Accord Housing Association Limited

Direct Health (Oldham)

Inspection report

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16 August 2018
20 August 2018

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14 September 2018

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We carried out an announced inspection of Direct Health (Oldham) on 16 & 20 August 2018. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community and specialist housing. Direct Health (Oldham) is registered to provide a service to older adults, younger adults and people with dementia, mental health conditions, sensory impairments and physical disabilities.

Not everyone using Direct Health (Oldham) receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, the service offered support to 120 people who lived in Oldham, Rochdale and an 'extra care' scheme in Higher Blackley, Manchester. We visited 'The Byrons' on day two of the inspection.

There was a registered manager in post. 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.

The registered manager and staff understood their role and responsibilities to keep people safe from harm. Risks were assessed and plans put in place to keep people safe. Checks were carried out on staff to assess their suitability to support vulnerable people.

People's needs were assessed before using the service and on an ongoing basis to reflect changes in their needs.

A robust system for staff recruitment, induction and training was in place. This enabled the staff to support people effectively and safely.

Newly recruited staff were required to undertake a probationary period before being offered a permanent position, which included observed practical assessments before confirmation of their role. Staff induction was aligned with the requirements of the Care Certificate, where appropriate. Staff were receiving the appropriate range of training to enable them to carry out their job effectively.

People told us they considered staff to be knowledgeable and skilled in meeting their needs and confirmed the care workers and other staff they met were competent. Staff told us they had enough time when visiting people to effectively meet people's needs and people told us staff stayed the full length of the visit but could sometimes be late.

Staff understood the principles of the Mental Capacity Act 2005 (MCA), they told us that if they had any concerns about the capacity of a person using the service, they would contact the office. We saw where

people lacked capacity this was clearly recorded within their care plan.

People who used the service and their relatives told us care staff were kind, caring and helpful and treated them with respect. All the people/relatives we spoke with felt the care staff were approachable, listened to them and acted in accordance with their wishes. People we spoke with told us staff respected their privacy and dignity and felt they encouraged them to be as independent as possible.

Effective quality assurance audits were in place to monitor the service. The service regularly sought feedback from the people who lived there and their relatives. Staff had regular supervisions and were invited to team meetings.

Direct Health (Oldham) had a comprehensive business continuity plan in place to prepare the service in case of unforeseen circumstances and emergencies.

We recommended that the service review the staff rotas to improve continuity for people using the service.

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.

Staff understood how to keep people safe from harm, and when allegations of abuse were made these were thoroughly investigated.

People told us that they felt safe and there were enough staff to meet their need

There was an effective system in place for the recruitment of staff.

There were effective systems in place for managing medicines.

Is the service effective?

Good

The service was effective.

Staff were well trained and people felt confident in their abilities to care for them.

Capacity and consent issues were considered, and where people were deprived of their liberty the correct authorisation had been applied for.

There was effective liaison with health care professionals.

Is the service caring?

Good

The service was caring.

Staff treated people in a caring and compassionate manner

Staff spoke kindly about the people they supported.

People's privacy and dignity was respected, and personal information was securely stored.

Is the service responsive?

Good

The service was responsive.

Visits to people's homes were not rushed and all people we spoke with confirmed this was the case.

The service had systems in place for receiving, handling and responding appropriately to complaints.

Care plans reflected people's needs and how they would like their care to be delivered.

People were encouraged to voice their opinions about the quality of their service, and their views were taken into consideration.

Is the service well-led?

Good

The service was well-led.

The service had a manager who was registered with the Care Quality Commission (CQC).

Systems were in place to assess and monitor the quality of service provision, and the service had developed good systems to audit the quality of care provision.

The manager and registered provider understood their legal obligation to inform CQC of any incidents that had occurred at the service.

Direct Health (Oldham)

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This announced inspection was carried out on 16 and 20 August 2018 The inspection was announced to ensure it could be facilitated on that day. The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC) 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; the expert was experienced in older people's care in community based services. The service had not been inspected since it re-registered with the Commission at the present location address in August 2017.

Before the inspection we reviewed any information we held about the service in the form of notifications received from the provider. We also reviewed any safeguarding or whistleblowing information we had received and any complaints about the service. We liaised with stakeholders who were involved with the service including the local authority. This helped us determine if there might be any specific areas to focus on during the inspection. Prior to the inspection the service completed a Provider Information Return (PIR), which is a form that asks the provider to give some key information about the service.

At the time of the inspection the service provided care and support to approximately 120 people in the surrounding area. As part of the inspection we spoke with the registered manager, the head of customer engagement, one care coordinator, one team leader and four staff members. We also spoke with 18 people who used the service and six relatives; this was to seek feedback about the service provided from a range of different people and help inform our inspection judgements. We also visited two other people who used the service in their own homes and looked at how their medication was handled and reviewed their care plan and communication log.

During the inspection we viewed seven care plans in the office premises, five staff personnel files, policies and procedures and other documentation relating to the running of the service, such as satisfaction surveys, complaints, spot checks/observations and audits.

On day two of the inspection we visited 'The Byrons' and held a customer forum to gather information about the service. 18 people and relatives attended.

Good

Is the service safe?

Our findings

People told us they felt safe receiving support from Direct health (Oldham). One person we spoke with told us, "I do feel safe knowing someone will always be coming to help me." A relative told us, "It is reassuring to know that mum has someone coming in several times a day to make sure she is ok."

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken seriously if they raised any concerns relating to potential abuse. One member of staff said, "I would always report to my manager if I was worried about something, it's better to over react that under react."

Staff were also aware of the provider's whistleblowing policy. When asked about this, one staff member told us, "I feel able to report concerns and we are encouraged to do so by the managers. I am aware there is a whistleblowing policy in place too." Another told us, "I know that our managers are so open and approachable that I would not worry about reporting anything at all." A whistleblowing policy shows a commitment by the service to encourage staff to report genuine concerns with no recriminations.

We looked at how the service managed accidents and incidents. There was an appropriate, up to date accident and incident policy and procedure in place which was supported by additional policies and procedures such as control of substances hazardous to health (COSHH), environmental management, falls prevention, fire safety, first aid, health and safety, infection control, lone working. Incidents were logged and tracked including the date of the incident the name of the person concerned and the action taken to reduce the potential for repeated events. Records we saw indicated no serious accidents had occurred. Data reflecting accidents and incidents was reviewed by management and an action plan formulated to avoid a recurrence.

Some people who used the service lived alone and staff required the use of a key to access their house. We saw the keys were appropriately stored in a 'key safe' outside each house we visited. This required staff to enter a pin code before gaining access to the key so they could go in and deliver care safely. People told us that staff always ensured that they had access to their emergency call pendants when they left after providing care.

During the inspection we reviewed the number of staff employed by the service. Three people felt the service were short staffed. One person told us, "They struggle with staff. I think they're short staffed and seem to struggle to get and keep staff, but they try their best." The registered manager explained that they are currently recruiting new staff to meet the needs of people using the service and provide continuity.

Staff were provided with a mobile device used for call monitoring purposes, which they used to log in and out at every home visit; this was linked to the electronic scheduling and care planning system called iConnect and meant they did not have to use the home phone of the person they were supporting. The electronic system allowed the registered manager to see the start and finish times of home visits in real-time, which meant they could track calls as they happened and contact staff immediately if a discrepancy in

the timing of visits was noted. This protected both the staff member and the person being supported.

People's care plans contained risk assessments which included risks associated with; moving and handling, pressure area care, falls and environmental risks. Where risks were identified plans were in place to identify how risks would be managed. For example, one person was at high risk of falls. This person's care record contained a 'moving and handling' plan which gave guidance to staff on reducing the risk associated with each care task. Staff were aware of this guidance and told us they followed it.

The provider had safe recruitment and selection processes in place. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers.

Some people required assistance to take prescribed medicines. Where this was the case guidance for staff on what to do to keep people safe was in place and easy to use. Medicines administration records were maintained to record that people received their medicines as prescribed. Staff administering medicines had been trained to do so. The provider had a clear system in place to respond to any errors with the administration of medicines. Staff competence to administer medicines was routinely checked and staff were subject to a full investigation where an error had been made.

The registered manager told us, "We take medicine management very seriously from the assessment process onwards in terms of liaising with the GP's [general practitioners] to make sure we offer a safe service for people. Staff have their competency to administer medicines checked regularly and we audit medicine administration recording (MAR) charts monthly to identify potential errors and risks." The systems in place showed the service managed risks associated with the management of medicines.

We found several examples where staff had not signed MAR charts thoroughly and saw that medicines that had occasionally not been given due to missed calls. The service had robustly investigated these omissions, and had retrained and disciplined staff appropriately.

Home care agencies do not normally provide their own MAR charts, but it can be very helpful to ensure continuous care and better records. By transcribing information from GP or pharmacy records onto MAR's, there is far more opportunity for error and if staff carrying out such tasks are not medically trained, they could expose people to extra risk; handwriting MAR entries transfers potential liability to the carer involved if there are any medication errors. However, the service had not recorded any errors associated with the handwriting of MAR charts.

We recommended that the service review the latest best practice around medicines management and staff training to help reduce the number of recording errors.

We looked at infection control practices within the service. We asked people and their relatives if staff wore personal protective equipment (PPE) when necessary. Everyone told us they had no issues with hygiene, with gloves and aprons being consistently worn as required and disposed of safely in people's homes. Stocks of PPE were available in the office premises which we saw during our visit. Staff were aware of precautions to take to help prevent the spread of infection. For example, staff said they would wash their hands regularly and use aprons and gloves when supporting people in their own homes.

The office premises were safe for staff to use. Fire extinguishers had recently been tested and all electrical equipment had been recently subject to portable appliance testing (PAT) and was deemed safe. The water

system was free from any contamination and risk assessments covered areas such as manual handling, slips and trips, electric shock, fire safety and arson.

There was a business continuity plan in place which provided information to staff on the actions to take in response to an unforeseen circumstance such as flu pandemic, loss of office premises, loss of utility supplies, loss of IT/telecoms, loss of staff, fuel shortages and severe weather.

People at 'The Byrons' told us they had requested that the service provide an automated external defibrillator (AED) and a lifting cushion to support people from the floor should they fall. We spoke to the head of customer engagement about this who told us that these items were not within the remit of Direct Health (Oldham) but residents could take this up with the housing association. The registered manager told us, "We are planning to hold monthly forums with people and the housing association to discuss issues of this nature and see if we can solve any problems that people are encountering."

Good

Is the service effective?

Our findings

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that the correct steps had been taken by the service to assess capacity on a decision by decision basis.

Staff demonstrated they understood their responsibilities for supporting people to make their own decisions and we saw this was done. For example, people were asked before support was provided and choices were offered at meal times and regarding activities. One person told us, "They [staff] always ask me how I want things done on that day which I appreciate." We asked staff how they sought permission from people before providing care. One staff member said, "We follow the plans but still ask people what they want us to do, maybe that particular day they don't need help with something or they need something else."

The Deprivation of Liberty Safeguards (DoLS) do not currently apply in settings such as domiciliary care where people are resident in their own homes and so any deprivation of liberty may only be undertaken with the authorisation of the Court of Protection. Staff told us that if they had any concerns about the capacity of a person using the service, they would contact the office. We saw where people lacked capacity this was clearly recorded within their care plan.

Staff told us they had enough time when visiting people to effectively meet people's needs. One staff member said, "If anything, I stay over my time to help people and spend some time chatting." Eight people living at 'The Byrons' told us that they thought that staffing levels were minimal and sometimes they had to wait for care. We spoke to the management team about this. The head of customer engagement told us that the support offered at the extra care scheme was adequate to offer the level of support people required, they told us, "We provide 24-hour support at The Byrons and encourage people to live as independently as possible. We review staffing levels based on people's needs, which are minimal, in keeping with the type of service we are commissioned to provide." Staff at the Byron's told us that there is an extra member of staff on site at busy times and they feel that staffing levels are appropriate. One staff member told us, "We are busy in a morning, but have an extra pair of hands. We have a really structured schedule and know people well so we can meet everyone's needs."

People, relatives and staff at The Byrons agreed that staff always responded in a timely manner should there be an emergency.

People's needs were assessed in sufficient detail to inform the delivery of care. We saw and were told about care being re-assessed as people's needs changed. Initial assessments were thorough and fed into detailed support plans that were regularly updated.

People retained their independence for managing their health care and staff knew about people's health needs and how this affected their support. We saw that people had signed a 'consent to their care' document which was located in each of their care files. People told us that the staff recognised changes in their health and sought prompt care. One person told us, "The carers know me well and know if I'm not my usual self. One carer waited whilst I rang the doctors to make an appointment because I was under the weather."

People were supported by staff that had the skills and knowledge to carry out their roles and responsibilities. New staff were supported to complete an in-house induction programme before working on their own. This included training for their role and shadowing an experienced member of staff.

Staff completed training which included: health and safety, moving and handling, safeguarding, food hygiene and the Mental Capacity Act. A staff member told us, "The induction programme was well structured and really thorough, I felt well prepared to start work as I shadowed an experienced member of staff for a few weeks." Another staff member said, "We aren't expected to go and support people independently until we feel confident. We work closely with people who can guide us at first." Staff training would be refreshed regularly to provide an effective service, the registered manager told us "We plan to refresh staff's training periodically in line with good practice, for example, staff will complete their first aid training and moving and handling training annually."

There was a positive response when we asked people and their relatives if they considered staff to be knowledgeable and skilled in meeting their needs. However, three people/relatives raised concerns regarding non-regular care staff. One person said, "Carers chop and change and [name] doesn't like that. They just gets used to them and then new ones come. [Name] likes certain people to shower them so; they always do a good job and we've never had any problems with them being respectful. That's why they prefer certain people because they're not embarrassed with them because they know them."

We recommended that the service review the staff rotas to improve continuity for people using the service.

Staff we spoke with told us they received regular supervision (supervision is a one to one meeting with a manager). Unannounced spot checks were also completed to check whether staff continued to work with people safely. The staff told us the registered manager checked their knowledge, whether they supported people in the way they wanted to be supported, used protective equipment to maintain infection control standards, arrived at the correct time and whether they were suitably dressed. Any issues identified were addressed in a positive manner with staff being given additional support and training to promote improvement.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the provider was meeting this requirement by identifying, recording and sharing the information and communication needs of people who used the service with carers and staff, where those needs related to a disability, impairment or sensory loss; this meant staff understood how to best communicate with people. People could receive information in formats they could understand such as in easy read or large print and the service also provided information in other languages if required.

Good

Is the service caring?

Our findings

People and relatives we spoke to were overwhelmingly positive about the high standard of care given by the carers. Comments included; "They [staff] are brilliant, they do everything I ask and I look forward to seeing them"; "More than happy with the Carers, they're very good" and "I've always had the same Carers. I've had one regular for years now and if they send someone to cover her it's always someone that's been before. They're great and my regular is very good. In fact, she's brilliant."

During our inspection we looked to see how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights though good person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different groups received the help and support they needed to lead fulfilling lives, which met their individual needs and promoted their independence.

Whilst we did not observe staff providing personal care when we visited people, staff did give appropriate examples of ways in which they would ensure people's dignity was maintained; for example, by ensuring curtains and doors remained closed whilst supporting with personal care tasks and speaking to people discreetly."

The registered manager and staff worked to ensure people were involved in planning their care and support. The service provided to people was based on their individual needs. Staff told us they took people's wishes and needs into account and tried to be as flexible as possible in accommodating any changes to visit times.

The service recruited staff based on their values rather than their experience. The practical elements of the support worker role were covered during the induction period and staff were assessed as to their suitability during a probationary period to ensure that they were able to meet the high expectations of the service. This meant that the staff were driven to provide a service by their caring natures which was evident to us during the inspection.

It was clear from our discussions that staff knew people, their needs and preferences well and provided care accordingly. One person said, "They asked about my family background so we have things to talk about, it's so nice that people show an interest in my life."

We saw numerous examples in care records of staff actively promoting people's independence. Staff understood the need to help people to maintain and improve their levels of independence. People were encouraged and supported to be as independent as they wanted to be. One person told us, "They [staff] know if I am struggling and encourage me to do what I can, I don't want to lose the ability I have."

Information about people was kept securely. The registered manager ensured that confidential paperwork was collected regularly from people's homes and stored securely at the registered office.

People's personal and medical information was protected. The provider's policy and procedures on

confidentiality were available to people, relatives and staff.

We observed that people looked clean and well cared for when we visited them at home. People told us that staff ensured they were dressed in clothing of their choice.

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Good

Is the service responsive?

Our findings

People we spoke with, and their relatives confirmed that they had been involved in planning their care which considered the support people required and what they could for themselves. People told us when their care was planned at the start of the service, staff from Direct Health visited them and spent time finding out about their preferences, and needs and how they wanted their care to be delivered. One person told us, "I just told them exactly what I needed and they planned around me."

Each person who used the service had a care plan in place that was personal to them with copies held at both the person's own home and in the office premises. This provided staff with guidance around how to meet their needs, and what kinds of tasks they needed to perform when providing care. The structure of the care files was clear and made it easy to access information.

The initial assessment also included information about any risks and support was sought from other relevant professionals. This helped to ensure that people's needs could be met by the service.

Most people we spoke with told us they did not feel rushed and staff stayed the full length of the visit although sometimes staff could be late. One person said, ""I've no complaints at all. The only thing that's happened was about 6 months ago when the carers were late. It was always the night-time that it happened but it's all sorted now".

Most people told us that their visits took place at the agreed time. However, four people told us that staff were sometimes earlier or late that the agreed time. One relative told us, "We sorted the times out with social services and Direct Health accepted them but it's erratic and chaotic." We asked the registered manager about this, who told us, "We endeavour to get to everyone at the agreed time, unfortunately some times of day are very popular so we do our very best to meet people's individual needs. People are welcome to call the office if they would like to discuss this with us."

The provider had a complaints policy and processes were in place to record any complaints received and to address them in accordance with their policy. The service dealt with any complaints appropriately which included bringing staff into the office to talk about the complaint, where applicable. Records were comprehensive and included any statements from staff involved. There was an index log of complaints received, the document reference number, the name of the investigating officer, the date of resolution and any activities linked to the complaint. People we spoke with told us that they knew how to complain and details of how to make a complaint were contained in the 'service user guide' given to all people at the start of service. All missed calls were investigated as complaints and the registered manager wrote to people with the outcome of the investigation and an apology.

We found end of life care had been discussed with people who used the service, where they agreed to discuss this and staff had received training to enable them to support people as part of a multi-disciplinary team when required, such as district nurses. The service did not deliver end of life care directly and at the time of the inspection, the service was not involved in supporting any person or relevant professional in

providing care for people who were at the end stages of life.

Good

Is the service well-led?

Our findings

The service is required to have a registered manager. 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. The current registered manager was registered in August 2017.

From 1 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. During this inspection we saw that the rating from our last inspection was clearly displayed in the reception area and was also on the service website.

We saw that staff meetings were held regularly and staff had the opportunity to raise any issues and discussions took place regarding individual people who used the service as well as training, planning, documentation and confidentiality. Staff told us they found these meetings to be useful. One staff member said, "Team meetings are useful. We cover policies and can discuss any extra training we need."

We saw spot checks and direct observations were carried out with staff to ensure that standards of care were maintained. We looked at a sample of these and determined they were carried out regularly and where issues were noted, staff discussed these with their manager or attended additional training. Any action taken regarding staff performance issues was also recorded. One staff member said, "We all get regular observations of practice to test if we are competent as well as spot checks and observations of giving out medication."

There was an 'on call' system in place, available every day and night, to ensure that staff could get support from a senior member of staff in the event of an emergency of if they needed advice and guidance. Staff we spoke with said the on-call system was effective and that someone was always available to support them. This showed that effective support measures were in place to assist staff and people in emergency situations.

The service's aims and objectives were referenced in the statement of purpose. A statement of purpose is a legally required document that includes a standard set of information about a provider's service. These were the guiding principles which determined how all staff approached their work and were based on offering a professional and effective service to the people who used it and acting as a good employer to staff.

We found the service had policies and procedures in place, which covered all aspects of service delivery including safeguarding, medication, whistleblowing, recruitment, complaints, equality and diversity, moving and handling and infection control. These policies were all up to date. The service appropriately submitted statutory notifications to CQC.

There were identified lines of responsibility within the service and the registered manager, who was supported by an operations manager, worked with the local authority and other professional services to develop and drive improvement. Feedback from the local authority about the manager was positive.

We looked at the results of the most recent questionnaires and surveys and noted comments received where mostly complimentary about the service. Feedback received from the most recent annual survey carried out in 2017 included, 'All care staff are thoughtful and helpful" and "I'm satisfied with what they do, they are pleasant and none invasive."

Direct health published regular newsletters to inform people, relatives and staff about organisational events.