

Direct Health (UK) Limited

Direct Health (Preston)

Inspection report

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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

We carried out an announced inspection of Direct Health (Preston) on 17, 18 and 19 January 2017.

Direct Health (UK) is a limited company providing domiciliary care throughout the country. Direct Health (Preston) is a local branch situated on the outskirts of Preston City Centre. The agency provides personal care services to support people to live independently in the community.

At the time of our inspection there were 100 people using the service and 49 care workers appointed.

The service did not have a registered manager in post. The last manager left the service following enforcement action having been concluded. An interim manager was providing cover and in the process of applying to be registered to become the 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 and associated regulations about how the service is run.

At the last inspection on 02 June 2016 we found the provider was in breach of legal requirements of the Health and Social Care Act, 2008 (Regulated Activities) Regulations 2014, in respect of staffing, safe care and treatment, dignity and respect, safeguarding service users from abuse and improper treatment and good governance. They sent us an action plan telling us what they were going to do to meet the regulations.

At this inspection, we found significant improvements had been made in respect of all areas except medicine management. We found some improvements had been made in respect of managing people's medicines safely however, we found some ongoing concerns which demonstrated that the provider needed to make further improvements in this area. You can see what action we told the registered provider to take at the back of the full version of the report.

We saw copies of satisfaction surveys that had been completed by the people. These demonstrated people were satisfied with their care and the staff who supported them.

We looked at how the service protected people against bullying, harassment, avoidable harm and abuse. We found there were policies and procedures on safeguarding people. Staff had received up to date training in safeguarding adults and they showed awareness of signs of abuse and what actions to take if they witnessed someone being ill-treated.

Safeguarding incidents had been investigated and documented, showing the support people were getting after incidents. Staff had sought advice from other health and social care professionals where necessary. There were risk assessments which had been undertaken. Plans to minimise or remove risks had been drawn and reviewed in line with the organisation's policy. These were robust and covered specific risks around people's care in a person centred manner.

We found people's medicines had not been managed safely. This was because the service had not effectively managed the needs of people who required topical creams. We found records relating to medicine administration had not been adequately completed to show whether people had received their medicines. There were a considerable amount of medicine administration errors related to topical creams. However, staff had received regular training and competence checks in safe management of medicines. The medicines administration policy was not robust to provide clear guidance for the administration of topical creams however it was under review.

Lone working and environmental risk assessments were in place to ensure the safety of care staff and people they support. During the inspection we observed staff were visiting to people at the planned and agreed times and there was a significant improvement on ensuring care staff stayed the duration of the visits. Regular monitoring checks had been undertaken and action taken for those staff who had been found to be cutting visits short.

We looked at recruitment processes and found the service had recruitment policies and procedures in place to help ensure safety in the recruitment of staff. These had been followed to ensure staff were recruited safely for the protection and wellbeing of people who used the service.

Records we saw and conversations with staff showed the service had adequate care staff to ensure that people's needs were sufficiently met. The majority of the people and their relatives told us they were happy with the staff and their consistence.

We found care planning was done in line with Mental Capacity Act, 2005. Staff showed awareness of the Mental Capacity Act, 2005 and how to support people who lacked capacity to make particular decisions. They had received mental capacity training.

People using the service had access to healthcare professionals as required to meet their needs. Staff had received mandatory training. Care Certificate induction training was available. Staff competences were checked regularly in various areas of practice including moving and handling, medicine administration and food hygiene. Staff had received supervision through spot checks and supervision meetings at the office. They had also been provided with annual appraisals.

We found that people's care needs were discussed with care commissioners before they started using the service to ensure the service was able to meet their assessed needs.

Care plans showed how people and their relatives were involved in discussion around their care. People were encouraged to share their opinions on the quality of care and service being provided. We saw surveys had been carried out to seek people's views and opinions about the care they received.

People's nutritional needs were met. Where people's health and well-being were at risk, relevant health care advice had been sought so that people received the treatment and support they needed.

Management systems at the service were robust. Senior management had been involved in the day to day management of the service. A new manager had been recruited and oversight had been provided on delegated duties.

Quality assurance systems were in place and various areas of people's care been audited regularly to identify areas that needed improvement. We found audits had been undertaken of care records, and medicine administration records, however; some audits for previous months did not have action plans to

show how shortfalls had been rectified. However we were shown new action plans that had been implemented and were to be used in the future. We were assured that these would ensure that any issues identified in audits will be acted on.

There was a business contingency plan to demonstrate how the provider had planned for unplanned eventualities which may have an impact on the delivery of regulated activities.

Surveys we saw showed people felt they received a good service and spoke highly of their staff. Relatives told us the staff were kind, caring and respectful. Professionals we spoke to confirmed this.

We found the service had a policy on how people could raise complaints about their care and treatment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

This service was not consistently safe.

Relatives felt their family members were safe. Feedback was overwhelmingly positive.

Risks to the health, safety and well-being of people who used the service were assessed and plans to minimise the risk had been put in place.

People's medicines had not been safely managed because staff did not always sign medicines records and procedures for managing topical creams were not robust. Staff had been trained and competence tested for safe administration of medicines.

Staff had been safely recruited and disciplinary measures were in place.

Is the service effective?

Good 

This service was effective.

The rights of people who did not have capacity to consent to their care were protected in line with the MCA principles.

Staff had received training in various areas to ensure they had the necessary skills and knowledge to carry out their roles safely.

People's health needs were met and specialist professionals were involved appropriately.

Is the service caring?

Good 

The service was caring.

Relatives spoke highly of care staff and felt they were treated in a kind and caring manner.

People's personal information was managed in a way that protected their privacy and dignity.

Staff knew people and spoke respectfully of people they supported.

Is the service responsive?

Good 

The service was responsive.

People had well written plans of care which included essential details about their needs and outcomes they wanted to achieve.

Care staff visited people on time and had stayed the duration of visits. Staff had been monitored to ensure they visit as planned.

Communication between people and the office was maintained and people were pleased with the responses they got. The provider had gained the views of people who used the service and their representatives. Care was reviewed regularly and people were involved.

There was a complaints policy and people's relatives told us they felt they could raise concerns about their care and treatment. Complaints had been dealt with in line with policies and procedures.

Is the service well-led?

Requires Improvement 

The service was not consistently well led.

We found a breach relating to people's safety, in relation to medicines.

There were adequate governance systems within the service. Management oversight had been provided to care staff and the running of the service.

Systems for assessing and monitoring the quality of the service and for seeking people's views and opinions about the running of the home, were effectively implemented to improve the care and treatment people received.

Staff told us there was a good culture in the service and were kept up to date with the visions of the service.

Direct Health (Preston)

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.

This inspection took place on 17, 18 and 19 January 2017 and was announced. We gave the service 24 hours' notice of the inspection because it is a domiciliary service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection team consisted of two adult social care inspectors, including the lead inspector for the service. We also had on the inspection team an expert by experience, who had experience of caring for someone who used similar services. We also had a pharmacist inspector who specialised in medicines.

Before the inspection, we had asked the provider to complete a Provider Information Return (PIR). 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. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

Before the inspection we gained feedback from health and social care professionals who visited or worked together with the service. We also reviewed the information we held about the service and the provider. This included safeguarding alerts and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.

During the inspection, we used a number of different methods to help us understand the experiences of people who used the service. We reviewed records of care and management systems used by the service for care delivery. We visited three people in their own homes. We spoke with 12 people, six relatives by telephone, and the chief executive of the service, the interim manager, and the nominated individual for the service, the quality improvement manager, three care co-ordinators, two professionals who had visited the service, and five care staff.

We looked at samples of care records of six people of which four records were pathway tracked.

Pathway tracking is where we look in detail at how people's needs are assessed and care planned whilst they use the service. We also looked at a variety of records relating to management of the service this included staff duty rosters, four recruitment files, the accident and incident records, policies and procedures, service certificates, minutes of staff meetings, reports from commissioners and the local authority, also quality assurance reports, surveys and action plans, visit duration records and medicine records.

Is the service safe?

Our findings

At our last inspections of Direct Health (Preston) in February 2015 and June 2016 we found people who used the service were not protected against the risks associated with the unsafe use and management of medicines. After our last inspection the provider sent us a report telling us the actions they had taken to ensure the safer handling of medicines.

During this inspection we found that Direct Health (Preston) had made a number of improvements in medicine handling. However we found that people using the service were still not fully protected against the risks.

We looked at documentation relating to medicines for five people and visited three people in their homes. The people we visited had a good understanding of their medicines and either managed some aspects of their medicines themselves or had good robust family support to do so. At the time of the inspection, the agency told us they mainly supported people manage their creams rather than their oral medicines which meant that the risks of not managing medicines safely were low.

As at the last inspection we found that the information recorded in people's care files did not always reflect the support they were given with their medicines because some of the information was either inaccurate or outdated.

The medicine administration record sheets were now computer generated by the community pharmacist and this meant the instructions were accurate and easy to read, which reduced administration errors. Cream charts and body maps had been introduced into people's homes which showed where to apply the cream. We found this information was accurate and the carers had signed most charts properly. However we saw that even with this system in place, records showed carers still administered a cream once daily for 20 days when the prescribers directions said it should be used twice daily for 14 days. This meant that staff had failed to follow the instructions from the prescriber which had resulted in a person not receiving their medicines as prescribed.. The agency told us that they knew that there were still shortfalls in the way creams were handled and that they were developing and introducing new paperwork and monitoring systems to improve safety in this area.

When we visited people in their own home we found that medicines were all stored safely in the places detailed in their care files, which was an improvement. We were told by a family member that medicines were handled better and the staff made sure their relative took their medicine on time and ensured it was always locked away safely. We saw good levels of communication between relatives and carers in the notes which ensured medicines were given safely. However when people did not have a relative to help them we saw that they were not started on newly prescribed medicines in a timely manner. A newly prescribed cream had not been applied because there was no robust system in place to make sure carers were aware of it. This meant that the systems for supporting people with their medicines was not robust and could put people at risk of not receiving their medicines safely.

We also saw that contrary to the medicine's management policy, there were no up to date lists of medicines that each person were prescribed; this meant that people could miss being given medicine they should be taking if it was not delivered or kept in the correct place.

When people were prescribed medicines which needed to be taken at specific times the medicines risk assessments failed to recognise them as being "time specific." For example medicines which needed to be taken 30 minutes before meals had not been clearly documented and did not indicate how people were supported. This meant that medicines had not been safely managed.

The provider did not have adequate medicine management and administration systems in place at the service. This is a breach of regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Relatives of people who used the service told us they felt their family members were safe. Comments included, "I feel at ease and know mum and dad are safe and they keep me informed about what is happening", "They have to help me with a hoist and I do feel safe with them when they are moving me about." And; "They do a great job and it has improved in the last 12 months. I have had falls so they help me with the shower and they are very good with me."

We looked at how people were protected from bullying, harassment, avoidable harm and abuse. There was a significant improvement in this area. We found the service had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed staff had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people could experience. The service had whistleblowing (reporting poor practice) procedures. Staff spoken with told us they were aware of the procedure. They said they would not hesitate to use this if they had any concerns about their colleagues' care practice or conduct. We felt reassured by the level of staff understanding regarding abuse and their confidence in reporting concerns.

We saw records of safeguarding enquiries and alerts that had been completed. Evidence we saw demonstrated that recommendations to minimise abuse had been taken into consideration when people's care was reviewed. For example we visited one person where concerns regarding neglect due to poor medicines management had been a concern previously. The relatives we spoke to informed us they felt all measures to reduce risks had been followed and care delivery had improved significantly.

We saw examples of how management reminded care staff about various types of abuse. In minutes of one meeting staff had been reminded that 'cutting care visits short was a form of abuse and fraud and should not be tolerated'. This meant that the service had system in place to address potential safeguarding concerns resulting from reduced visits.

We found that the service had followed safeguarding reporting systems as outlined in their policies and procedures. We looked at information that we had received from people regarding care staff who had been alleged to have acted unprofessionally. We found disciplinary measures; supervision and training had been instigated when there had been a complaint or concern about staff conduct. For example staff who had breached confidentiality or found to have made repeated errors during care delivery.

We looked at how the service protected people against risks of receiving care and treatment. We looked at six people's care documents. There were risk assessments in people's care files which included risks of malnutrition, falls, neglect, medicine misuse, moving and handling, personal care and environmental risk assessments.

Care files we checked demonstrated that people's risks had been assessed, documented and reviewed regularly when there was a change. Risks had been clearly identified and staff had been provided detailed guidance on how they could ensure risks to people were reduced. For example we found people who had a medical device attached to them; staff had been clearly guided on how to maintain hygiene around medical devices while ensuring they avoid dislocating or disturbing them. Important information around risks was highlighted in different colours to provide visual prompt. This meant that the service had identified people's risks and put measures to minimise them.

Where people required equipment to assist them with their mobility and transferring, staff had clear guidance to check the safety of the equipment and also to ensure the equipment was safe to use.

We looked at recruitment processes and found the service had recruitment policies and procedures in place, to help ensure safety in the recruitment of staff. We reviewed the recruitment records of five staff members and found that robust recruitment procedures had been followed. We saw the required character checks had been completed before staff worked at the service and these were recorded. The files also included proof of identity and DBS (Disclosure and Barring Service) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

The service employed enough staff to carry out people's visits and keep them safe. Staff told us they had enough time at each visit to ensure they delivered care safely. People we spoke to informed us staff supported them at a safe pace without feeling rushed.

People told us the service had been more reliable and that staff had visited as planned. They also told us that they saw the same staff unless there was a specific reason for not doing so, such as annual leave or sickness. One person told us: "I have had the same faces for a while now; I always know who's coming to see me". Another person said, "80% of the time they are on time and if they are late because of traffic they apologise".

We asked staff if they felt they had enough time to provide care and travel to their next visits. They told us they were given enough time with people, were given time for travelling and that visits to people did not overlap. People we spoke to told us that staff stayed for the allocated time. We looked at the visit monitoring tools that the provider used to check if staff were staying the allocated time. We found that staff were staying the duration and there were regular audits to monitor whether staff were visiting and staying as planned. Staff had asked for permission from the office before leaving, where people had asked the staff to leave early.

We looked at how the service minimised the risk of infections and found staff had undertaken training in infection prevention and control and food hygiene. There were policies and procedures for the management of risks associated with infections. People told us staff wore their uniforms and gloves and disposed used gloves appropriately. Comments included: "In the last 12 months I have noticed they now always wear the gloves and an apron when they are helping me."

A business continuity plan had been developed, which helped to ensure continued service in the event of a variety of emergency situations, such as flood, severe weather conditions, flu pandemic or power failure. Staff were aware of actions they needed to take in the event of a medical emergency, such as a person collapsing or if there was no response when they visited someone in the community, who they would have been expected to be at home.

Is the service effective?

Our findings

During our last inspection of Direct Health (Preston) in June 2016, we found suitable arrangements were not in place in order to ensure that persons employed were able to deliver care to people safely and to an appropriate standard. This was because appropriate, supervision and appraisal were not arranged for all staff members. This was a breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014.

During this inspection we checked whether the service had met the requirements to comply with the related regulation. We found improvements had been made and the service was compliant with the regulation.

We looked at feedback comments from the relatives of people using the service. Comments from relatives about the care and support people received were positive. Comments included, "After the first inspection, I thought about finding another agency but they have improved and been great with us and staff are now very attentive." And "They are very nice people and they care for him it's beyond just a job for them I have nothing but praise for them."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in community services such as people receiving services in their homes and supported living are called the Court of Protection.

We reviewed how the service gained people's consent to care and treatment in line with the MCA. One person told us, "They always ask my consent especially if they have not been before." We looked at people's care records and found mental capacity assessments had been completed to identify whether people could make their own decision regarding their care and treatment. Best interest's processes had been followed where people had been assessed as lacking mental capacity to make specific decisions.

The care staff we spoke with demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA) 2005. Staff spoken with demonstrated a good awareness of the Mental Capacity code of practice and confirmed they had received training in these areas.

Records seen and staff spoken with confirmed staff received regular supervision and annual appraisals. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt supported by the management team who encouraged them to discuss their training needs and be open about anything that may be causing them concern.

Staff had received on site supervision in the community, which was designed to monitor care staff conduct whilst they delivered care to people in their homes. Staff were supervised to ensure they were punctual and delivered care safely. Additional supervision was also provided when concerns had been identified about staff performance such as medicines errors, time keeping or safeguarding concerns. This meant that the service had put measures in place to monitor staff performance and offer support where required.

Staff spoken with told us meetings were held, so the staff team could get together and discuss any areas of interest in an open forum. This also allowed for any relevant information to be shared with staff. Records seen confirmed meetings had taken place. We saw that during a recent meeting the importance of good time keeping and staff issues around the rota and travelling times had been discussed. Guidance and changes to practice had also been shared during the meetings.

Staff had been provided with appropriate training and induction to ensure they could undertake the work they were employed to do safely. We looked at the provider's training matrix, which covered multiple courses including moving and handling, safeguarding, health and safety, fire safety awareness, mental capacity, food hygiene and nutrition and infection control. We found that the service promoted staff development to ensure that staff received training appropriate to their role and responsibilities. Staff had received on-going training to ensure they continue to develop their skills and knowledge. This meant that the service had trained staff to ensure they had the appropriate skills and knowledge.

We looked at how people's nutrition was managed. We found the provider had suitable arrangements for ensuring people who used the service were protected against the risks of inadequate nutrition and hydration. Systems and processes for monitoring people's nutritional needs were in place. People's records showed people's preferences and risks associated with poor nutrition had been identified and specialist professionals had been involved where appropriate.

People were supported to maintain good health, anything about known medical/health related conditions monitoring well-being, access health care services and receive on going health care support. There were links with the local primary health services and professionals such as local doctors and District Nurses.

Is the service caring?

Our findings

During our last inspection of Direct Health (Preston) in June 2016, we found the service had failed to ensure that people were treated with dignity and respect during care delivery. This was because care staff had not visited people as planned and people had been put to bed early against their preferences and care staff were consistently late. This was a breach of regulation 10 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014.

During this inspection we checked whether the service had met the requirements to comply with the related regulation. We found improvements had been made and the service was compliant with the regulation.

We received numerous positive comments about the care staff and the service delivered to people. One person said, "Without doubt they respect my privacy and dignity and they will help me with anything and if I need anything they will get it for me." Another person said, "They treat me with utmost respect and I am very appreciative of the care I get, without them I would not function." One relative said, "I watch them with him and they are very good with him they will cover him up when they are washing him and they make sure the door is shut they are on the ball with all that."

Staff spoken with and the care coordinators had a sound knowledge and understanding of the needs of people they cared for. Staff members told us how they enjoyed working at the service. Comments from staff included, "It's great, they are a good employer." And; "I'm really happy here and get the support that I need."

We considered how people's dignity was maintained and promoted. We noted people's daily records and care plans had been written in way that took consideration of their choices and preferences. People had been asked about their likes and dislikes and this had been included in their daily support. People that we spoke with informed us care staff had visited as planned and staff we spoke with talked about people in a respectful, confidential and friendly way.

Daily records were completed by care staff and were written with compassion and respect. All staff had been instructed on maintaining confidentiality of information and gave us examples to demonstrate that they understood the procedural guidance. We also saw evidence of actions taken where staff had been found to have breached confidentiality. People's records were stored securely. This meant people using the service could be confident their right to privacy was respected with their personal information kept in a confidential manner.

Staff we spoke with showed a clear understanding of the measures in place to ensure a person's privacy and dignity was respected and gave appropriate examples. They told us they understood that their place of work was someone else's home and had to be respectful.

There was information available about advocacy. Advocates support people to access information and make informed choices about various areas in their lives. Relatives that we spoke with informed us that they had been more involved in the care of their family members and that this had improved the quality of the

care they received. The care staff we spoke with displayed a real passion in relation to the care of people and it was evident that the ethos of the service was based on the care and compassion of the people using the service.

Is the service responsive?

Our findings

During our last inspection of Direct Health (Preston) in June 2016, we found the service had failed to ensure that people were safeguarded from abuse and improper treatment. This was because care staff had significantly cut care visits short and staff had visited late or too early. This was a breach of regulation 13 (4) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014.

During this inspection we checked whether the service had met the requirements to comply with the related regulation. We found improvements had been made and the service was compliant with the regulation.

We received overwhelming positive feedback from people using the service and their relatives. Comments included, "Never had to complain and they are very flexible if I want to change my times if I have a hospital appointment." Relatives confirmed that they were confident and issues would be addressed. Comments included, "They have visited and we have had meetings, things have improved greatly." "Communication has improved, we are kept informed.", "They stay most of the time but sometimes if they have finished everything and I am eating my meal I will let them go it's not a problem" and "The Team Leader comes round to check on things I think I have had a spot check about twice in the last twelve months and everything was okay."

We looked at how the service provided person centred care. We found assessments had been written in a person centred manner and were detailed. Care plans contained people's identified needs, the outcomes they wanted to achieve and guidance to staff on what to do on arrival to people's houses and the order in which people preferred their care to be delivered.

We found the care plans were organised and clearly written. We looked at what arrangements the service had in place to ensure people received care that had been appropriately assessed, planned and reviewed. We looked at six people's care files. All six files contained assessments also known as person centred support plans. It was evident that a full assessment of people's needs had been completed before a decision had been made about whether the service could meet that person's needs. Additional assessments were also evident in some of the files we looked at, for example assessments completed by the Local Authority. This helped to provide a more detailed and holistic assessment of people's needs.

We also noted people had been involved in their assessment and where appropriate, the service sought support from their family members. One family member said, "They reviewed the care plan last week they took it away and have made an appointment to come back to see me." Daily reports provided evidence to show people had received care and support in line with their care plan. We noted that records were detailed and people's needs were described in respectful and sensitive terms.

We noted procedures were in place for the monitoring and review of care plans. Care plan reviews were carried out on an annual basis and wherever possible people using the service and their families if appropriate were involved.

We looked at whether care visits had been effectively planned and delivered in line with people's needs. We found care staff had visited as planned in majority of the cases and stayed the duration of the allocated time. Regular checks had been carried out to check on staff and where concerns about the length of the care visits had been identified, staff had been spoken to and provided with supervision. This was a significant improvement since the last inspection. People could be assured that they would receive the care they required and at the planned time.

The service had a complaints procedure in place. The procedure provided directions on making a complaint and how it would be managed. This included timescales for responses. We saw complaints and compliments forms were easily accessible. Staff we spoke with confirmed they knew what action to take should someone in their care, or a relative approached them with a complaint. We also saw evidence of complaints that had been received and how they had been dealt with. Letters of apology had been sent to people in instances where the service had not met the targets for resolving the complaints. This meant that people could be assured that their concerns had been received.

Relatives we spoke with confirmed they were aware of the complaints procedure and how to access any information around making a complaint. They told us they were confident should they have any issues that these would be dealt with appropriately.

Is the service well-led?

Our findings

During our last inspection of Direct Health (Preston) in June 2016, we found the service to be in breach of regulations relating to people's safety and good governance. We found the service had failed to meet the requirements outlined in the action plan we had issued following the inspection in May 2015. Governance systems at the service did not ensure that staff were adequately monitored and supervised to deliver people's care safely and as planned. There was a lack of management oversight. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014.

Following the last inspection of the service we took enforcement action. The registered manager who was in post at the last inspection is no longer undertaking this role.

There was no registered manager in post at the time of the inspection. A new manager had been recruited and was in the process of applying for registration with Care Quality Commission. The manager had responsibility for the day to day operation of the service. She was supported in her role by the care coordinators, quality assurance Manager and the regional manager. Throughout all our discussions it was evident the care coordinators had knowledge of people's current needs and circumstances and were committed to the principles of person centred care. These observations supported the positive comments made by people and their relatives.

During this inspection we checked whether the service had met the requirements to comply with the related regulation. We found some improvements had been made and the service was compliant with the regulation. However, we found some on-going concerns in relation to management of medicines and medicines administration records.

We found some improvements had been made in relation to medicines records. Regular audits had been carried out on medicine administration records however we found concerns regarding the medicine policy and instructions to staff on management and recording of topical creams. There were a significant number of medicines records which had not been signed or completed appropriately. We spoke to the manager who informed us that they were going to review the policy and were working with local pharmacies to improve the records to topical creams. This meant systems and processes for safe management of medicines were not robust.

Whilst some changes had been made and improvement noted, these need some time to be embedded into the staff team.

People and relatives spoke highly of care staff. They told us: "They have tried their best and it has gone better." "I'm not just saying it they are 100% I mean that I love the continuity after 10 years" and "First class when I go away I am confident they will look after my brother they are brilliant with him."

There was a positive staff culture within the service. This was reported by all the staff members that we spoke with. Comments included, "We have a positive culture and we have been asked about our views on

improving the service", "The new manager is very approachable and seems very nice."

Professionals we spoke to informed us they had confidence in the knowledge and skills of the senior management team and enjoyed a good working relationship with them. Comments included; "My thoughts about them are positive, they have been instrumental in keeping things together for one of my clients", "Without Direct Health things could have been worse."

Governance and leadership within the service had improved. The senior management from the organisation were actively involved in ensuring the service was compliant with regulations and delivering good quality care. We found evidence to demonstrate that there was robust management oversight from care coordinators and the new manager. For example, staff with delegated tasks had been supervised by the manager and discussions had been undertaken on what was expected of the staff and how progress was going to be monitored. There was a clear allocation of geographical areas that care coordinators covered and staff had been made aware who they were accountable to. This meant that the service had arrangements in place to ensure staff had clear guidance and lines of accountability.

Care staff had been supported to ensure they received regular training, induction supervision and development. We found the staff had been provided with training in line with the organisation's policy.

We found that the service had an auditing system in place. The provider carried out audits to monitor the quality of the service. These included looking at, daily records, visit records and medicine administration records to ensure they were completed correctly. Spot checks to observe staff's competency were carried out on a regular basis. These were in place to check that staff were punctual, stayed for the correct amount of time allocated and the people supported were happy with the service. We saw a report commenting on the outcome of the checks. The report was positive. An audit of care records was completed monthly. Reviews had been carried out and signed off by the manager to ensure managerial oversight.

We found in some instances audits had been completed and highlighted concerns however, there had been no action plans to show who was responsible for the completion of the tasks put in place to address the concerns. We spoke to the quality assurance manager who showed us templates of action plans that they were introducing, we were assured that these will address the shortfall.

There were quality assurance systems and tools in place. Surveys called 'snappy surveys' had been carried out to seek people's views on the quality of the care delivered. We also found questionnaires had been sent out to people asking about their overall experience of the service.

People were encouraged to share their opinions on the quality of care and service being provided. We saw regular surveys had been carried out to seek people's views and opinions about the care they received. People were also asked to share their views about care staff and the feedback was overwhelmingly positive. We found the care coordinators and manager had visited people to review their care and also seek their views on the care they received.

There were policies and procedures relating to the running of the service. Some of these policies were up to date and some showed they were in the process of being reviewed as they either did not have the latest guidance or were not reflecting the latest changes in practice. For example the medicines administration policy was undergoing review due to recent changes in the primary health commissioning of prescribed topical creams, as well as the management of safeguarding alerts.

Staff had access to up to date information and guidance procedures were based on best practice and in line

with current legislation. Staff were made aware of the policies at the time of their induction and when new changes came into place.

We looked at how staff worked as a team and how effective communication between staff members was maintained. Communication about people's needs and about the service was robust. We found meetings; memos and modern technologies were used to keep staff informed of people's daily needs and any changes to people's care. Information was clearly written in people's daily records showing what care was provided and anything that needed to be done on the next visit.

A whistleblowing policy was in place and staff told us they felt confident to use it to report concerns about the actions of another member of staff or failings in management. This demonstrated the staff and the service's commitment to ensuring the standard of care provided at the service remained high.

We checked to see if the provider was informing the Care Quality Commission (CQC) of key events in the service and related to people who used the service. We found the registered provider had fulfilled their regulatory responsibilities and statutory notifications were being submitted to the Commission. A notification is information about important events which the service is required to send us by law.

We found the organisation had maintained links with other organisations to enhance the services they delivered, this included affiliations with organisations such as local health care agencies and local commissioning groups, pharmacies, and local GPs.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not have adequate medicine management and administration systems in place at the service.</p>