

Accord Housing Association Limited

Direct Health (Stockton on Tees)

Inspection report

Varsity House
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Stockton-on-tees
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Tel: 01642602130

Date of inspection visit:

23 September 2020

24 September 2020

29 September 2020

26 October 2020

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18 November 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Direct Healthcare is a service that provides personal care to people in their own home. At the time of inspection approximately 375 people were supported by the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Following the previous inspection in March 2019 the provider sent us an action plan. This included information about the actions they had taken to make improvements within the service.

At the last inspection medicines were not managed safely. At this inspection improvements had been made and the service was no longer in breach of the regulation safe care and treatment.

Some people and staff said that communication could be improved. Not all people said they had regular carers and they were not informed if carers were going to be late.

We have recommended that changes made to improve communication, as a result of people and staff feedback during the inspection, should be kept under review to ensure the changes are maintained.

People said they felt safe with the service they received. People and relatives said staff were kind, caring and supportive of people and their families. Comments included, "We get on famously" and "The way the workers engage with my relative is brilliant, making time for them and getting to know them".

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were opportunities for people, relatives and staff to give their views about the service. Processes were in place to manage and respond to complaints and concerns. The provider undertook a range of audits to check on the quality of care provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The last rating for this service was requires improvement (published 8 May 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has improved to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Direct Health (Stockton on Tees) on our website at www.cqc.org.uk.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Direct Health (Stockton on Tees)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector and two Experts-by-Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Direct Health (Stockton on Tees) is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a large service operating during the pandemic and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with the regional manager, care manager and administrator.

We reviewed a range of records. This included five people's care records and several medicines records. We looked at five staff files in relation to recruitment and training. We reviewed a variety of records related to the management and quality assurance of the service.

After the inspection

Two Experts-by-Experience telephoned and spoke with 50 people who use the service or their relatives. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with 17 members of staff on the telephone.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to safely manage medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Using medicines safely

- Medicines were managed safely. People received their medicines in a safe way, where support was required. One person said, "Staff get all my medicines out for me then sit and wait while I take it".
- Systems had become more robust to ensure medicines were being managed and recorded effectively.
- Additional paperwork had been put in place to support medicines administration. There had been several missed signatures on medicines administration records, MAR and increased audits had been introduced to check their accuracy.
- Staff had regular competency checks to ensure they were safe to administer medicines.

Staffing and recruitment

- There were sufficient staff to support people. Relatives and staff confirmed there were enough staff to support people safely and to ensure people's needs could be met. However, some people commented they would like the same carer. One person said, 'I think it should be regular people' and 'I've had that many [staff], I can't remember their names'.
- Some relatives and people said staff were not always reliable, arriving as arranged. If any calls were late people were not kept informed. The registered manager responded swiftly to address this feedback and to make improvements before the end of the inspection.
- Safe and effective recruitment practices were followed to help ensure only suitable staff were employed. Application forms were completed, references and proof of identification were checked.

Learning lessons when things go wrong

- Any accidents or incidents were recorded and monitored. Reports were analysed, enabling any safety concerns to be acted upon.
- Safety issues were discussed with staff to raise awareness of complying with standards and safe working practices.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were trained in safeguarding and had access to

guidance about what to do to report any concerns about abuse.

- People and relatives said people were kept safe. One person said, "We have a good laugh, I feel safe and I'm well-looked after'.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were identified and managed. Measures were put in place to remove or reduce the risks.
- Risk assessments included environmental risks and any risks due to the health and support needs of the person. People's individual circumstances were recorded in each risk assessment and staff were given guidance on how to protect them from harm.
- Where people required equipment to keep them safe, this was in place.
- The provider helped ensure people received support in the event of an emergency. An on-call service was available when the office was closed. However, several people and staff commented it was difficult to make contact with office and on-call staff, especially since the pandemic. This was addressed during the inspection with additional handsets and the telephone call divert system being extended.

Preventing and controlling infection

- Staff received training in infection control to make them aware of best practice.
- Gloves and aprons were available to staff to reduce the risks of infections spreading. A relative commented, "They [staff] wear gloves, masks and aprons, it is very good'.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The quality assurance system was more robust and improvements had been made to medicines audits. Other regular audits were completed to monitor service provision and to ensure the safety of people who used the service.
- Regular spot checks took place to gather people's views and to observe staff supporting people.
- The service had sent us notifications about events they were required to do so by law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Arrangements were in place to ensure people were central to the processes of care planning, assessment and delivery of care. Care plans were person-centred to ensure people received individualised care and support.
- Most people and relatives were very positive about the service provision. Where issues were raised by people, the registered manager responded swiftly to address them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service was committed to protecting people's rights with regard to equality and diversity.
- Relatives and people were involved in decisions about care and asked for feedback about their care.
- People and staff said communication was not always effective. Improvements were introduced immediately by the registered manager to address their comments.

We have made a recommendation that changes introduced to respond to people and staff feedback should be kept under review to ensure they are sustained and communication is effective.

Continuous learning and improving care; Working in partnership with others

- The management team and staff were enthusiastic and committed to further improving the service for the benefit of people using it.
- There was a programme of ongoing staff training to ensure staff were skilled and competent.
- Staff communicated with a range of professionals to ensure that people's needs were considered and understood so that they could access the support they needed.

- The manager took on board people's opinions and views to make improvements.
- During the inspection we received some issues from people and staff during our phone calls. We brought these to the attention of the registered manager who responded immediately and resolved them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong. No incidents had met the criteria for duty of candour.
- The aims and objectives of the organisation were discussed with staff when they were employed.
- The management team understood their role and responsibilities to ensure incidents that required notifying were reported to the appropriate authorities if required.