Direct Health (UK) Limited

Direct Health (Crewe)

Inspection report

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Ratings

Overall rating for this service	Inadequate
Is the service safe?	Inadequate
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Inadequate

Overall summary

We carried out an inspection of this service on 5 February and 5 March 2015 to check whether improvements had been made since our previous inspection on 18 and 21 July 2014.

At the time of this inspection Direct Health (Crewe) provided a home care service to approximately 100 people in the Crewe, Sandbach, Alsager, Middlewich and Congleton areas. It is part of the Direct Health (UK) Group, which operate a number of branches around the country.

When we last inspected the service there was no registered manager in place but one has been in place now since January 2015. 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 and associated Regulations about how the service is run.

At the last inspection in July 2014 breaches of legal requirements were found. This was because people who used services were not protected against the risk of receiving inappropriate care as care planning and risk assessment processes were not robust. The provider did not operate effective processes to monitor and assess the quality of service provision and did not take steps to make sure that there were sufficient numbers of staff employed. People who used services were not protected because the registered provider did not respond

Summary of findings

appropriately when it was suspected that abuse had occurred or was at risk of occurring. We served the provider with warning notices requiring them to conform to the relevant regulations by 1 January 2015.

We also found that the provider did not always operate effective recruitment processes. We asked the provider to write to us telling us what action they would take to rectify this.

After the inspection, the provider also wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook this inspection on 5 February and 5 March 2015 to see if they now met legal requirements.

This report only covers our findings in relation to these breaches. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Direct Health (UK)' on our website at www.cqc.org.uk'

We found that the registered person did not take steps to plan care so as to ensure the welfare and safety of people who used the service. Furthermore the registered person provider did not have effective quality assurance systems in place so that they could check on the quality of service being provided.

We also found that the registered person had not safeguarded people who used the service. The registered provider had not followed their plan in respect of recruitment which they had told us would be completed by 1 January 2015. We found that the registered person had not protected people against the risk of unsuitable staff being employed. You can see what action we told the provider to take at the back of the full version of this report.

We found that the provider had taken some steps to ensure that there were better staffing arrangements to meet the requirements of the people who used the service although some people still complained about missed or late calls or inconsistency of carers. The provider had begun to implement new care planning arrangements. There were some developments in quality assurance arrangements although it was too early to judge the full impact of these.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe because we could not be reassured that all incidents of safeguarding or potential safeguarding were being reported. We could not reconcile the provider's records with those of the local authority and those notifications which had been made to ourselves, the Care Quality Commission.

There were still minor shortfalls in the checks the registered provider made to ensure that people were suitable to work in care.

Inadequate

Is the service effective?

The service was not consistently effective because some people still complained that visits were either rushed or were late. However the provider had attempted to match staff resources more closely to the needs of service users.

Requires Improvement

Is the service caring?

The service was not always caring because the provider had not made all the required improvements in its care planning and reviews. Whilst some attempts had been made to review people's care we could not be satisfied in every instance that this had properly included the views of the people who used the service. Some people told us their care plans did not reflect their current care needs.

Requires Improvement

Is the service responsive?

The service was not consistently responsive because some people still did not receive warning that their care was going to be changed or interrupted for some reason. However the provider had matched staff resources more closely to the needs of service users and was introducing a system to help reduce inconsistency. We have therefore adjusted our rating of this key question.

Requires Improvement

Is the service well-led?

The service was not always well-led because although the registered provider had introduced some new systems to support quality assurance these had not been sufficiently embedded into working practices to ensure consistent improvement in service delivery. There was now a registered manager at this location.

Inadequate

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. The inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

We undertook an announced focused inspection of Direct Health (Crewe) on 5 February and 5 March 2015. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our 18 and 21 July 2014 inspection had been made.

The inspection was undertaken by two adult social care inspectors and two experts by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service or who uses it themselves. The inspectors visited the offices of Direct Health (Crewe) on 5 February and 5 March 2015. In between these dates the experts by experience undertook telephone interviews amongst a sample of people who used the service.

During the inspection we spoke with 24 people who used the service and nine relatives. We visited two people at home and one in another service which they also used. We talked with the registered manager and the manager of the office in Crewe. We looked at records including care records as well as staff recruitment and quality assurance documents. We talked with three members of care staff. We also contacted the local safeguarding and commissioning authorities.

Inadequate

Is the service safe?

Our findings

Most of the people and their relatives we spoke with during this inspection said that they felt safe. They told us that carers helped them with preparing and eating food and drinks and with toileting. One person told us "Yes I feel safe (the carers) are really good" and "I feel safe. I have never had a call missed".

However some people reported practices that might leave them at some risk. One relative told us that carers had left food on a trolley for a person but it was left out of that person's reach. One person told us that "(The carers) never wash their hands. I listen out. Even when they go to the toilet, which they always ask to do whilst at my house, they don't wash their hands". Another person commented that they did not think the carers always washed their hands even though hand wash was available at the sink in their home. A fourth person told us that their medication was given to them without the carer wearing gloves.

We were told by one service user that they had reported to the agency office that "some things went missing" and that because of a late call they had been left in bed until 2 pm. They told us "I never heard any more". We found a review of this person's care which was dated at around the time of this incident. No reference was made to it and the person was recorded as being satisfied with their care. However the review also referenced another report not included with the review and identified that a specific carer would in future be excluded from this person's home. We could not find any evidence that the local authority safeguarding team had been informed of this incident or that the Care Quality Commission (CQC) had been informed. We referred the matter to the local authority.

Another person told us that an error had been made and they had been given too much medicine by a carer and that their home security had been compromised when the carer had not looked after their key properly. One relative told us that following a visit by care staff in the week of our inspection they found that a soiled bed had not been changed. We brought these comments to the attention of the registered manager.

We looked at the arrangements the provider had introduced for monitoring safeguarding notifications. We saw that an electronic spread sheet had been introduced across the Direct Health (UK) company. This was kept on the company's corporate IT system so that it could be checked both locally and by management in the region and at the company headquarters. The spread sheet incorporated a colour coding system so that the seriousness of the incident could be readily recognised and progress monitored on its resolution. We were told that senior managers would be alerted by email when a new item was uploaded so that they could review, monitor and provide advice. However there were no entries in the version we were shown. Instead we saw that a paper safeguarding log was still being maintained. This was difficult to interpret since it was not maintained in date order.

We checked with the local safeguarding authority because at our last inspection we had identified events which should have been reported to them. The local authority told us that they had no current concerns about the agency's reporting. However we saw accounts of four care concerns within the provider's records which were not entered into the safeguarding log. The registered provider is required to report certain similar incidents to the Care Quality Commission (CQC). We cross-checked our records against the paper records held by the registered provider but we could not reconcile them all. The provider's records suggested that more notifications had been made to the CQC than our records showed we had received and that some incidents had not been notified to the CQC at all.

We found therefore that the registered person had not safeguarded people who used the service. This was in continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked that the registered provider had taken action to make sure that staff were suitable to be employed by the agency and provide care for people in their own homes. We saw that recruitment processes were now managed centrally by the registered provider with updates being provided electronically to the local branch in Crewe. These updates clearly showed the progress of the vetting and checking process and told the registered manager when staff could commence induction and shadowing. At the end of the process key documents were scanned and sent to the branch for printing off and inclusion in a paper file for each member of staff.

Inadequate

Is the service safe?

We checked the files of the four staff most recently employed by the provider. We saw evidence of application forms, interview processes, proof and photographic evidence of identity as well as references which had been verified to make sure that they were authentic. The provider also made checks with the Disclosure and Barring Service (DBS) to make sure that any criminal record was appropriately disclosed and considered. On one of the files we could not find references or a DBS check. When we raised this with the registered manager she discovered that the documents had not been completely downloaded and added to the files. The registered manager completed this whilst we were present.

Only one file contained satisfactory information about the health conditions which might be relevant to this kind of work. At the previous inspection the registered provider told us they had ceased to ask this because they thought it was not legal to ask this question under equality legislation. At the time we pointed out that the advice from the Equality and Human Rights Commission was that such enquiries were allowed where there was another legal requirement for them. The regulations regarding the suitability of people providing personal care at this agency require that such information is obtained. Providers should have processes for considering employees' physical and mental health in line with the requirements of their role.

We found therefore that in this last respect that the registered person had not protected people against the risk of unsuitable staff being employed. This was in continued breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requires Improvement

Is the service effective?

Our findings

Some people told us that for them or their relatives they felt there had been recent improvement.in the continuity of the service. One said, "Things are better, I never knew who was coming and what time but now they tell me what time so then I can stay in bed an extra half hour if they are going to be later". A relative told us "My mother has the same carers every day. It was a different story last year but things have improved. Because she sees the same faces it helps with continuity and familiarity of carers. Things are now very positive". One person told us "Recently they have been very good. Only three different carers". Their relative confirmed this saying "Lately very good. It has been a few months now and it has changed".

Most people told us that they found that the staff were effective in providing care for them. They told us that their needs were met by the staff and that they thought the carers had sufficient training to be able to carry out what was required to provide effective care. One person told us "The carers help me to the toilet and know what is required when I am there". Another said "The carers help me with my food by taking it out of the oven when it is cooked and help me to eat. There is sufficient to drink in the house and I am able to help myself when the carers are not there".

Other positive comments included "My regular carer is marvellous, they change my night bag into a day bag, give me a full bed bath, they never let me down" and a person who used the service and their relative who both agreed that "(The carer) makes me bacon, egg, beans and fried bread, no-one else does that – they will even go to the fish and chip shop for us". Another person told us "Yes they make me a cup of tea, and some bread and butter for my breakfast, I never know what to have. They always leave the kitchen tidy but they leave the plate and cups to wash up, I have to have something to do".

Other people complained that care was not always as effective partly because of time pressures on staff and partly because of a lack of individual staff skills. One person told us "The one who comes in the morning does what I need, but the others don't, they tell me they have no time" and "I have to tell them what needs doing, and I can't always think straight, and then they leave and I haven't been on the toilet. I have to press my call button then and they say they are sorry but they can't find anybody". Another person said "It depends on the time they have" and a third person said they had the impression the staff had too many calls to do.

Some service users we spoke with still felt that inconsistency of carers impacted negatively on their care. One person said "The normal carers who come into me are very good it is when you get fairly new carers who do not know you that there are hiccups because they do not know your ways". Another person complained that replacement staff did not have the skills required to undertake the tasks their regular carer could complete. Two people complained that the agency had sent male carers when they did not wish this.

We asked the provider how they ensured that there were sufficient staff to provide unrushed care for the number of people registered to provide a service from the agency. At our last inspection we had found that some staff were working long hours with heavy workloads which had the potential to impact upon the service being provided.

We looked at the numbers of staff who had been employed at the time of the last inspection and compared this with the number of staff now employed by the provider. We saw that whilst the number of people who used the service had reduced by around one third, the number of staff employed had reduced by a smaller proportion. There were therefore proportionately more staff available for each person who used the service. Whereas carers had formerly worked an average of 32 hours per week they now worked 24 hours per week.

We sampled the staff rotas to see if this reduced ratio meant that each member of staff was making fewer calls. We found that on average staff were making around 12 calls a day which was fewer than some of the instances we had discovered on our last inspection and could therefore lead to care being less rushed.

Requires Improvement

Is the service caring?

Our findings

People and their relatives often spoke positively about the care provided by the agency. People said that "all their regular carers are like friends and when personal care is carried out is done with dignity and respect both for them and their families". One person said "The carers are very caring and will do all sorts of things for me" and another said that "When carrying out personal care the carers always close the curtains so that people cannot see into the room where I get dressed after showering". Two people told us that the carers treated them with "respect and dignity" at all times.

All the people we spoke with were aware that there were care plans detailing their care. However one relative told us that there "was nothing right" in theirs because it had not been updated in years. Another relative told us "The care plan information was incorrect because no-one consulted us". On the other hand one relative said that "The carers listen to me about my relative's care and we are both given choices as to how this is going to be achieved".

The provider told us that all current care plans and risk assessments would be reviewed, that the process would be completed by 1 December 2014 and would be on-going from then onwards. Their plan said that current documents would be replaced with updated assessment forms which would include an assessment of mental capacity. The action plan said that reviews of the service had been completed for all service users and identified any changes to the service needs which would be included in the update of the care plan and risk assessments.

We looked at a sample of twelve care plans which included risk assessments. Of these six had paperwork which had not been updated recently to reflect either any review or reassessment of risk or mental capacity. In one instance documents were dated as long ago as 2010, in another 2011 and most were dated 2013. In some instances documents had only been endorsed with a recent date and the phrase "Reviewed. No change". In one instance a risk assessment had been marked as updated when an item from the previous assessment was still outstanding. There was no indication either of the content of reviews or that the person using the service or their representative was aware of, had contributed to or agreed with this conclusion.

Given the length of time which had passed and the personal care requirements that people had when they first used the service it was difficult to accept that there had been little change for all these people or that this conclusion was the result of a sufficiently thorough reviewing and risk assessment process.

We saw a recent risk assessment in respect of concerns relating to one person's self-neglect. However this only described and recorded the existence of the risk and did not provide any strategies which were designed to ameliorate the risk other than informing another agency. Although this risk had been rated as high it had not been revisited in the six weeks since it had been completed.

Although most of these people who used the service had received a telephone quality monitoring call recently this mainly consisted of questions on behalf of the provider such as whether the staff showed their identification cards or wore their uniform. The form did not provide the opportunity for the person who used the service to participate in a review of their needs and to comment in detail on whether the service was continuing to meet their needs. The comments recorded from people were scant and brief and there was no indication that the person agreed with what had been recorded.

We found therefore that the registered person did not take steps to plan care so as to ensure the welfare and safety of people who used the service. This was in continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requires Improvement

Is the service responsive?

Our findings

We asked people who used the service about punctuality and reliability. One person told us "They come at regular times" and another said "Sometimes there aren't (enough staff) but they always come at the right times, I have no problems". Another person told us "They come near enough at the right time".

There were mixed views on whether people were given any warning of a change in carer or the time of a visit. Four people felt they were not informed and three felt that they were. For a change in carer one said "Yes, and when another comes they are good as well". Another person said "The carer tells me (about the change)", a third commented "No, they don't say", and a fourth said "The carer says but sometimes it's the office changing things and the carer asks them why can't she still come?" On the other hand other people told us "If they are coming early in the evening they always tell us" and "They don't let me know who is coming but I don't mind".

One person told us "I have no idea who is going to come" and that "They are supposed to come at 9.30 am It goes to 10.30 am., 12 noon, 1 pm. – you are waiting". A relative told us "They turn up between 8.30 am and 11 am for a 9 am call". Some people identified weekends as more difficult saying "The only problems I have are at weekends with staff not turning up" and "At weekends they are often different (carers) who have to introduce themselves, they may not arrive until 11.00 am and it should be 8.00 am". Two people summed up the implications of late calls. One told us "I have sometimes done it (the care) myself by the time they have come" and the other person said "If they are late I ring but there is nobody there. I have to get help from a neighbour".

We were provided with a list of current people who used the Direct Health (Crewe) service and saw that there were 94 people named on it. This represented a reduction of approximately one-third in the number of people who used the service from when we last inspected. When we met with the registered provider following the last inspection they told us that they had voluntarily undertaken to restrict the admission of new people to the service in line with the staffing available and had not expanded the numbers of people using the service. They told us that the last inspection had taken place at a time when staff numbers were particularly stretched by summer holidays and felt that this had exacerbated the problems reported to us.

The provider also told us that they were reorganising the workload into "runs". Each run would be made up of a fixed set of calls to the same people. This would allow the provider to allocate a group of staff to each run meaning that where a regular carer could not be allocated say because of sickness, holidays or other time off it would be more likely that a person would be familiar with the replacement staff.

The registered manager provided us with monitoring information for the last eight weeks. This included statistics relating to calls which were late. They explained to us that the information showed both the percentage of calls that were late by any degree and those that were late according to the contract held with the local authority (30 minutes). The performance over the period was consistent with an average of 22% late under the first definition and around 10% more than 30 minutes late.

The registered manager explained that these figures were likely to under report the current punctuality of visits because once a visit had been booked and scheduled changes could be requested by the person who used the service. If a request was made to reschedule or even cancel a visit then this would be recorded as a variation to the original booking. The registered manager showed us how the figure had varied over the Christmas week when there was a higher than usual rate of hospital admissions (so people were not at home to receive the call) or people cancelled calls because of family commitments during the festivities.

Although the registered provider had taken steps to more closely match the level of staffing to the requirements of people who used the service we were still concerned at the level of dissatisfaction expressed by people. We found therefore that the registered person did not take steps to plan care so as to ensure the welfare and safety of people who used the service. This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have previously referred to this regulation under the caring section of the report.

Inadequate

Is the service well-led?

Our findings

At the time of our last inspection there was no registered manager in place at Direct Health (Crewe). When we inspected on this occasion we saw that there was now a registered manager in place at this location.

Some people who used the service and their relatives made positive comments about developments since our last inspection. One person told us "Recently they have been good – only three different carers". Their relative confirmed this when they said "Lately very good. It has been a few months now and it has changed". Another relative told us "The agency is better than it was 12 months ago and they listen to you and respond fairly quickly to concerns" and another service user added "The office staff are a lot better lately". A relative told us "Things are now very positive".

Staff echoed some of these comments saying "It's getting back to normal" meaning since the management changes which had preceded our last inspection. One member of staff told us that "I can come in and talk to the management. If I get stuck in any way they support me". Other comments by staff included "Communication is a lot better. We have the manager's personal number" and "We are told what is happening. They keep us up to date". We saw that staff had received supervision and found this helpful saying "It's calmed down a lot now. It's getting better".

Other people who used the service did not agree. They said that "The office are very bad at communicating with users, and they charge you for cancelled visits even after giving 48 hours' notice" and "Office communications could be better with the clients about their concerns and giving them the outcome of that concern". Some people said that change was made following a complaint but might not be sustained saying "It did go better but it is going worse again" and "If I complain about the time they are arriving it gets sorted then it goes back to how it was before".

The provider showed us a new information management system which was now in use. Information was uploaded into this system along with supporting documentation. We were told that there was widespread access to this system for the purposes of monitoring the service. The provider also told us that they had introduced a new role of head of customer engagement at the company's head office specifically responsible for directly responding to all comments, compliments and complaints.

We saw that in the last six months the provider had undertaken a customer survey of people who used the service and their relatives. The results showed a higher level of satisfaction with care planning arrangements for the Crewe branch when compared with the whole of the registered provider. However this survey had been undertaken very soon after our last inspection and therefore reflected similar findings with regard to missed calls and dissatisfaction with the way these were dealt with.

We asked the provider to confirm the action they had taken as a result of the survey. The provider supplied us with a copy of the most recent internal audit of the service which had been prepared just before the first day of our inspection. This was undertaken by staff outside the local office. This confirmed the concerns we had identified surrounding safeguarding and recruitment processes. The audit appeared rigorous and provided a red/amber/green system of rating priorities for improvement. However many areas such as improvements to service user records were identified only for on-going completion rather than by a specific date. This meant that people who used services might continue with out of date care plans and risk assessments for an indeterminable period of time.

The provider gave us a copy of a service user matrix which had been introduced so as to monitor key processes relating to care plans. These included the dates of telephone reviews which were calls made to people who used services and their relatives in order to monitor the service. Most of the service users who used the service had received a call within the last six months. We checked the records for 11 of these calls and saw that where people had been invited to comment freely all but three included requests either for specific named carers, that changes to carers were minimised, and that calls were made at the agreed times.

The provider told us that they were introducing a system of more rigorous spot checking of staff and their performance by visiting them whilst they were working in people's homes without prior notice and whilst they were delivering personal care. We saw that a form was available to support this checking. Although we were told that some spot

Inadequate

Is the service well-led?

checks had already taken place we were told on the first day of our inspection that none had been recorded. We were told that appropriate staff were still in the process of learning how to undertake these spot checks.

On our second visit we saw that records of 14 spot checks had been made. These checks covered a variety of areas of the service such as punctuality, appearance and hygiene awareness. We saw that there was a space to note down any comments from people who used the service. On the forms that we saw most of these comments were positive about the actual care but a number included complaints about changes of unfamiliar carers or lack of punctuality. We could not see how these comments were being used to influence the standard of service provided and respond to people's concerns.

We saw that care files included a check list so that the contents could be audited for completeness. We looked at 11 of these check lists and saw that all of them included a note requesting reassessment and use of new documentation. In some cases this was described as urgent. Seven of these check lists showed no action being recorded in respect of personal information and in the same number up to date risk assessments were identified as missing but this had not been rectified. The date upon which each of these check lists had been audited was show as July 2014. We were therefore unclear how these check lists were being used to practically quality assure the standard of documentation at this provider.

We found therefore that the registered person provider did not have effective quality assurance systems in place so that they could check on the quality of service being provided. This was in continued breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: The provider did not ensure that persons employed were able by reason of their health, after reasonable adjustments are made, of properly performing tasks intrinsic to the work for which they were employed. Regulation 19

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care How the regulation was not being met: People were not protected against the risk of receiving inappropriate care because care planning and risk assessment processes were not robust. Care and treatment did not always meet people's needs. Regulation 9

The enforcement action we took:
We have extended the warning notice deadline by which we require the provider to be complaint with the regulation until 1st September 2015.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: People who use services and others were not protected because the provider did not always operate effective systems and processes to monitor and assess the quality of service provision. Regulation 17

The enforcement action we took:
We have extended the warning notice deadline by which we require the provider to be complaint with the regulation until 1st September 2015.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment How the regulation was not being met: The registered person did not respond appropriately when it was suspected that abuse had occurred or was at risk of occurring including notifying the local safeguarding authority and the Care Quality Commission. Regulation 13

This section is primarily information for the provider

Enforcement actions

The enforcement action we took:
We have extended the warning notice deadline by which we require the provider to be complaint with the regulation until 1st September 2015.