

Direct Line Consultancy Services Limited

# Direct Line Consultancy Services

## Inspection report

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### 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?

Inadequate



### Overall summary

The inspection took place between the 15 and 20 July 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone

would be in. The service first became operational in December 2014. It has been registered at its current location since March 2015. This was the first inspection of the service.

The service is registered to provide support to adults and children living in their own homes with personal care. At

# Summary of findings

the time of our inspection 24 people were using the service, 19 of whom received support with regulated activity of personal care. The service had a registered manager in place. 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.

During this inspection we found breaches of regulations. The service did not have effective systems in place to reduce the risk of abuse. People's risks had not been appropriately assessed. Medicines were not managed in a safe manner. Staff were not provided with appropriate support through training and supervision. Care was not planned and assessed in a personalised manner designed to meet the needs of individuals. The service did not have effective quality assurance and monitoring systems in place. You can see what action we have asked the provider to take at the end of this report.

There were enough staff to meet people's needs. Robust staff recruitment procedures were in place.

People were able to consent to their care and staff supported people to make choices. People were able to choose what food they had. The registered manager and care staff were aware of their responsibility for referring health related matters to other agencies.

People told us they were treated with dignity and respect by staff. Staff had a good understanding of the individual needs of people and how to promote their privacy and choice.

The service had a complaints procedure and people told us they knew how to make a complaint.

People told us they found the registered manager to be approachable and helpful. Staff had mixed views on this matter. Some staff thought the registered manager was helpful but others did not.

# 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. Appropriate systems were not in place to safeguard people. Staff and managers had only a limited understanding of relevant safeguarding procedures.

Risk assessments were often poorly completed, containing incorrect or insufficient information.

Medicines were not managed in a safe manner. Medicine Administration Records had unexplained gaps in them and did not provide sufficient information to staff about how medicines were to be administered.

The service had enough staff to meet people's needs. Checks were carried out on staff including criminal records checks to help ensure they were suitable for their role.

Requires improvement



### Is the service effective?

The service was not always effective. Staff were not provided with adequate support through training and supervision. New staff did not undertake a comprehensive induction programme.

People were able to consent to their care and staff had a good understanding of the Mental Capacity Act 2005.

People were able to choose what they ate and drank where support was provided with meals.

The registered manager and care staff were aware of their responsibility for referring health related matters to other agencies.

Requires improvement



### Is the service caring?

The service was caring. People told us staff treated them with respect. Staff had a good understanding of people's individual needs and told us they took the time to get to know people.

The service provided people with the same regular care staff so that they were able to develop trusting relationships with them.

Good



### Is the service responsive?

The service was not always responsive. Care plans were very basic and did not provide information about how to meet people's individual needs in a personalised manner.

The service had a complaints procedure and people told us they knew how to make a complaint.

Requires improvement



# Summary of findings

## Is the service well-led?

The service was not well-led. Although there was a registered manager in place staff had mixed views about how helpful they were.

Various quality assurance and monitoring systems were in place but these were not always effective.

**Inadequate**



# Direct Line Consultancy Services

## 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 took place between the 15 and 20 July 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of two inspectors and an expert 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.

Before the inspection we reviewed the information we already held about this service. This included details of its

registration with the Care Quality Commission and of any notifications we had been sent. We contacted the relevant local authorities that commissioned care from the provider. They told us they had concerns about the lack of staff supervision and training and the standard of care planning at the service.

The inspection consisted of a day spent at the office and follow up telephone interviews with people that used the service, their relatives and staff. We spoke with ten staff, including the registered manager, the administrator, an office apprentice, the senior carer and six care assistants. We spoke with seven people that used the service and seven relatives.

We examined various documents including six sets of care plans and risk assessments, medicines records, five sets of staff training, supervision and recruitment records, details of quality assurance systems including records of telephone monitoring and various policies and procedures including the complaints procedure and the safeguarding children and adults procedure.

# Is the service safe?

## Our findings

People and relatives told us they felt safe using the service. One relative said, “X appreciates attention and trusts his carers, he feels safe and happy with them and I trust them too.” Another relative said, “X feels safe and secure with the carers and so do I.”

The registered manager told us there had not been any allegations of abuse since the service became operational in December 2014.

The provider had safeguarding adults and children’s procedures in place. However, the registered manager did not have a good understanding of their responsibilities with regard to safeguarding. When asked what they would do if there was an allegation of abuse they knew they had to inform the relevant local authority but when asked if they should inform anyone else they twice replied no. The provider has a legal responsibility to report allegations of abuse to the Care Quality Commission.

The provider had a whistleblowing procedure in place. This stated staff had the right to whistle blow to outside agencies but did not provide any information on which outside organisations would be relevant, such as the Care Quality Commission. The registered manager told us they would amend the procedure accordingly.

The registered manager told us that the service spends money on behalf of people to do their shopping as part of their care package. The staff member responsible for spending the money kept records of what they spent the money on but this was not checked by anyone. This increased the risk of financial abuse occurring. The provider had a policy about staff receiving gifts which stated, “Gifts of money may be accepted.” This is poor practice and again increases the risk of financial abuse occurring.

The registered manager told us all staff that worked with adults or children had undertaken appropriate safeguarding training. However, records showed this was not the case. Of the five sets of staff training records we examined, only one showed the staff member had undertaken training about safeguarding people. Although staff we spoke with were aware of their responsibility for reporting allegations of abuse they were not all aware of what constituted abuse or indicators of possible abuse.

These issues increase the risk of abuse occurring and of it not being dealt with appropriately. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People that used the service had identified risks, but these had not been properly assessed to enable the service to reduce and manage those risks. The risk assessments viewed in care files did not address all the risks identified in the local authority needs assessments. For example, one person’s assessment described previous safeguarding concerns, complex communication and mobility risks but their care plan did not mention safeguarding issues, said they communicated well verbally and described mobility risks as low. Moving and handling risk assessments we saw had not been completed fully. One person had high levels of support identified but only detailed that two staff were required and marked that there were no risks to pregnant women or specialist training required completing the tasks. This person’s local authority assessment indicated they were unable to use any of their limbs unaided, suggesting the level of support would be high and place significant physical demands on staff. When this was discussed with the registered manager they recognised that these tasks did pose risks and required training but this was not captured in the assessment.

In the files viewed the nature of support and how risks were managed was not recorded accurately. For example, in one file the measures in place to support the person to transfer and mobilise were recorded as “support with incontinence”. This is not a measure that manages the risks associated with mobility. One person did not have any risk assessment documents in their file and these could not be found on the day of inspection. Their care plan identified risks in relation to medicines and mobility.

Staff expressed concern about the lack of risk assessments. One member of staff described how they were asked to complete the risk assessment on their first meeting with the person they were supporting. They did not think this was safe and said that this person’s care plan and risk assessment were not completed before the service started working with them. This meant there was a risk that this person received unsafe support that did not meet their needs as staff had no information on what support to provide.

## Is the service safe?

The lack of proper assessments of the risks people faced increased the likelihood of care being provided that was unsafe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager said the service did not use any form of restraint when working with people.

People's medicines were not managed in a safe manner. There was a comprehensive policy in place but it was not always followed. The information in care plans did not clearly describe the support required with medicines. One person's local authority assessment identified they were at risk of not taking their medicines as required. Their care plan stated, "I need assistance in prompting of medication." However, the sections for describing the specific support required were blank. The policy stated that the details of specific support, collection, ordering and prescription details should be in the care plan. The information staff needed to support people with their medicines was not available to them in the way described in policy.

Staff told us they knew what medicines people needed by checking the Medicine Administration Record (MAR). However, the MAR charts we viewed did not provide this information in a clear and accessible way. Most of the MAR charts we looked at contained inaccurate information and were incomplete. For example, one person's care plan identified there were specific timing issues with their medicines and they must be taken in a certain order. There were no directions on the MAR chart about this and although the name and dosage was listed it was not clear what form the medicine was. Another person's MAR chart had many unexplained gaps in staff signatures. There were signatures for seven days, then no notes for two days, signed for three days and then no further signatures. This meant the service was unable to demonstrate that the person had received their medicines as there was no staff signature to indicate it had been administered. The medicines listed for June 2015 were different from the medicines listed for May 2015 and there were no notes on what the changes were for and why they were made.

The medicines policy stated that all staff would receive training on administering medicines and had to be authorised by the manager to do so. Records showed that staff were administering medicines prior to receiving training and there were no records to show the manager had authorised people to administer medicines. Staff told us they had administered medicines based on training received at other employment and had recently received training from the provider. One staff member told us they were asked to administer medicines before receiving training. This means people were at risk of receiving incorrect medicines from untrained staff.

Poor practice with regard to medicines increased the likelihood of errors occurring which would potentially compromise the health, safety and wellbeing of people that used the service. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives told us they received the level of support needed and that staff were reliable. One relative told us, "They never miss an appointment."

The level of staff support provided was determined by the local authority that commissioned the care. Where people required the support of two staff this was provided by the service. They ensured that carers arrived together to support people through the provision of a driver who collected carers and drove them to people's houses. Staff said that they had enough time to support people. The service had an established staff team and a pool of people who were ready to work should more staff be needed.

The recruitment administrator explained the staff recruitment process to us. They told us before staff began working with people the provider undertook various checks to check their suitability. These included employment references, providing proof of identification and a criminal record check. We looked at five staff files which showed all the relevant checks had been carried out. This helped ensure staff recruited were suitable to work with people.

# Is the service effective?

## Our findings

People and relatives told us that the service was able to meet their needs. One relative said, “My relative has serious personality disorders and dementia, they can be very aggressive and unkind and these young people [staff] are patient and caring with her.”

We found significant shortfalls in the support provided to staff through training and supervision. The registered manager told us they were slow at getting off the mark with staff training and that there were significant gaps in the training provided to staff since the service became operational in December 2014. They told us they were aware of these gaps and said the provision of training and supervision was a priority for them.

The registered manager told us that none of the care staff had undertaken an induction based on either the Skills for Care Common Induction Standards or the Care Certificate. The Care Certificate replaced the Common Induction Standards on 1 April 2015 and is designed as an induction program for staff that are new to working in social care.

Training records showed significant gaps in staff training. For example, some staff had not undertaken training in moving and handling, infection control, safe administration of medicines and safeguarding adults. Staff confirmed they had not undertaken much training. One member of staff who started working at the service two months ago told us, “I am about to get my induction.” Induction training should be at the commencement of a person’s employment, not two months later. Another member of staff said they had only, “very basic training.”

The registered manager told us it was their intention that staff should have one to one supervision with them every two months. This was in line with the provider’s policy on staff supervision. However, this was not the practice. Of the five staff we looked at four had received only one supervision and the other staff member had not received any supervision. Furthermore, records of the supervisions indicated they were very limited in scope, only looking at training needs which had not been subsequently addressed. Staff confirmed they had received only very limited supervision. One member of staff told us they had a

discussion with the registered manager but this was not in private as other staff were present in the office at the time. Another staff member said, “I have not had supervision since I’ve been with them.”

Lack of staff training and support potentially puts people at risk as staff may not have the necessary skills and knowledge to provide care and support in a safe and effective manner. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they sought consent from people for all care tasks completed. While they had not completed formal training in the Mental Capacity Act 2005 they were able to describe processes and were very clear that they could not make decisions for people. One member of staff told us, “I can’t make decisions, even her family can’t. I don’t have the right, they have that right.” The staff member was able to describe the best interests decision making process. Another staff member said, “I always ask them what they need” and another member of staff said, “Listening to him [the person that used the service] is most important.”

Most people said they were given a choice about meals where they required support with this. However, one person told us, “The carers have a very odd way of filling sandwiches for my relative. Odd combinations of ingredients occur such as ham with jam. My relative doesn’t mind and we all have a chuckle.” People said staff understood the need for hydration and that drinks were always offered.

Staff that supported people with their meals said they gave people a choice. One staff member told us they asked the person, “What would you like for breakfast?” each time they supported them with this. We viewed the care file and log books of one person who required support with nutrition and hydration. This was not identified as a risk in their risk assessments and there was limited detail in their care plan which stated, “I need assistance with preparation of breakfast” but did not provide any details of preferences or type of assistance required. The log books showed that they were supported with breakfast and dinner but no detail of what was eaten was recorded. When this was discussed with staff they demonstrated a good knowledge of this person’s preferences and described how they



## Is the service effective?

supported them with eating and drinking saying, “She loves a cup of tea but not too hot, because she can’t handle the cup. When I give her a meal she finishes it, if you ask what she wants she makes a choice and will eat well.”

Staff were aware of their responsibility for escalating any health concerns they had about people. One staff member said, “I would ring a doctor or call for an ambulance

straight away if needed.” The registered manager told us they worked with other agencies to promote people’s health and wellbeing. For example, care staff had concerns about the cleanliness and safety of a person’s home environment and we saw records which showed the service had referred this issue to the appropriate agency.

# Is the service caring?

## Our findings

People and their relatives told us they were treated with respect by staff. One person said, “Care is exemplary, toileting is done with care and kindness.” A relative said, “X needs patience, love and a sense of humour which these people [care staff] have in abundance.” Another relative told us, “It’s good kind care and this is what my husband needs.” People said staff were able to communicate well with them. A relative said, “The carers make every effort to convey messages and it makes my relative feel secure.”

People had a choice as to the gender of their care staff. For example, we saw one care plan that said the person wanted female carers. We checked the staff timesheets which showed only female carers had worked with the person.

The registered manager told us they matched staff with people where there was a specific need. For example, staff worked with people with whom they shared a religious and cultural background. We were told all people that used the service were able to speak English as could all the staff. This meant it was easier for people to communicate their needs to staff. One member of staff told us they used basic sign language to help communicate with a person, which they had learnt from the person’s relatives.

The registered manager told us they tried to provide people with the same regular carers so that they were able to build

good relations with them. This also helped staff to get to know people and understand their needs better. The registered manager said if a person’s regular care staff were unable to work they sought to replace them with a member of staff that had previously worked with the person. We were told that the on-call staff had details of which staff had worked with each person so they were able to match staff with people at short notice which provided a continuity of service for people.

Staff described how they got to know the people they supported through conversations with them and their families. They described how they utilised the knowledge of their colleagues who told them what they needed to know. One staff member said they chatted a lot with the people they supported to establish what their preferences were and about their life before receiving the service. Staff described how they maintained people’s dignity while supporting them with personal care tasks by keeping them covered, asking them how they preferred to receive their care and checking with them throughout the task. One staff member said, “You have to be polite to people you work with.” Another staff member said of the person they worked with, “I give him his space and private time.” Another staff member told us, “I explain what I will be doing” when giving support with personal care to people. Staff understood personalised care to be care delivered according to people’s wishes and told us how they asked people and their relatives for this information.

# Is the service responsive?

## Our findings

People and their relatives told us the service was responsive to their needs. A relative said, “They are very much putting the cared for person in the front seat.” People said they were involved in planning their care and that they felt listened to. A relative told us, “[The registered manager] takes on board what I say.”

The registered manager said after receiving an initial referral from a local authority they and a care assistant met with the person and their relatives where appropriate. This was to carry out an assessment of their needs and determine if the service was able to meet those needs. The registered manager told us care plans were developed based upon the initial assessment and information provided by the commissioning local authority.

Most of the care plans we looked at were of a poor standard and did not include personalised information about how to meet a person’s needs. Care plans set out the tasks staff were to perform but gave very little or no information about how this was to be done. For example, one care plan stated, “X would like assistance with dressing/undressing as well as help with eating and drinking following dietary requirements.” There was no information for staff about what level of support they needed with any of this or about what the dietary requirements referred to in the care plan were. Another care plan stated, “I would appreciate it if I would receive personal care such as washing and dressing.” Again, there was no detail about what this entailed for staff providing the care. Staff told us they thought care plans were not adequate. One member of staff said, “The care plans are bad. Everything should be written down in the care plan, what she likes and what you need to do and he [the registered manager] has not got that.”

The care plans we viewed were not person centred. The information contained in them was basic and task focussed and did not reflect people’s preferences. For example, there was a section called “important notes about personal care” which was blank in two files and said “catheter care” in a third. In three of the files viewed the “life history and experience” section contained only medical diagnoses and conditions with no details of the person’s life before using the service. The sections regarding carer preferences such as gender, religious beliefs and other relevant information were blank in three files.

The poor standard of care planning meant there was a risk that staff would not be provided with sufficient information about a person’s needs to provide effective and personalised care and support to them. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did see one care plan that had been completed recently that was of a better standard and which contained personalised information about the person’s support needs. The registered manager accepted that some of the care plans were of a very basic standard and told us they believed care planning had improved recently.

People and relatives told us they had not had to make a complaint but said they knew how to complain if required. They told us they would speak to staff working in the office.

The provider had a complaints procedure. This included timescales for responding to any complaints received and details of who people could complain to if they were not satisfied with the response from the service. We were told that each person that used the service was provided with their own copy of the complaints procedure. The registered manager said there had not been any complaints made since the service became operational in December 2014.

# Is the service well-led?

## Our findings

People and their relatives told us they found the registered manager to be helpful. One relative said, “The Manager is a sweetie, very gentle and understanding and tells me he really wants to improve the quality and safety of his care service.” Another relative said, “There is by no means an us and them attitude from the agency.”

The service had a registered manager in place. Staff had mixed opinions about the efficiency of the registered manager. Some staff felt supported by management. One member of staff said of the registered manager, “He is very supportive. He has come and advised me.” One person said that the manager, “Is always open to ideas, he’s good like that.” They described how suggestions to make the morning rounds easier had been tried. Another staff member said that the management are, “Very helpful, they come from London every day and make sure we are OK.”

However, other staff were less positive about the registered manager. One staff member told us, “He forgets everything. He forgets if he has arranged to meet you.” Another member of staff said they found the registered manager unapproachable. Other staff told us that they’d requested changes that had been refused and the registered manager would only do things their way. Some staff felt vulnerable lone working for extended periods and did not think the manager had assessed and understood the risks of this. This suggests that the management and leadership of the service was inconsistent and the impact of lone working on staff was not being managed appropriately in all cases.

The service had not held any staff meetings which would have given staff the opportunity to discuss relevant issues as a team with the registered manager. **We recommend that** the registered manager takes a more pro-active approach on working with staff employed at the service and introduce systems whereby staff feel they are listened to and treated in a consistent manner.

The service had various quality assurance and monitoring systems in place. However, these were not always effective. The medicines records were not audited by management which meant the issues we uncovered during our inspection had not been addressed. The reviewing and updating of care plans and risk assessments was not completed regularly and records were unclear. Staff told of us two accidents involving people having falls but there

was no record of this or systems in place for reviewing accidents and incidents to learn from them. There were no central records of incidents or formal processes for reviewing and collating telephone feedback. Responses were ad hoc and there were no systems in place to help identify themes and lessons learnt from surveys. Where staff supported people with their money records and checks were completed by the same staff member who provided the support. However, management were not providing additional checks to ensure monies were spent appropriately.

The registered manager told us that most people were in regular contact with the office but this was not always captured and did not consistently lead to updates in care plans. This meant that the service was not able to ensure that the service was providing high quality care to all people. The registered manager told us that the service conducted quarterly satisfaction surveys but there was no evidence to substantiate this.

Lack of effective quality assurance and monitoring systems increases the risk that the service will not be run effectively and that areas of poor practice will not be identified and addressed. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Senior staff conducted regular telephone monitoring with people who used the service and their relatives. Records showed these covered topics such as time-keeping, tasks completed, approach of staff, privacy and dignity, health and safety, satisfaction with the service and any comments or actions required. Records showed these had been documented regularly since March 2015 with five people, but not all the people who received a service had monitoring feedback recorded in the file. The monitoring showed that the service was attempting to address issues raised by people and their families. For example, one family had raised the issue of timing several times and it was clearly documented what actions the service was taking to address the issue.

The registered manager told us and records confirmed that regular spot checks were carried out on staff. These checks included punctuality, personal appearance, politeness, respect for people and property, ability to complete tasks,

## Is the service well-led?

knowledge and skills, administration of records, identification shown and uniform. These checks had been completed for four staff members and had identified actions for two people relating to documenting sessions.

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

Personal care

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Service users were not protected against the risk of abuse because systems and processes were not established and operated effectively to prevent abuse of service users. Regulation 13 (1) (2)

### Regulated activity

Personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People were at risk because the provider had not carried out comprehensive assessments of the risks service users faced and had not taken all reasonable steps to mitigate any risks. Regulation 12 (1) (2) (a) (b)

Service users were placed at risk because there were no systems in place for the proper and safe management of medicines. Regulation 12 (1) (2) (g)

### Regulated activity

Personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Service users were put at risk of unsafe or ineffective care because staff did not receive adequate support, training and supervision to enable them to carry out their duties. Regulation 18 (1) (2) (a)

### Regulated activity

Personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

This section is primarily information for the provider

## Action we have told the provider to take

The provider had not carried out a personalised assessment of people's needs designed to enable staff to provide person-centred care. Regulation 9 (1) (3) (a) (b)

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Service users were put at risk because the service did not have effective quality control and monitoring processes in place. Regulation 17 (1) (2) (a) (b)</p>

**The enforcement action we took:**

We issued the provider with a Warning Notice giving them one month to comply with Regulation 17 HSCA (RA) Regulations 2014