H & S Direct Solutions Limited

H & S Direct Solutions

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?	Requires Improvement

Summary of findings

Overall summary

This comprehensive inspection was announced, which meant that we gave the provider 48 hours' notice of our inspection, in line with CQC guidance for inspection of domiciliary care services. This was so we can arrange for someone to be at the agency office to assist with access to information we need to see.

On 4 September 2017 we visited the agency office and the homes of some people who lived in the community and who used the services. On 5 September 2017 we made some telephone calls to others who also used the service.

H & S Direct Solutions (Flexecare) provides people who live in the community with a domiciliary care service. It is registered to provide personal care for older people and younger adults, people who have a physical disability or sensory impairment and those living with dementia or mental health issues.

The agency office is located on the outskirts of Preston city centre. It is within easy reach of surrounding towns of Chorley and Leyland. Public transport links are nearby and some car parking spaces are available.

The manager of this location was on duty at the time of our inspection. She was in the process of applying for registration with the Care Quality Commission. 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 of the Health and Social Care Act and associated regulations about how the service is run.

The agency had gathered information about people's needs from community professionals, who had been involved in their care and support, prior to a package of care being arranged. However, the needs assessments conducted by the agency lacked detail, clear guidance for staff and person centred information. Therefore they did not accurately reflect what specific care and support was needed for people. The support plans varied in their quality. Some contained good person centred information, but others were very brief and were not always inclusive of people's needs. We found that records were not always fully completed and details provided were sometimes contradictory.

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that mental capacity assessments had been routinely conducted for all those whose care records we saw, despite it being clear that they did not always lack the capacity to make decisions. Consent forms had been signed, but these did not provide person centred information, as the options not relevant to individuals had not been deleted from the form and therefore the information provided was misleading. We made a recommendation about this.

A system for assessing, monitoring and improving the quality of service provided had been developed. Risk

assessments had been introduced in relation to people's health care needs and the safety of the environments in which people lived.

However, areas identified as being at high risk had not been reviewed for several weeks and the support plans we saw were not linked to these areas of risk. Advice had not always been sought from community professionals for people who needed additional support with their health care needs, due to a specific risk. The Personal Emergency Evacuation Procedures [PEEPs] we saw did not clearly identify how people should be assisted to vacate their homes in the event of an emergency and the hazard checklists did not make reference to electrical safety, such as plugs or sockets. The fire risk assessment, developed by the manager of the service referred to Shropshire Fire and Rescue Service and not Lancashire Fire and Rescue Service. Therefore, risk management systems did not reflect local guidance on how to manage risks. We made a recommendation about this.

We found that recruitment practices could have been better, so that at least one professional reference was obtained on behalf of each new employee and where this was not possible then a clear written explanation be provided, as to why professional references were unobtainable and the measure taken by the service to ensure staff were safe to work with vulnerable people. We made a recommendation about this.

Records showed that regular formal supervision and annual appraisals for staff had been introduced.

When asked to describe their care workers, people who used the service and their relatives told us that they were respectful, kind and caring. We were told that people felt safe using the service and that they usually received the same agency staff to provide care and support, which promoted continuity of care. This helped people to develop a trusting relationship with their care workers. We found that people were treated in a kind and caring manner, with their privacy, dignity and independence being promoted.

Records showed that people's views about the quality of service provided had been sought in the form of surveys, the results of which had been analysed and produced as an overall summary for easy reference.

A business continuity plan had been developed, which outlined action to be taken in the event of any environmental emergency, which could affect the operation of the agency.

Medicines and complaints were being well managed and systems were in place for reporting safeguarding incidents. The staff team were well supported by the senior staff of the agency, through the provision of information, induction programmes and a wide range of training modules. Staff members we spoke with had a good understanding of the people in their care and were able to discuss their needs well.

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 always safe.

The recruitment practices adopted by the agency could have been more robust and the management of some risks were ineffective.

People felt safe using the services of H & S Direct Solutions (Flexecare) and we found medicines were being well managed.

Systems were in place for the recording of safeguarding incidents and clear safety policies were in place at the agency office.

Is the service effective?

Requires Improvement

This service was not always effective.

Mental capacity had been conducted for everyone who used the service, despite some people clearly not lacking the capacity to make decision.

Consent had been obtained from those who used the service. However, these records were not specific to individual needs.

People expressed their satisfaction with the care and support they received. Staff members were well trained.

Is the service caring?

Good

This service was caring.

Feedback from those who used the services of H & S Direct Solutions (Flexecare) was positive. People told us that staff were respectful, kind and caring.

People's privacy and dignity was consistently respected and their independence was promoted as far as possible.

Is the service responsive?

Requires Improvement

This service was not always responsive.

An assessment of people's needs had been conducted before a package of care was arranged. However, these records lacked detail and person centred information.

The support plans we saw varied in their quality. Some were detailed and person centred, whilst others were basic and did not reflect people's needs and how these needs were to be best met.

Complaints were being well managed.

Is the service well-led?

Requires Improvement

This service was not consistently well-led.

Systems had been implemented to assess and monitor the quality of service provided. However, some documentation was not competed accurately.

The manager of the service was in the process of applying for registration with the Care Quality Commission.

People's views about the quality of service provided had been formally sought. Meetings were held for the staff team.

H & S Direct Solutions

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. We also looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This is the first inspection of this location since it was registered with the Care Quality Commission on 17 August 2016. The inspection was carried out on 4 September 2017 by two Adult Social Care inspectors from the Care Quality Commission (CQC). An expert by experience obtained telephone feedback on 5 September 2017, in order to gain peoples' views about the service provided. An expert by experience is a person who has had some experience of the type of service being inspected or has been involved in caring for someone within this particular client group. Our expert has cared for elderly family members who have used regulated services.

At the time of our inspection there were 19 people who used the services of H & S Direct Solutions (Flexcare). We were able to speak with three people and six relatives by telephone. We visited an additional four people with permission in their homes, during which time we met and spoke with additional family members. We also spoke with three care staff, the manager and the provider of H & S Direct Solutions (Flexecare).

We looked at a wide range of records, including the care files of nine people who used the service and the personnel records of four staff members. Other records we saw included a variety of policies and procedures, medication records and quality monitoring systems.

Prior to this inspection we looked at all the information we held about this service, including information that the provider had told us about. We also listened to what people had to tell us and we received feedback from local commissioners about the service provided by H & S Direct Solutions (Flexecare).

The provider had sent us their Provider Information Return [PIR] within the timeframes requested. A PIR gives us key information about the service and tells us about improvements they intend to make.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they always felt safe using H & S Direct Solutions (Flexecare) and that the care staff were usually the same ones who attended to provide them care and support.

Comments we received from people who used the service included: "They're [care staff] very good with medication and they always sign the MAR [Medication Administration Record] sheets. Any new medication must be on the sheets before they'll deal with it"; "He [the carer] always makes sure that I've had my medication. I have a dissolvable aspirin as a blood thinner and he makes sure that it's dissolved and I've taken it whilst he's here"; "Everything's been fine with medication. They've [carers] never made any mistakes"; "I deal with all my tablets, but occasionally they put cream on my legs because they get very dry"; "They come once a day Monday to Friday, just as a support service really and they're always more or less on time"; "We have regular carers that come four times a day and they're mostly on time. They've never needed to phone because they've never been too delayed"; "They're always on time. Only once did they need to change the time due to another lady's hospital appointment, but they asked beforehand if they could change the time and we were quite happy to do that" and "She [carer] usually comes on time, but they [agency] always ring if she's going to be a bit late."

Comments we received from family members we spoke with included: "I'm very happy that [name] is safe with them [the agency] and he feels safe too. He was quite worried at first because of the things you hear in the news but he's very happy with his care"; "All the tablets are in a blister pack and the carers give him his tablets in a morning and complete the MAR Charts and I give them to him in an afternoon" and "The carers times vary over an hour or two, especially in the morning and sometimes they haven't been at all in the morning, but we've never contacted the office about it. They are responsible for giving [name] medication and the blister pack is always OK. If they've been missed in a morning, due to them not coming, they give it in an evening, but it doesn't matter because it's daily stuff. None are life-threatening or have a specific time to be given. The blister pack meds have always gone but sometimes the bowel sachet is left over. It's not a regular thing but just last week there was one sachet too many left over."

During our inspection we looked at the personnel records of four people who worked for H & S Direct Solutions (Flexecare). We found these to be very well organised, making information easy to find. Those we saw showed that prospective staff had completed application forms, which incorporated details of individuals' employment history. Records showed that H & S Direct Solutions (Flexecare) was an equal opportunity employer, which meant that all applicants who fitted the criteria were judged with fairness and equality.

We found that health questionnaires had been completed and two forms of identification had been received. Those who fulfilled the required criteria were invited to interview, which was documented. Disclosure and Barring Service [DBS] checks were conducted before employment. DBS checks identify if any prospective employee has any convictions. This helps to ensure that those appointed are fit to work with vulnerable people. The manager of the service told us that plans were in place to verify all staff member's DBS checks every three years. This was considered to be good practice.

Records showed that two references had been sought before people were appointed. However, a reference for one care worker was from a friend and the second was a standard company reference, which only showed dates of employment. A reference for another care worker was from a family friend and the second from a relative. This was not in line with information provided in the staff handbook, which was not tailored to a domiciliary care agency and which stated, 'The recruitment process must be followed. Nurses and health care assistants registering with us must provide the following: The names, addresses and telephone numbers of two people who can provide you with references [This must be senior management level, charge nurse or sister] and your NMC PIN number [A Nursing and Midwifery Council PIN number demonstrates that the nurse or midwife is registered with the regulating body and therefore is eligible to practice]. We understand that on occasions it may be difficult to obtain a professional reference due to circumstances. However, these could be obtained from school teachers, university lecturers or religious ministers. Where this is not possible then the circumstances should be clearly recorded. Therefore, it is recommended that for each person employed at least one professional reference be sought, in order to obtain a professional opinion about everyone who is employed by H & S Direct Solutions (Flexecare).

Staff we spoke with confirmed that recruitment processes were thorough. Some staff members had been transferred from the previous company and had received new contracts of employment, although these did not always show the date people started to work for H & S Direct Solutions (Flexecare).

New employees were provided with a range of information, such as contracts of employment, job descriptions specific to their roles, an employee handbook, terms and conditions of employment, codes of conduct and a variety of important policies and procedures. Together these documents helped new staff to be aware of what was expected of them whilst working for H & S Direct Solutions (Flexecare) and helped them to perform the duties for which they had been appointed.

A variety of health care assessments had been conducted within a risk management framework, such as moving and handling, falls, personal care, medicine management and pressure care. However, we saw one person was assessed as being at very high risk of developing pressure sores, with a score of 22 and yet the risk assessment had not been reviewed and updated for more than four weeks. We were subsequently told this person had been away on holiday and that was why the pressure risk assessment had not been completed during that period. However, this absence was not recorded on the form. The assessments were continued monthly on this person's return from holiday, but given that they were assessed as being at very high risk of developing pressure sores, then a more regular risk assessment should have been completed. This would enable professional advice to be sought quickly, should any changes in skin condition be noted. Strategies to reduce the risk of harm for this person were not evident within the associated support plans. Although the Speech and Language Therapist [SALT] had been involved in the care of one person who used the service, we found that advice had not been sought for another person who was having difficulty in swallowing.

Risk assessments had been conducted in relation to the safety of the environments in which people lived. Personal Emergency Evacuation Procedures [PEEPs] were in place, but these were not effective, as they did not clearly identify how people should be assisted to vacate their homes in the event of an emergency situation occurring.

The fire risk assessment had been developed by the manager of the service and was dated 22 May 2017. This provided instructions for staff which stated, 'For further assistance please refer to the Shropshire Fire and Rescue Service fire risk assessment template guidance.' It is recommended that this be amended to reflect guidance from Lancashire Fire and Rescue Service. It is recommended that the risk management processes be reviewed in order to further protect people from harm.

Loan worker risk assessments had been conducted and were available on the personnel records we saw. This helped to protect those who worked for the agency.

A wide range of safety policies and procedures were available at the agency office. Staff we spoke with were aware of what they needed to do in the event of being unable to gain entry to someone's house, whom they would expect to be at home. Systems were in place for the recording of accidents and incidents experienced by those who used the service, although none had been documented to date. People we spoke with told us they had contact numbers for the on call services, should they need assistance during out of office hours. This helped to keep people safe. Policies and procedures were in place in relation to infection control. This helped to reduce the risk of cross infection.

A business continuation plan had been developed, which provided staff with clear guidance about the action they needed to take in the event of an emergency situation, such as fire, pandemic, explosion or power cut. Contingency plans were in place to ensure the service could exercise its functions as far as reasonably practical, should an emergency occur.

During the course of our inspection we assessed the management of medicines. We found that medicines were being managed well. Medication Administration Records [MARs] were in place, which detailed the prescribed medication for each individual. We saw these were retained in people's homes. This helped to ensure that people received the correct medicines at the prescribed times.

Records showed that medicine reviews had been conducted regularly and the action taken as a result of any shortfalls being identified. The MAR's we saw had been completed appropriately and written policies and procedures around the management of medicines were in place.

Relevant authorities had been informed of any safeguarding incidents and clear safeguarding policies were in place at the agency office. Staff we spoke with had a good understanding of abuse and action they needed to take should they have concerns about the safety of someone in their care.

Requires Improvement

Is the service effective?

Our findings

Comments we received from people who used the service included: "He [care staff] always helps me to get things sorted. He's very helpful. I go and fill my gas card up at the shop, but he always puts it on for me. He's a good lad" and "My care plan's in the folder and that's where they [care staff] make their notes."

Relatives we spoke with told us: "Everything's going very well indeed, we're very satisfied"; "They've informed me that [name] will lose her independence if they don't try to keep her mobile. To give them [carers] due respect, they do try to and they try to get her to walk a little bit using a Rotastand. She also uses a frame on an odd occasion. She has a mobile commode and again they try to get her to use it to maintain her independence. They encourage her to feed herself although they do support her to eat because she has Parkinson's disease, but they never rush her"; "He's [person who used the service] not eating anything and hasn't since April. His GP and the district nurse are aware of it, but he's just given up. The Carers have tried Ensure drinks, but he won't have them"; "There were just odd bits of things that were not to our standard with the carers. They were not letting us know when things were running out, such as pads and occasionally they've actually let things run out, such as wipes, but whenever we've mentioned things to the office, they've always dealt with it, it always gets sorted. We leave notes in his file for the carers to read and they always action them. The only thing is the reports in the file are not very explicit just basic information."

The Mental Capacity Act 2005 [MCA] provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

Where people receive support in their own home, applications to deprive a person of their liberty must be made to the Court of Protection. 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 looked at the care files of nine people who used the service and found that the service was not always working within the principals of the Mental Capacity Act. For example, mental capacity assessments were not always decision specific and they had been completed routinely for the majority of people who used the service, although it was clear that some people did not lack the capacity to make decisions. A mental capacity assessment had not been conducted for one female who used the service, although it had been signed by the manager, who had written, 'Decision made: [Name of female service user] as she likes to be called can make informed decisions about all his needs.'

It is recommended that systems around assessing mental capacity are reviewed and tailored to meet decision specific needs.

People had signed consent forms around risk assessments for personal care and moving and handling. However, a consent statement provided three options in relation to the giving of consent. The options which were not applicable had not been deleted on three files we saw and therefore inaccurate information was provided for the staff team. We noted that options, which were not applicable on one risk assessment, had not been deleted and therefore this particular document was not effective. Although one person had signed a consent form none of the sections within the form had been completed and therefore it was not clear what consent was being obtained for.
It is recommended that the staff team are provided with some guidance around the accurate completion of records and given direction about removing sentences which are not relevant to the individual.

Records showed that each new member of staff was assisted through a detailed induction programme which incorporated a number of shadow shifts, during which a new care worker would be introduced to people who used the service. This enabled them to observe a more experienced care staff member, whilst gaining confidence and the skills needed to provide the support which people required. Staff members we spoke with felt their induction programme was sufficient to enable them to do the job for which they had been appointed. The induction programme covered areas, such as an introduction to the company, terms and conditions of employment, fire awareness, specific duties and roles, health and safety, confidentiality and data protection, accidents and incidents, moving and handling, disciplinary and grievance procedures and complaints.

Staff personnel records which we saw showed that staff members were regularly observed and assessed during visits to people who used the service. This helped to ensure a satisfactory standard of work performance was maintained. Supervision sessions were documented, which highlighted any areas for improvement, such as medication errors. Action plans were then developed in order to minimise the risk of any reoccurrence. Practice evaluation checklists were retained in care staff personnel records, which incorporated spot checks, to ensure that care staff were performing to an acceptable standard whilst providing support in the community.

Annual appraisals had also been commenced, which included self-appraisals and incorporated an assessment from a supervisor. These cover areas, such as aims and objectives, individual roles, specific job descriptions, personal development, medication competency assessments and additional training required.

An individual record of training had been developed for each member of staff and an overall training matrix showed learning modules which had been completed. These included record keeping, effective communication, health and safety, fire awareness, safeguarding, moving and handling, medication management, infection control, food hygiene, challenging behaviour, dementia awareness, the Mental Capacity Act and Deprivation of Liberty Safeguards. Recent certificates of training were retained on care staff personnel records and these supported the information provided. We were told that learning modules were presented either on-line or within group settings and we saw evidence that some training sessions were followed up with written knowledge checks. This helped to ensure that staff members had learned from the teaching supplied. Staff we spoke with felt they received a good amount of training, which helped them to provide care and support in an effective manner. The manager told us that staff members were also supported to undertake additional training when a need was recognised in areas such as, dementia awareness. An action plan with target dates had been implemented in relation to personal development for staff. This helped to ensure the staff team remained focussed on their individual training programmes and maintained a well trained workforce.

Good

Is the service caring?

Our findings

We were told by three people that care staff could be slightly late for their visits, due to traffic or other hold ups. One person added, "But they [care staff] will always be here." Another person told us that their care workers were not always on time and that they were not always told when care staff had been delayed, which worried them. However, a third person told us that their care workers always turned up on time. We were told that the agency was always flexible. One person commented, "If I want to go out or if I want to put off a call I just phone them and they cancel the visit, but make it up another time." This person referred to the service as 'Absolutely superb' and went on to say, "I have used three domiciliary care agencies in total and this one is the best. Staff that come here go out of their way to do everything for me."

Other comments we received from those who used the service included; "I shower myself but she [care staff] dries me and helps me to get dressed. She's lovely. She's very respectful, kind and chatty"; "The Carers are absolutely great"; "I've always had the same Carer and he's a good old stick, he's very good"; "I'm very pleased with my care" and "The Carers are really good, I can't fault them at all."

Relatives we spoke with told us: "He's [service user] very stubborn, but always very polite and he's very happy with his carers. His words are, 'They are better than the others' [previous service]. They come four times a day and they are double-up appointments [visits by two carers]. One carer deals with him and the other does the paperwork"; "The Carers are all very respectful, but as is to be expected she [name] gets on better with some than others"; "He [service user] has a shower on Friday mornings and the carer has always been very respectful. [Service user] has never mentioned anything negative"; "[Carer's name] is really good and very chatty and so patient with him"; "They [carers] wash her in a morning. They're always very respectful towards her. They're very caring and we can have a good laugh with them" and "They [carers] wash her, change her and use a hoist to get her into bed. They're always very kind, gentle and respectful."

We noted that the agency provided support for people from a variety of different cultural backgrounds and whose first language was not English. However, we also established that the staff team consisted of people from a wide range of cultures, who could communicate in a number of different languages. This helped with the matching process and aided in promoting good communication between those who used the service and their care workers. Whilst visiting people in the community we observed that they had a good rapport with their care workers.

People we spoke with who used the service spoke highly of their care workers. We were told that carers were respectful and protected people's privacy and dignity at all times. The policies and procedures of the service covered areas such as, privacy and dignity, data protection and the importance of confidentiality. This helped to ensure people's personal information was consistently protected. The plans of care we saw included the importance of respecting people's privacy and dignity, particularly during the provision of personal care.

Staff members we spoke with were able to discuss the needs of those in their care well and it was evident that people's cultural backgrounds were respected at all times. People told us that they received support

from the same care workers, who they had got to know well and who they trusted. This helped to promote continuity of care.

Requires Improvement

Is the service responsive?

Our findings

People who used the service told us: "The manager and care co-ordinator did an assessment at first and my first reaction was not good. They were a bit informal, called me love or darling something like that and I didn't think that was very professional for a first meeting, but in fairness I think they were just being friendly. Everything's been fine since. I've spoken to them on the phone and they come to check the Mars and paperwork regularly"; "I usually have the same carer, but I occasionally get another who I also know. I had one carer who didn't know what she was doing. She wasn't suitable for the job. I told the office and they don't send her anymore" and "I've had no problems with the service. I've no concerns at all, but if I had I would ring the agency office with any issues."

Comments from family members included: "On the first night after [name] came home from hospital, a nurse came and checked with us about his care package and made notes in the file"; "They [agency] came to do an initial assessment at the start and we were involved in that meeting"; "They always discuss things with my mother-in-law, but they've always included us too"; "Communication is really good and my issues have always been dealt with. They're aware of how things are and they're very sensitive and tactful. The manager gave me her mobile number in case we had any concerns and she's always addressed things immediately"; "When his [person who used the service] care package first started they came four times a day, but he's got better with his movement, so he's now on a morning session only" and "A while back, she [person who used the service] had a fall coming out of the shower. The Carer was there at the flat. The Carer did everything right like ringing for an ambulance and contacting us. They do help her in and out now because the care plan has been changed and it's a double-up appointment [two carers] now, because she's lost her confidence in the shower."

We looked at the care files of nine people who used the service. Detailed assessments had been conducted by the funding authority before a package of care was arranged and a lot of information around certain medical conditions had been obtained for the staff team. This helped to ensure the management team were confident that staff had the right skills and experience to deliver the care and support people needed.

An overview of healthcare needs, as assessed by the service was also available. These incorporated any individual allergies. However, they lacked clear explanations, specific details and person centred information, which made them sometimes confusing and difficult to follow. For example, the care file for one person showed they could access the toilet facilities upstairs despite them living in a bungalow. This person's assessment contained a list of needs, such as continence, nutritional status, swallowing and breathing. Against each of these areas of need was written, 'No'; this did not indicate if this person needed support in these areas or not. Other areas listed were 'personal hygiene' and 'sleep pattern' against which was written, 'Yes'. This did not clarify if this person required support in these areas, and if they did, what assistance was needed. Against foot care was written, 'Asthmatic – Inhalers.' We could not identify a link between these two areas. The assessment of needs had not always been signed and dated by the assessor. Therefore, it was not possible to note if they had been completed before care and support was provided or after it had commenced.

The care files we saw varied in quality. Some contained good person centred information, but others were very brief and were not always inclusive of people's assessed needs. We found that records were not always fully completed and details provided were sometimes contradictory.

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person-centred care.

The support plans we saw had been regularly reviewed and were retained within people's homes in the community, with copies being kept at the agency office. This provided a good point of reference for service users, care workers and senior managers.

People we spoke with told us that care and support was provided in a way which they preferred, with their wishes and choices being consistently respected. The care plans had been developed with the involvement of those who used the service or their relative and their preferences were taken in to consideration. Care staff we spoke with told us they consulted the support plans, in order to obtain up to date information about people's and they were able to discuss the needs of people well, in accordance with the plans of care we saw.

Records showed that community health care professionals, such as district nurses, occupational therapists, diabetic nurses and GP's were usually involved in the care of those who used the service. This helped to ensure that people received the health care and support which they required.

We found that complaints were being well managed. A robust system for the recording of complaints received by the agency was in place. People we spoke with told us they would know how to make a complaint and would feel comfortable in doing so, should the need arise. A detailed written procedure was in place, which was available in a variety of different languages and which identified who would be responsible for dealing with complaints and the timeframes to expect during the investigation process. It also provided information about escalating a complaint to the Care Quality Commission, should someone wish to make a complaint to an external body. However, although the Care Quality Commission will listen to any concerns raised, they are not responsible for the investigation of complaints. Therefore, it is recommended that the complaints policy be amended to include contact details of the local authority, who deal with complaints.

Requires Improvement

Is the service well-led?

Our findings

People we spoke with told us: "The whole service is very good"; "The Company are very good. In fact they're brilliant! The care co-ordinator often comes out, sometimes in a caring role and checks how things are going"; "A very effective service. The manager carries out spot checks" and "I am often asked by the office if I am happy with the service I receive, which is reassuring."

The offices of H & S Direct Solutions (Flexecare) are situated within a building also used by other companies. However, several offices are solely for the use of the agency. Separate meeting and training rooms are available, although these need to be pre-booked, as they are utilised by other businesses sharing the same facilities. However, this provides ample space for training and meeting purposes, with specialised equipment being available for teaching, such as an adjustable bed, a hoist and a white board. The offices were well equipped and were managed by a small group of senior personnel. Staff we spoke with told us they felt well supported by the management of H & S Direct Solutions (Flexecare). One member of the team said, "I am very happy working for this agency."

A Service User's Guide was available at the agency office. However, this was not tailored to H & S Direct Solutions (Flexecare), as it referred to 'the home'. For example, it stated, 'The care manager has overall responsibility for the home' and 'Each member of staff has a role within the home.' It is recommended that all documentation is bespoke to H & S Direct Solutions (Flexecare).

A Statement of Purpose was also available, which highlighted the aims and objectives, values and principals and services available from H & S Direct Solutions. This helped prospective service users to decide if this agency provided the specific care and support they needed. These documents were available in a variety of languages and records showed that staff members were able communicate in a wide range of languages, such as Urdu, Punjabi, Patwari, Gutjurati, Hindi and Arabic.

Staff spoke highly of the management of the service and the style of leadership. They told us they felt well supported by senior personnel and enjoyed working for H & S Direct Solutions (Flexecare). We were told that an open door policy was in place at the office, so that people involved in the agency could call in at any time to discuss any concerns they may have or to highlight any areas of good practice. This helped to promote openness and transparency. Staff we spoke with had a good understanding of their roles and responsibilities towards those who used the service.

We established that people who used the service received ten minutes less than their allocated time at each visit to allow for carers' travel time in-between clientele. We discussed this area with the manager and provider of H & S Direct Solutions (Flexecare) and advised they discuss the situation with the funding authority. We also advised that they tell any new clients about this before a package of care was designed. This would demonstrate that the service was operating in an open and transparent way and would enable people to make an informed choice about accepting care and support from H & S Direct Solutions (Flexecare).

A variety of regular audits and quality monitoring systems had been implemented, such as pressure sores, accidents and incidents, care file reviews, observation assessments and spot checks on staff performance. The medication audits conducted from April to August 2017 identified some shortfalls each month. Documented evidence was available to show how the medication errors had been managed, such as the provision of additional training for staff responsible. This demonstrated that the system for assessing and monitoring the management of medicines was effective.

However, each month an overall percentage was awarded through the auditing process, in order to score the level of quality. We noted that although medication errors had been identified each month an overall score of 100% had consistently been awarded. This provided contradictory information around the management of medicines. We discussed this with the manager of the service, who subsequently confirmed that the percentages awarded in these instances were incorrect and should have been 99% instead. It is recommended that records are completed accurately.

Evidence was available to show how issues had been addressed, such as providing care workers with additional support and training, in order to improve their performance where needed. This helped to ensure the quality of service provided was regularly assessed and monitored, so that action could be taken promptly to address any shortfalls identified.

We saw minutes of the last two team meetings, which enabled any relevant information to be disseminated amongst the staff team and also allowed staff members to discuss topics of interest in an open forum, should they wish to do so.

People who used the service or their relatives had returned completed questionnaires, the results of which were analysed and produced as an overall summary. This gave people the opportunity to express their views about the service they received.

A business plan was in place which outlined the aims and objectives of the service, including the strengths, weaknesses, opportunities and threats, with clear strategies being implemented in order to outline future planning and drive. Evidence was available to show that the service worked in partnership with other organisations and various health care groups.

A wide range of detailed policies and procedures were in place. These included areas, such as equality and diversity, discipline, data protection and confidentiality, code of conduct, complaints, medicine management, safeguarding, whistle blowing, infection control, the Mental Capacity Act, privacy and dignity, fire safety, moving and handling and health and safety.

One member of staff said, "It is a lovely company and the manager is amazing. She is cooperative and easy to talk to. Any problems and she is supportive to the end."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's needs were not properly assessed before a package of care was arranged and some support plans lacked detail and person-centred information.