

Accord Housing Association Limited

Direct Health (Telford)

Inspection report

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Tel: 01952245331

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04 November 2020
05 November 2020

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Direct Health (Telford) is a domiciliary care agency which provides assistance with personal care to people living in their own homes. At the time of this inspection 214 people were receiving support with personal care needs. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People felt safe with the staff who supported them. People were supported by adequate numbers of staff who were safe to work with them. The provider's systems protected people from the risk of abuse. People were protected from the risks associated with the control and spread of infection. There were safe systems for the management and administration of people's prescribed medicines. People received their medicines when they needed them from staff who were trained and competent.

There were effective systems in place to monitor and improve the quality of the service people received. People's views were valued and responded to. The service worked in partnership with other professionals to ensure people received a service which met their needs and preferences. People were cared for by a staff team who were well supported in their role.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 2 April 2019).

Why we inspected

This focused inspection was a planned inspection based on the previous rating. This report only covers our findings in relation to the key questions safe and well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Direct Health (Telford) on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

Is the service well-led?

Good ●

The service was well-led

Direct Health (Telford)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that someone would be in the office to support the inspection.

Inspection activity started on 4 November 2020 and ended on 5 November 2020. We visited the office location on 4 November 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke on the telephone with seven people who used the service and three relatives about their experience of the care provided. We met with the registered manager and spoke to a member of the care team on the telephone.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We contacted a further five members of staff to seek their feedback on the quality and safety of the service provided.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At our last inspection we found limited information in place to inform staff how or where to administer prescribed creams. At this inspection improvements were found and there were clear instructions in place for staff to follow.
- People were supported to take their medicines by staff who were trained and competent to carry out the task. One person said, "The staff manage my medicines. I always get my medicines when they visit."
- Medication administration records (MAR) provided information about people's prescribed medicines, the dose and time the medicines should be administered.

Staffing and recruitment

- At our last inspection some people told us they experienced late calls. At this inspection no concerns were raised. One person said, "I've never had any missed calls and staff always stay for their allocated time." A relative told us, "We always have two staff and nine times out of ten they always arrive on time. We are always informed if they are running a bit late."
- Staff told us there were enough staff to meet people's needs and they never rushed people. A relative said, "They [staff] always stay their allocated time and sometimes stay over to make sure [relative] is ok."
- The provider followed safe recruitment procedures and made sure only staff who were suitable to work with people were employed.

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe. One person said, "They [staff] are all lovely. I feel safe when they are around. The staff walk behind me if my legs play up and that makes me feel safe."
- Care plans and risk assessments had been regularly reviewed to ensure they remained up to date and reflective of people's needs.
- People's equipment was regularly checked by staff to ensure it remained safe and well-maintained. A relative told us, "They [staff] check the environment and equipment to ensure it is safe."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who supported them. One person said, "Staff always carry ID and wear a uniform. They are very good and I've got no complaints. I feel safe when they are around. They make sure my door is locked when they leave and make sure everything is alright and they do what I ask of them."

- Staff had been trained to recognise and report abuse.

Preventing and controlling infection

- People were protected from the risks associated with the spread of infection.
- Staff had received additional training in infection control during the pandemic and had access to sufficient supplies of person protective equipment (PPE).
- People told us staff used PPE when assisting them. One person told us, "They [staff] wear PPE and they also wash their hands as they enter my home. Hygiene practices are good; I've no complaints there."

Learning lessons when things go wrong

- Records of any accidents or incidents were maintained and reviewed when they occurred. This helped to identify any trends.
- Where things went wrong, the registered manager was keen to explore the reasons and to take steps to reduce the risk of it happening again.
- There was a culture of learning from accidents and incidents which was shared with staff.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At our last inspection we found systems to monitor the quality and safety of the service were not always effective in identifying areas for improvement. At this inspection improvements were found.
- There were regular audits where the findings and actions were incorporated into an improvement plan. Records seen showed that areas for improvement had been actioned and were regularly monitored.
- Staff training, skills and competence were regular monitored through observations of their practice and regular refresher training.
- Staff were able to discuss their role through regular supervisions and annual appraisals.
- Staff were aware of the whistleblowing procedure and said they would use this if the need arose.
- In accordance with their legal responsibilities, the registered manager had informed us about significant events which occurred at the agency within required timescales.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People received a service which was tailored to meet their needs and preferences. One person told us, "I have a care plan and risk assessments and the staff go through this with me to make sure I am happy." Another person said, "When I first started using the agency [name of staff member] came out and asked about the care I needed. I am very happy with care I receive".
- People were supported by a staff team who took time to get to know them. One person said, "I can't fault the carers. I usually have the same ones and they know me well and will do little extras for me." A relative told us, "They [staff] are absolutely brilliant. I am more than pleased with them; they are like family. My [relative] gets on really well with their main carer."
- People's views were sought daily when receiving support and through regular care plan reviews. One person said, "Senior staff do regular spot checks to make sure I am happy with everything and to check on staff. I have also been given a survey to fill out. I am very happy with everything."
- There were regular meetings for staff where their views were encouraged. Staff told us they felt valued and their views were respected.
- There were policies in place to ensure people's protected characteristics were considered and understood by staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The provider promoted an ethos of openness and transparency which had been adopted by the staff team.
- There was learning where things went wrong and open discussions with people and their relatives.

Working in partnership with others

- The agency worked in partnership with other professionals and organisations to achieve good outcomes for people. These included health and social care professionals, hospitals, and commissioners.