. On further investigation this person was able to eat these foods as long as they were cut up small. The risk assessment did not reflect this. Another person whose home we visited was left eating a corned beef sandwich the risk assessment said this person was never to be left alone whilst eating. Again on further investigation this person is fine eating sandwiches. The area manager said they would update the risk assessments to accurately match people's needs and abilities straight away.

On the first day of inspection we looked at a care file for someone who had a PEG. The care plan stated that the tube was to be removed and rinsed and re inserted. We were concerned that care staff may not have this level of technique. On investigation we found that Direct Health care staff never touched the PEG and the person's personal assistant dealt with this. We explained this could lead to confusion with it being documented in the plan of care for Direct Health to follow. This person also had an allergy which was not documented. On our second day of inspection this care plan had been completely updated to reflect this person's needs and the involvement from Direct Health staff.

We saw that one person was allergic to peanuts and kiwi fruit and had severe reactions to these substances. We found that the allergy to kiwi fruit was documented part way through the file and readily lost amid the copious repeated information about how to provide personal care. The support plan in relation to the peanut allergy stated staff must not eat peanuts 30 minutes before attending to the person's care needs but not why it was safe to leave this gap and made no reference to what staff should do in relation to contact with kiwi fruit. No risk assessment were in place around staff managing the risk of them triggering an allergic reaction.

Some risk assessments were still missing. For example one person's care plan noted that they were a high falls risk, yet there was no risk assessment. Not everyone who used a key safe had a risk assessment in place.

Although we could see that improvements had started to be made we found that the service still needed to make further improvements.

This was a continued breach of regulation 12 (1) (Safe care and treatment). The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people if they felt safe when care was taking place. People we spoke with said, "The carers are okay, I have different one three times a day and I'm satisfied with that and I feel very safe, I have no concerns, I get very good care, we have enough time to talk put medication on table and watch me take them usually I have water ready." Another person said, "I have a very good carer and definitely feel safe." And another person said, "I have no concerns about safety."

We asked to see accident and incident records. We found that these were all being recorded. The forms documented the details of the incident, 'what do you think went wrong and why,' action taken, the outcome of the action and overall action.

Environmental risk assessment for people's property was completed and information relating to the mobility support equipment such as ceiling track hoists, profiling beds, slings and wheelchairs. We saw a record of supplier, serial numbers or when the items had last been serviced.

The registered provider had a business continuity plan, which provided information about how they would continue to meet people's needs in the event of an emergency, such as flooding or a fire forced the closure of the service. This showed us that contingencies were in place to keep people safe in the event of an emergency.

At our last inspection in March and April 2016 we found there was not enough staff to support the people who used the service. Rotas were not being sent out, so people did not know who was turning up and a lot of the rotas had unallocated calls on.

The area manager told us that the staff had worked hard to ensure people received consistent care from a small team of staff and that 'runs' of calls had been arranged to reduce travel time and ensure consistency. The area manager said that this was still a work in progress but were nearly there. We looked at the rotas for people who used the service. We could see that not all people who used the service had a consistent rota. For example, one person had fourteen different carers in the space of a two week period. The times of these calls were varied and were not consistent. Another rota showed that a person required two carers to assist with personal care. We could see from the rota that often the two staff members would arrive at different times. The area manager said that this would be looked into and they were working hard to prevent this.

We asked to see the hours that were unallocated on a weekly basis. Unallocated means that they are not allocated to specific staff members each week. We could see that the overall unallocated hours had been reduced and people had a permanent schedule of visits, however, it was identified that there was a high number of hours still left to allocate for the week ahead. We spoke to the area manager who explained that two staff members had to be taken off duty and this was the reason for the high number of hours still to allocate.

Staff told us there had been improvements with their rotas. One staff member told us, "I cover the same area and visit the same people. We get travel time now which never used to happen. It's a more personal service now as we get to know people really well." Another staff member said, "The rota comes through on my

phone and there is enough time on calls." People who used the service said, "I got my rota yesterday and the right carer came, at the right time and stayed the right amount of time." Another person said "I got a rota but they are not keeping to it." Another person said, "They fit the rota around me which is so useful." And another person said, "I get regular carers."

We spoke to the office staff about staffing. We were told that each coordinator is responsible for an allocated area and that they will request advertisements for new staff should it be needed. From the records we looked at we could see that staffing levels were stable. There had been 33 people who had left employment and 33 people who had started employment since May 2016. We asked staff about staffing levels. One staff member told us, "We do have enough staff, we seem to manage a lot better now, but more staff would be an added bonus". Another staff member told us, "We struggle more on an evening and weekend and I think we could do with more staff to help cover then, but otherwise it seems fine, a lot better anyway."

We could see there had been a reduction in the number of missed visits. An electronic call monitoring system had been utilised and a staff member in the office was responsible in ensuring all calls were attended. We could see that this had a positive impact and records showed there had only been one missed visit in the past four weeks. When a visit was missed appropriate action was taken by management such as disciplinary action, further training and discussions with staff.

Staff understood safeguarding issues and knew the procedures to follow if they had any concerns. There were safeguarding policies in place and staff were familiar with them. Staff also received safeguarding training. One member of staff said, "If I saw anything I would report it to the office and to the local authority." Another staff member said, "I have done training and I have just got more training that I have to do on-line. If I had any concerns I would report them to management or the care coordinator straight away." And another staff member said, "It is my responsibility to ensure no-one is harmed or abused and if I do suspect anything then I need to report it straight away." The service had a whistleblowing policy, and staff were familiar with this. Whistleblowing is where an employee reports misconduct by another employee of their employer.

We looked at five staff files. Recruitment checks had all been appropriately undertaken. There were application forms, health declarations and interview records on file for each staff member along with two references, one from a former employer where possible. Photo identification was present on each file and details of a Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers to make safer recruiting decisions and also to minimise the risk of unsuitable people working with children and vulnerable adults.

# Is the service effective?

## Our findings

At the March 2016 and April 2016 inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During our inspection in September 2015 and our inspection in March and April 2016, we noticed that the form used by staff to determine people's mental capacity was poorly designed and contained typographical errors and these needed to be corrected. We pointed these out to the manager who agreed improvements were needed. During this inspection we found the form was still being used. This form caused confusion and created answers that were confusing. For example the form for one person said they did not have the capacity to decide what and when to eat but the form stated this person could make a decision if they wanted to see a doctor or go out alone. The Head of Customer Engagement provided us with a new form that was being implemented the week after inspection. This new form was a lot clearer and easy to understand.

We asked staff what their understanding of the MCA was. One staff member said, "It is to see if the person has capacity to make their own decisions." Another staff member said, "There is test done by a professional to see if a person has mental capacity."

People's care plans had records to say if the person had ability to give verbal consent. We saw that there was a signed 'consent to care' form on files which indicated the person's agreement to carry out risk assessments (individual and home), review care package, record information about care needs, finances and support with shopping, audit of care files, support with mobility and falls assessment, access to home/key safe, keeping records, unannounced spot checks on care, medical attention in an emergency, agreement with information in the file and sharing information in the person's best interest in line with data protection. We found that staff continued to ask people who they deemed to lack capacity to sign that they gave consent.

This was a continued breach of regulation 11(Consent to care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the training matrix and saw that the majority of staff training was up to date such as medication, moving & handling, safeguarding, basic life support, health and safety, fluids and nutrition, mental health/dementia/MCA update, infection control. We also saw up to date certificates on staff files to

evidence their participation in the care certificate and completion of specialist training courses in areas such as Diabetes, Parkinson's care, Huntington's Disease and Dementia. The service had started to introduce the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected.

However, we noted that staff were not recorded as having received PEG feed training or being assessed as competent to provide this care yet were providing this support. We visited one person who received PEG feeds when they needed this support. We talked with the person, their friend and the staff about the PEG feeds and found that staff had received this training recently and the district nurses, who remain accountable for these staff practices completed regular competency assessments with staff. The person told us that all the staff who gave them PEG feeds were very competent. We observed that staff were confident and competent use the PEG to ensure the person received the fluid and nutrition they needed. We asked people who used the service and their relatives, if they thought the staff had the skills and the knowledge required to meet their needs. One person said, "The staff are well trained I think." And another person said, "The staff are well trained; they do what I need."

Relatives we spoke with said, "They [staff] are well trained for looking after confused people." Another relative said, "The staff who come here are well trained, they [their relative] calls one a doctor."

We asked staff if they felt they had received enough training and had the required skills to carry out their role. Staff we spoke with said, "I have had lots of training, moving and handling, diabetes, Parkinson's and medication. I know that there is more training planned. I have enough to do my job safely." Another staff member said, "I have just started a new role and haven't had any additional training but I have done all the mandatory training courses. I am still learning the role now so I am being supported." And another staff member said, "The support and training is perfectly adequate for what I do."

We saw evidence of supervisions, appraisals and spot checks taking place, however records showed supervisions were inconsistent. The area manager had set up a matrix so they could capture every member of staff and instil and maintain consistency. Staff confirmed they had regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. We looked at the services supervision policy and found this still did not match the local authority's contract. We had highlighted this at the inspection in September 2015. The area manager updated this contract during the inspection day.

We asked staff if they felt supported through supervision. One staff member said, "I was told I was doing so well, during supervision." Another staff member said, "Supervisions have always been about being told you are doing something wrong."

We saw staff received an induction. One staff member said, "I enjoyed the induction training it was rewarding and I learnt a lot from it, I did medicines, moving and handling, health and safety and lots more." The new manager was also completing the care worker's induction programme.

We asked people who used the service if staff supported them well with food. One person said, "The carers are very good, they see to my food." And another person said, "They make sure I have enough food and drink."

One staff member we spoke with said, "I always encourage people to eat if they are not eating by discussing food, such as getting a couple of things out of the freezer and say ooh these look nice, what do you think."

Another staff member said, "We make meals for a lot of people we care for. I always asked people what they want and then prepare it. Sometime they will say they don't want anything but I always make a snack and leave it in case they want it later." And another staff member said, "The care plan will tell us what the call is for. I generally just ask people what they would like for breakfast/lunch. I do try and encourage a varied diet but it can be hard."

We looked at the daily visit reports that staff were required to complete after each visit. This documented what personal care had been provided, any support with medication administration and food preparation. We could see that one person required food to be prepared for them. This had been done on each visit, however, we could see that the person was only given sandwiches despite information in the care plan detailing that a hot meal should be provided at tea time. We spoke to the area manager about this who told us it was the person's preference to have sandwiches; however this was not clearly documented in the care plan. We visited this person in their home and they explained that staff did not have time to prepare a meal in half an hour and they did not like ready meals. We discussed this with the area manager who arranged for a social worker review after the first inspection day. We were told after the second inspection day they had managed an increase to the person's package to allow staff time to make a meal.



# Is the service caring?

## Our findings

During our inspection in March 2016 and April 2016 we found that that the staffing numbers and ineffectual manner in which they were deployed led to marked variations in the care people were receiving.

During this inspection we found that improvements had been made and the service had done a lot of work to make sure that people received consistent staff.

We asked people what they thought of the carers and if there were receiving the same carers as much as possible. People we spoke with said, "They [care staff] go over and beyond what they need to do." Another person said, "They [staff] are caring, kind and excellent." And another person said, "They [staff] are definitely kind and considerate, they are absolute treasures." Another person said, "The carers are absolutely spiffing, I am fond of them all."

Relatives we spoke with said, "The carers are good, they are respectful and smashing with [relative]." And another relative said, "They are lovely, fine."

People we spoke to said that staff are respectful and polite and observe their rights and dignity. One person said, "They [staff] treat me with respect and give me privacy, it is all okay that way." Another person said, "The staff are caring compassionate and all treat me with dignity and respect, I am always listened too."

We asked staff how they promoted people's privacy. Staff we spoke with said, "I always close the blinds, cover people with a towel and ask visitors to leave the room." Another staff member said, "I never talk about other people I care for." And another staff member said, "I talk through what I am going to do, I give them time and I respect what they [people who used the service] say, I respect them how I would like to receive respect."

We asked staff what they thought was important in terms of interactions with people and what people valued. Staff we spoke with said, "I think it is important to sit with people and talk to them and also listen to them." Another staff member said, "It is important to give people adequate time to speak, make sure I look interested and take on board what they are saying." Another staff member said, "Some people like you to get on with what you need to do and leave, some people like you to chat, I will always sit and have a cup of tea and a chat if they don't need anything else, if I have not seen them for a couple of days, I ask them how they have been which gives them chance to have a good natter."

A relative we spoke with said, "They treat my relative properly like crouching down to talk to them on their level, they [staff] show respect."

People we spoke with felt that staff supported them to be as independent as possible. People said, "I try to be as independent as I can and carers will help just where needed." Another person said, "They [carers] do help you stay as independent as you can."

Staff explained how they promoted people's independence. "I get them [people who used the service] to do as much as they can, I am there and see if they need help." And "I praise them [people who used the service] such as you are doing fantastically well." Another staff member said, "I always say shall we, not will you, so they know I am encouraging them."

## Is the service responsive?

### Our findings

After the inspection in March 2016 and April 2016 we found the care plans did not record up to date information, they were not all updated and did not support a person centred approach to care planning. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person.

During this inspection we looked at eight care files and found they had started to be improved. However they were repetitive, if a person had five calls scheduled a day the care plan would be repeated five times. However, pertinent information about people's assessed needs was not recorded such as that speech and language therapists had reassessed individuals' gag reflexes and established they could take food orally.

We discussed with the area manager one care file in detail, which provided detail around how staff were to deal with an allergy without providing sufficient information to show why a certain time could be left after touching an item the person maybe allergic to and attending to their care and instructions for catheter and PEG tube care, which staff were not to undertake. We also saw multiple repeated information about which slings this person used. The area manager worked on this in between both inspection days to show how they could be improved further.

We found that although these care records had been audited and improvements had been made the office staff had not identified that the care records did not reflect people's needs. The review of logs had not triggered staff to consider why people might restrict their diets, limited their time out of bed or that individuals retired to bed before the last call. Neither did the evaluation of the care plan lead to care plans being checked to make sure they were accurate and then update them

This was a continued breach of regulation 17(Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the people we spoke with reported that they and or their relatives were involved in the care plan and the care plan was reviewed. Some people we spoke with said they did not look at them regularly as staff were familiar with their support. One person we spoke with said "I am involved in planning my care; you get extra help when you need it." Another person said, "I do discuss health concerns but there has been no change, the care plan is reviewed I think once a year." And another person said, "My care plan is in my flat, they [Direct Health] review it, I am involved and I am very happy." A relative we spoke with said, "The carers sign the care plan we know staff and they understand everything."

We saw that care files contained information on how to access the property, what to do on arrival such as best ways to greet the person, what was needed during the call and how to leave the call. Care files contained an 'All About Me' form, this form details what is important to that person from their perspective, stating what makes a good day, what makes them happy and what could make them sad.

We saw care plans had started to provide a lot more detail for example how much cream to apply such as a

fingertip amount, information on what the person wants to achieve from their support such as independence. We found there was still work to be done but the service was going in the right direction.

The service was reviewing care plans but had just introduced a more methodical approach on doing this so they could capture every person's care file at least annually or more often as needed.

Daily notes were completed by the carer on each visit and these were showing to be detailed.

During our inspection in March 2016 and April 2016 we looked at the services complaints file and found there was no record kept within the file of any investigation, action or outcome relating to each individual complaint.

We asked people who used the service and their relatives if they had felt the need to complain. People stated that in the past no complaints had been listened to but many expressed that this had improved. People we spoke with said, "If I had a complaint I would phone the office, I have no need to complain with my carer now." Another person said, "I would contact the office with a complaint myself if I had a complaint, carers meet my needs and do all I need them to do I am quite satisfied with all they do." And another person said, "If I had complaint I think I would tell my daughter but haven't done so my carer is absolutely brilliant." One person said, "If I had a complaint I would do nothing because it's a waste of time no one listens to me."

A relative we spoke with said, "My relative gets perfect care that meets their needs, if there was a complaint I would phone office but no complaints, we are comfortable talking to carers and always say hello when in town, really cannot fault." Another relative said, "I have made a complaint and I was treated alright."

During this inspection we saw that complaints were acted on with a full action plan. For example, one person had put in a concern that their call was down for 21:30pm and the two carers were arriving too early. The action that was taken was the two carers were brought in for supervision and taken from this call. The call was locked in to a time to suit the client's needs. The complaint record showed the person who raised the concern was happy with the outcome.

# Is the service well-led?

## Our findings

During our inspection in March 2016 and April 2016 we found the service did not have a registered manager in post. The previous registered manager left in December 2014. In January 2015 a manager was appointed, and at that time they were going through the registration process. We were later informed that this manager had left in July 2016.

During this inspection we saw a new manager had been appointed and started the week before. This manager had already started the registration process with CQC, however after the inspection we were informed that they had left the organisation.

It is a condition of the provider's registration that a registered manager is in post. To date no registered manager has been in post since December 2014. We are dealing with this matter outside of the inspection process.

At our last inspection in March 2016 and April 2016 staff did not feel supported by the then manager and people who used the service and their relatives were critical of the management. People were not receiving rotas, audits were not taking place and staff meetings were not taking place. We found that the monitoring of the performance of the service was wholly inadequate and this had led to people receiving unsafe care and being placed at risk of harm.

We asked people who used the service what they thought of the management of the service. One person said, "I know one manager she was nice, visited lately and that was that as I said quite good." Another person said, "I do know managers and have spoken to her and she listened, no problems, quite friendly and does what I ask." And another said, "I can't say I have spoken to managers often I think they listen, erratic management style always chopping and changing no proper routine, excuses excuses." And another person said, "It is well run for me." And another said, "I think it's a well-run service." Another person said, "The care is good the management is poor."

People still had mixed feelings about the office staff. People we spoke with said, "The office staff are rude and won't answer the phone when they see it is my number." Another person said, "The office lets them down." And another person said, "The office staff are alright."

Relatives we spoke with said, "The office staff are good." Another relative said, "Sometimes the office gets in touch with me to check things, I have no problems." And another relative said, "The office is not good at communication, I mean getting a response 'I don't know,' when asked about a missed call."

We passed on every person's comments to the area manager and the Head of Engagement. The Head of Engagement said, "Many thanks for sending this through. It will definitely help us in looking at how we plan to improve people's feelings and communications with the office team. That will be for both customers and staff."

We asked staff what they thought of the management and if they felt supported. Staff we spoke with said they felt well supported by management although some staff said; there were difficulties in communicating with the office at times. Staff we spoke with said, "I feel supported by the management, they are responsive and deal with things." Another staff member said, "I have not met the new manager yet." And another staff member said, "The office sorts things out 99% of the time, I can't fault them." Another said, "It is difficult to get through on the phone sometimes." Another staff member said, "If things are improving behind the scenes I don't see it, if I phone in for advice they say they will phone back and they don't, I feel I have to make decisions on the spot sometimes and I am not supported." Another staff member said, "I think it is improving." And "Since [area manager name] came on board I can see vast improvement, they will turn this place around as long as they get the support."

During an inspection in September 2015 we were told that a full survey would take place in October 2015. When we inspected in March 2016 and April 2016 we found this survey had not taken place. We asked during this inspection if a survey had taken place since the last inspection and we were told no. The area manager said they were planning on doing a survey once things had settled so they could get a true reflection of the improvements they were making.

We asked the area manager how they monitored the quality of the service. We were provided with 19 telephone quality monitoring of service delivery records, which had taken place in August and September. These records were where staff phone people to check on the quality of the service that was delivered and we were told that these would take place every six to eight weeks. All the forms recorded positive feedback and where a concern was raised about one member of staff and an action plan was in put in place and this was followed up.

We asked people who used the service if they have been asked for feedback. The majority reported that they had not taken part in surveys or questionnaires and had not been asked for their views on the service with two reporting that they had been asked. One person said, "I have been asked by the office for my thoughts." One person said they had received a survey; however they said, "I found it ambiguous, it was not clear enough so I did not fill it in."

The area manager carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

The area manager had arranged a couple of meetings on the 21 October 2016 for people who used the service, their family and friends. This was to enable people to meet the staff and discuss any questions they may have had.

The area manager had also set up a newsletter with a picture of the person's care coordinator and a short narrative about them. The area manager said, "This is to try and improve communications." One person who used the service said, "I get a weekly newsletter to tell me about things."

The area manager and staff carried weekly and monthly checks of areas including medication, health and safety, staffing levels and missed or late calls. If anything was found such as a recording error or lack of detail in personal care being delivered. Staff were asked to attend workshop training and were monitored. The area manager looked at the overall finding for each area and looked for occurring themes. However we would question the effectiveness of the audits as they had not highlighted the concerns we found around medicines and risk assessments.

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

We asked for a variety of records and documents during our inspection. We found these were well maintained, easily accessible and stored securely. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

Staff meetings had not been taking place previously but these had been recently introduced. Staff were also invited to workshop sessions before the meetings. The first of these had been 'Medication and log documentation awareness.' We saw that five of these sessions had been delivered and staff had signed to confirm their attendance. The workshops were intended for training and awareness purposes and a half hour meeting took place after each session with staff and care co-ordinators. We saw records of these meetings taking place on 11 August 2016, 14 September 2016 and 16 September 2016. The records we saw were an agenda/list of topics covered and a list of actions and outcomes but there were no actual minutes from the meetings and no evidence of staff participation or involvement. The section for 'concerns/overall discussion' was blank on one of the records and was not present at all on the others. We mentioned this during feedback and the area manager acknowledged that this was a work in progress and the need for more detailed minutes had been recognised.