Accord Housing Association Limited

Direct Health (Stockton on Tees)

Inspection report

Varsity House
2 Falcon Court, Preston Farm Industrial Estate
Stockton-on-tees
TS18 3TS

Tel: 01642602130

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12 March 2019
13 March 2019

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service: Direct Health is a care at home service that was providing personal care to 300 people at the time of the inspection.

People's experience of using this service: We received positive feedback from people regarding the service they received.

The service had made improvements since our last inspection however, peoples medicines records were continually not completed correctly and audits were not identifying these issues to ensure medicines were administered safely.

Audits and systems were not always effective at supporting the manager to monitor the service and making improvements.

There was a quality assurance system in place and people completed surveys several times a year. However, the comments made by people were not always acted on. The service was unable to show how they used people's views to improve quality of the service.

Risk assessments were in place. Staff knew how to keep people safe and were trained in safeguarding.

People spoke positively about the manager and the wider management team.

Robust recruitment and selection procedures ensured suitable staff were employed.

Staff received appropriate training and support to meet people's individual needs.

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

People were supported to have enough to eat and drink.

Appropriate healthcare professionals were involved in people's care and support as and when this was needed.

There were systems in place for communicating with staff, people and their relatives to ensure they were fully informed via team meetings and phone calls.

People were supported to be independent and their rights were respected. Support was provided in a way that put the people and their preferences first. Information was provided for people in the correct format for them.

More information is in the Detailed Findings section below. For more details, please see the full report which is on the Care Quality Commission's (CQC) website at www.cqc.org.uk

Rating at last inspection: Requires Improvement (report published 2 May 2018) this service has been rated Requires Improvement three times.

Why we inspected: This inspection was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor information we receive about the service. If any concerning information is received, we may inspect sooner.

Enforcement: Please see the Action we told provider to take section towards the end of the report.

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 always safe Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our Well-Led findings below.	**Requires Improvement**

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was completed by one inspector, two members of the medicines team and two Experts by Experience. An Expert by Experience is a person who has personal experience of using services and in this instance, they had experience of using and caring for people who use care at home services.

Service and service type: This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older people and disabled adults.

The service had a manager employed who was going through the process of becoming 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 2 days' notice of the inspection site visits because some of the people using it could not consent to a home visit or calls from an inspector and we needed to make these arrangements appropriately.

Inspection site visit activity started on 12 March 2019 and ended on 13 March 2019. We visited the office location on 12, 13 March to see the manager and office staff; and to review care records and policies and procedures.

What we did: The provider had completed a Provider Information Return. 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. The information provided by the provider was used to plan our inspection and was taken into account when we made judgements in this report.

We looked at other information we had including notifications received from the service and other healthcare professionals including safeguarding and commissioners.

During the inspection we visited four people at their homes, observed medicine administration and carried out telephone interviews with 29 people, six relatives and six care staff. We spoke with the manager, area manager and a local authority commissioner.

We reviewed 15 people's care records and four staff files including recruitment, supervision and training information. We reviewed eight medicine administration records and daily notes for people as well as records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Some regulations were not met.

At the last inspection in May 2018 the provider breached regulations relating to using medicines safely. During this inspection we found some improvements had been made however, some issues regarding medicine records were still taking place.

Using medicines safely

- Medicine administration records (MARS) were not completed appropriately. There had been some improvement but labels and hand-written entries were not double signed in line with the providers medicines policy
- The provider completed audits to review medicine administration records however, the audits were not robust and did not pick up all the areas identified on inspection.
- There was an electronic system to support care staff with specific information however, records were incomplete as variable doses were not recorded.
- Records had gaps and entries were sometimes only documented in the daily notes.
- Processes in place for the management of medicines were not robust and there was a risk of errors.
- The providers medicines policy did not reflect practice and needed to be updated.
- People shared mixed feedback with us. Comments included; "One staff member didn't do the medicine chart, two other carers noticed it was not filled in. I have talked to them (office) about it.", "Yes they know what they're doing with the medicines." And a relative tod us, "The carers help with putting cream on. She does the medication herself".

This meant that the service was unable to keep accurate records in relation to peoples' care. This was breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A new manager had been appointed and was reviewing systems including error reviews. Staff were supported to complete a reflective account and if errors persisted then this was reviewed formally.
- Care plans, medicines records and electronic records were being used to support medicines.
- Some medicines records had improved and contained information for application of topical medicines for most people.

Systems and processes to safeguard people from the risk of abuse.

- Staff had received safeguarding training and could raise any concerns appropriately.
- Where safeguarding concerns had been raised, investigations had taken place and appropriate action was taken.
- People were aware of safeguarding and felt safe with the care staff. Comments included; "I feel safe

because I am quite comfortable with them" and "Oh I feel safe, I trust them anywhere in the house."

Assessing risk, safety monitoring and management.
● People had both general and individualised risk assessments which were regularly reviewed., Where risks were identified, care plans showed ways in which staff could mitigate these risks.

Staffing and recruitment.
● There were enough staff to meet people's needs individually and safely.
● Safe recruitment procedures were followed.
● People felt safe with their staff and told us they never had a missed call and that staff were on time the majority of the time. Comments included; "Definitely on time, always been on time" and "Not normally (on time) at the weekends, but I have rung up about it."

Preventing and controlling infection.
● Staff had a plentiful supply of personal protective equipment such as gloves and aprons. People told us staff wore them when administering medicines and when helping them with personal care.
● Staff received infection control training.

Learning lessons when things go wrong.
● Accidents and incidents were recorded and analysed to look for any patterns or trends to minimise any risk of further incidents.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance.
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.

- Where appropriate people had signed consent to indicate they were happy for care to be provided.
- Where relatives held Lasting Power of Attorney a copy was in the care file for reference. This is a legal process that allows designated individuals to make decisions on a person's behalf, if they do not have the capacity to do so themselves.
- People were encouraged to make decisions and told us staff always sought their permission.
- Health professionals completed capacity assessments. Where necessary the service had completed best interests reviews and decisions to ensure people received appropriate care.
- Staff involved people in decisions about their care.
- Where people lacked capacity to make decisions in an area of their life, they were supported to have maximum choice and control.
- Where people gave consent to their care and treatment, we saw this was recorded in their files.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's preferences, care needs and health needs were assessed before they began to use the service.
- Any changes to people's needs were reviewed with them and reflected in their care plan.

Staff support: induction, training, skills and experience.

- People were supported by staff who were trained and had the right skills and knowledge necessary to meet their needs.
- Essential training was not all up to date however, training was booked for staff to attend to refresher courses; specialist training was delivered to ensure staff had the skills necessary to support everyone.
- New employees completed an induction programme; they shadowed more experienced members of staff to get to know people before working with them.
- We received positive feedback from people they told us; "They are trained they do a smashing job" and "Just one carer visits at once unless someone new comes, to shadow. I like meeting the new people I feel more comfortable this way".

Supporting people to eat and drink enough to maintain a balanced diet.

● People's dietary needs were met.
● People were helped by staff with shopping and preparing meals.
● Staff were aware of people's dietary needs and kept up to date records.
● People told us they were happy with how the staff helped them with their food and drinks. Comments included; "They do my tea, they give me a choice it is smashing" and "They make me a cuppa or whatever I want, it is lovely".

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support.
● Staff worked regularly with external professionals to support and maintain people's health, for example GPs and community nurses.
● Staff supported people to attend health appointments.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.
- Staff treated people with kindness and respect always.
- There was a positive rapport between people, support staff and management.
- People were supported to maintain relationships.
- Positive feedback was given about staff and caring attitudes. Comments included; "They chat and we usually have a bit of a laugh", "Yes, they do sit and have a chat look forward to them coming", "I get to know them and they know get to know me, they have time to chat"

Supporting people to express their views and be involved in making decisions about their care.
- People were supported to exercise their rights.
- Staff supported people to make decisions; they knew the people they cared for very well.
- People told us they were involved in their care. Comments included; "I have been involved in a review. We get a Social Worker each year and sometimes someone from Direct Health attends" and "They come out before Christmas and went through everything with me. I was having a night time carer then and I didn't want them any more so we cancelled it".

Respecting and promoting people's privacy, dignity and independence.
- People were encouraged to remain as independent as possible. Comments included; "Yes I take my own clothes off and she helps the things I can't do. I dry my hair with a towel and she helps me put my trousers on", "I like to be independent. I can manage no my own, they come and do what I need them to do, the things I can't do"
- Staff engaged with people in a dignified way. Private conversations and care were conducted respectfully. Comments included; "Yes they are they pass the towel for me wash my hair always and wash my back, all do it nicely", and "They are caring, they are nice girls who come, they make sure I am covered up".

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.
- Care plans were personalised, written in the first person.
- People had one-page profiles in place, 'One-page profiles' are a one-page document with photos that give an oversight of the person from their point of view.
- People had hospital passports to share important information if they were admitted to hospital.
- Where people had specific health care needs, these were clearly identified and showed how people should be supported.
- The support people received was individual to their needs and delivered in a person-centred way.

Comments about the care plans included; "Yes it tells them what to do. The carers write in it." and "Yes I have a care plan, it has a lot of information about me in it".

Improving care quality in response to complaints or concerns.
- A complaints procedure in place, however no complaints had been received. People knew who to go to if they had any concerns or a complaint to make.
- People could ring the office to raise any small concerns or issues at any time and these were recorded, monitored by the manager and were responded to effectively. People told us that they called the office but it could take a long time to get their calls answered.
- There were plans in place to improve the phone system to improve response times to peoples calls. The Manager told us how an additional phone line was going to be installed.
- Information was available to people in different formats if requested.

End of life care and support.
- People were supported to discuss any wishes they wanted to make and person-centred end of life care plans were available for people.

Requires Improvement

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.

Service management of medicines was inconsistent and at times did not always support the delivery of safe care and treatment.

At the last inspection in May 2018 the provider breached regulations relating to good governance. During this inspection we found the provider had made improvements to records and audits.

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

- The provider had a business continuity plan to ensure minimal disruption to care in case of an emergency.

- The provider had a medicines policy that needed updating.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The manager adhered to company policy, improved risk assessments, monitored incidents.
- Analysis of incidents reduced the risk of any further incidents happening.
- All records were kept secure, and were maintained and used in accordance with the Data Protection Act 2018.
- The provider had made timely notifications to CQC about significant events that had occurred.

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

- There was a good system of communication to keep staff, people and their families informed of what was happening within the service.
- The manager held regular staff meetings to discuss relevant information and policy updates. Staff told us they valued these meetings.
- People were asked for their views on the service. however, these were not used to form an action plan or a planned response.

Continuous learning and improving care.

- People spoke positively about the manager and that they had received an introduction letter and some people had arranged to meet them at the office or requested a home visit from them.
- The manager took on board people's opinions and views to make improvements.
- During our inspection we received some issues from people during our phone calls. We brought these to the attention of the manager who responded immediately and resolved them.

Working in partnership with others.

- People were encouraged to be active citizens within their local community by using local services regularly.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines records were not always completed correctly. This meant that the service was unable to keep accurate records in relation to peoples' care or to ensure medicines were administered safely.