Direct Health (UK) Limited

Direct Health - Hessle

Inspection report

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Hessle
East Yorkshire
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Tel: 01482641950

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16 June 2016

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Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an announced comprehensive inspection of this service on 24 November and 2 December 2015. In June 2016 we received information of concern from people who used the service and relatives. In addition to this, the local authority shared information with us in respect of missed calls, and their subsequent visit to the agency office. We carried out a focused inspection to look into the concerns we had received. This report only covers our findings in relation to those concerns. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Direct Health – Hessle on our website at www.cqc.org.uk.

The service is registered to provide personal care and tasks such as meal preparation, shopping and administration of medication for people who live in their own home within the areas of the East Riding of Yorkshire and the city of Kingston upon Hull. On 14 June 2016 we were told that there were 160 people receiving a service who lived in the East Riding of Yorkshire and 441 people who lived in Kingston upon Hull. There were 83 staff working in the East Riding of Yorkshire and 148 working within the Hull boundary.

The registered provider is required to have a registered manager in post and on the day of the inspection the manager who was employed at the service was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our inspection we identified breaches in two regulations. These related to the numbers of staff employed and the support they received, and good governance. You can see what action we told the provider to take at the back of the full version of the report.

We found that there were insufficient numbers of staff employed to meet the number of care packages being provided by the agency. This meant that care coordinators were carrying out care worker duties as well as their own roles, and therefore working excessive hours. In addition to this, some care packages were being covered by the local authority as they could not be met by the service.

During the period of time when there were missed calls and a lack of care workers to carry out agreed calls, office staff were not being supported by senior managers.

The system used to monitor 'missed' calls was not being used effectively and this resulted in some people not receiving the support that had been agreed with them, including the administration of medication. The system used to monitor 'time critical' calls was not effective.

Staff recruitment was robust and new staff completed a thorough induction programme prior to commencing work for the agency.

There were opportunities for people who received a service from the agency and staff to give feedback on the service being provided.

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

The service was not always safe.

There were insufficient numbers of staff employed to meet the packages of care that the agency were providing. Some staff were working excessive hours.

Some people did not receive the calls that had been agreed with them and this left them at risk of harm.

Staff recruitment was robust and staff received thorough induction training.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Staff working at the agency office were not supported by more senior managers from the organisation.

The systems in place to monitor that people received the service that had been agreed with them were not being effectively managed.

There were systems in place to invite feedback from people who used the service and staff about the effectiveness of the care provided.

Direct Health - Hessle

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 and to look at the overall quality of the service.

This inspection took place on 16 June 2016 and was announced. We gave the registered provider short notice as we wanted to ensure that there were managers present in the service to assist us with the inspection. The inspection was undertaken by one Adult Social Care inspector.

Prior to the inspection we spoke with the commissioning and quality monitoring teams at the local authorities that commission a service from the agency. We did not request a provider information return (PIR) on this occasion as one had previously been requested in preparation for the inspection that commenced in November 2015. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

On the day of the inspection we spoke with a care coordinator, the registered manager, the head of homecare and the regional manager. We checked the recruitment and training records for two members of staff and quality monitoring documentation. Following the day of the inspection we spoke with a further two care coordinators to ask for their feedback.

Requires Improvement

Is the service safe?

Our findings

Prior to this inspection we received information of concern about the deployment of staff and about staff shortages, especially during the weekend of 4 and 5 June 2016. Care coordinators identified that there were insufficient numbers of care workers available to meet people's care packages and had telephoned the local authority emergency team to request assistance.

The registered manager told us that there was a lead care coordinator; seven full-time care coordinators, one part-time care coordinator, eight assessors (who work in the community), two administrators and a trainer. During the period of time when concerns were raised, care coordinators had been carrying out their own roles during the day, and then working in the community at tea-times and in the evenings to cover for the shortfall of staff. Care coordinators told us there was a poor work / home life balance; one care coordinator told us they had not had a day off work for a month and another said they had worked 15 days in a row without a break. As an interim measure, care workers were loaned from other Direct Health agencies in the area to work over the weekends to reduce the amount of work having to be carried out by care coordinators.

Eighty-five care workers had left the service since November 2015. Over 60 new care workers had been recruited, but there had been periods of time when there were insufficient numbers of care workers to meet the packages of care that the agency were commissioned to carry out. In addition to this, there had been new care workers to train and induct into their new role, meaning that care coordinators had a considerable number of changes to manage. Our discussions with staff on the day of the inspection led us to believe that the agency continued to accept packages of care when some of the current packages could not be fully met.

Following the weekend of 4 and 5 June 2016 we were aware that the agency continued to be unable to meet some of the care packages that they had previously agreed to. These packages of care had to be covered by local authority staff or alternative domiciliary care agencies.

These shortfalls in provision meant that people received an inconsistent service; they were being supported by care workers who were unknown to them, and were uncertain of who would be providing the support and at what time.

This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted that staff were asked to sign an 'opt out' of the working time directive, meaning that they were willing to work more than 48 hours per week. One care worker's records showed that they had refused to sign this document, but they had still been employed. This indicated that staff were not expected to work excessive hours unless they had agreed to this.

The organisation recorded in the action plan they prepared for the local authority that no staff had a zero

hours contract. However, we received conflicting information when we spoke with people during this inspection. We asked the senior managers to explain care worker contracts to us and their explanations did not fully answer our queries. They agreed to forward to CQC a full list of all staff who worked for Direct Health – Hessle that gave details of their contracts of employment. We had not received this information at the time of writing this report.

The registered manager told us that the organisation's Human Resources (HR) department advertised staff vacancies and short-listed people for interview, and care coordinators carried out the employment interviews. We checked the recruitment and induction records for two new members of staff. These records evidenced that an application form had been completed, references had been obtained and checks had been made with the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with children and vulnerable adults. These checks meant that only people who were considered safe to work with vulnerable adults had been employed at Direct Health – Hessle. Although records indicated that thorough recruitment and selection processes had been followed, one care coordinator told us that they were concerned about the values of some of the care workers employed by the agency.

On the day of the inspection we saw that there were ten new care workers undertaking induction training. This was an eight day programme that was followed by new staff 'shadowing' experienced care workers whilst carrying out their day to day work. The registered manager told us that new care workers were able to carry out their office based induction training prior to their DBS checks and references being received, but they were not allowed to 'shadow' experienced care workers until these checks had been received by the agency.

Staff were required to provide copies of documents such as their driving licence, MOT certificate and motor insurance to evidence that they were covered to use their car for business purposes. This protected them and any service users they might take out in their car should they be involved in an accident.

The staff who were loaned from other Direct Health agencies had been required to undertake Kingston upon Hull City Council's medication training, as this was part of their commissioning contract. This was promptly arranged by the agency. This meant the relief staff were able to follow the local authority policies and procedures on the safe administration of medication.

The registered manager told us that some people were recorded on the database as requiring 'time critical' calls. The system did not allow the time of these calls to be moved more than fifteen minutes either way. The administration of medication was always recorded as 'time critical'. We had received information of concern about two people who did not receive their medication as prescribed and these situations were being considered by the safeguarding adult's team. We had also received numerous concerns about people not receiving their calls at the agreed time, leading to them not receiving their medication at the right time, despite their calls being 'time critical'. This indicated to us that the system in place to ensure that 'time critical' calls were provided at the right time was not always effective. This could have resulted in people's health deteriorating and them becoming unwell.

We recommend that the systems in place designed to make sure people receive their agreed care packages are monitored to ensure they are effective.

There were care coordinators available at the agency office from 7.00 am until 12.00 midnight, Monday to Friday. Over the weekends, the office was staffed for the same length of time, but by a reduced number of

care coordinators. There was an additional care coordinator 'on call' and the registered manager or lead care coordinator were available to support care coordinators if needed. Information was passed from care coordinator to care coordinator and from shift to shift both verbally and by recording information on a wipe board. It was also usual practice for care coordinators to email each other with important information. This meant that the care coordinators on duty were aware of the latest information needed to ensure people received their agreed service.

We were told there was a business continuity plan in place but we did not see this on the day of the inspection. It was agreed that this would be sent to us following the inspection, but at the time of writing this report it had not been received.

We noted that the whistle blowing policy was included in the staff handbook. The registered manager told us that the policy was also advertised in the agency's training room. This meant that all staff who worked for the agency were aware of the whistle blowing policy and how to share information of concern with a senior manager or another agency if they needed to.

Requires Improvement

Is the service well-led?

Our findings

Prior to this inspection we received information of concern from the local authority about the deployment of staff, especially during the weekend of 4 and 5 June 2016. The electronic records for those two days indicated that 179 people had not received their agreed calls. Staff from the local authority telephoned these people and it transpired that all but three people had received their required calls. This indicated that the electronic monitoring system was not being effectively used by care workers in people's homes, and was not being effectively monitored by care coordinators in the agency office. This led managers of Kingston upon Hull City Council (HCC) to have serious concerns about the agency's ability to fulfil their commissioning contract and they suspended placements to Direct Health – Hessle.

There were two teams of care coordinators at Direct Health – Hessle. One team managed the staff and people who received a service in Kingston upon Hull and one team did the same in the East Riding of Yorkshire. Recent concerns had highlighted that the East Riding care coordinators were not able to access the IT system used by Kingston upon Hull care coordinators to manage the day to day workload. This meant that, if Kingston upon Hull care coordinators were on annual leave or on sick, work could not be covered by care coordinators in the other team. It was acknowledged that this was part of the problem on 4 and 5 June 2016. The missed calls in Kingston upon Hull had been recorded but the East Riding care coordinators were not able to check for missed calls and manage them. This has now been rectified, and it was also acknowledged that disciplinary action needed to be taken against any regular 'offenders' in respect of missed calls.

This was a breach of Regulation 17 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the day of the inspection we were told that missed calls were currently being monitored by a senior manager from the organisation and there were plans in place to improve the system of identifying missed calls. An alert would be sent to the relevant care coordinator and if they had not dealt with this in five minutes, the alert would go to the next care coordinator on the list, and would finally go to the senior care coordinator.

The registered manager told us that staff rotas were produced two weeks in advance, although care coordinators had not been able to 'keep on top of this' due to the high number of care workers that had left the agency, and new staff joining the agency. Care coordinators were working towards having permanent 'runs' again when the only changes would be when staff were on annual leave or sickness. There were two members of staff from the agency's head office working at Direct Health – Hessle to help set up these regular runs.

During the investigations carried out by HCC it was identified that some care coordinators were not using the HCC IT system to its full capacity. One agency staff member told us, "We did not receive enough training on CM2000 [the system used by HCC] and pay by the minute." Arrangements had been made for care coordinators to receive additional training and for improvements to be made in the way the HCC IT system

'communicated' with the Staff Plan call monitoring system used by all agency staff.

The registered provider is required to have a registered manager as a condition of their registration. At the time of this inspection the manager was registered with the Care Quality Commission (CQC), meaning the registered provider was complying with the conditions of their registration.

The registered manager told us that the agency aimed for each care worker to have one spot-check, two one to one supervision meetings and one team meeting each year as a minimum. Additional team meetings were arranged when new policies and procedures or ways of working were introduced, such as when the new call monitoring system was introduced. It was acknowledged that the agency had fallen behind with staff supervision and there was an action plan in place to bring this back up to date.

The registered manager was absent from work during the period in question and care coordinators were managing the service as well as carrying out their own roles. Although there was a support structure in place, this did not appear to be put into action until concerns were raised by the local authority. In this instance it was evident that a crisis had occurred before there was a presence from senior staff to support care coordinators and other staff at the agency office. On the day of the inspection we were told that there would be a senior manager in branch each day until 'things had settled down' at the agency, and that there would be a rota to show which senior manager was available to provide advice and support over the weekends.

This was a breach of Regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the 'short' staff survey responses following a survey in October 2015. One hundred and twenty-two surveys had been completed. The responses showed that 75% of staff had completed training in the previous year but 49% of staff said they had not had a supervision meeting for over 12 months. However, 80% of staff reported that they felt valued and 77% of staff said they felt supported by the branch.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required 'notifications'. This meant we could check that appropriate action had been taken.

We asked for a variety of records and documents during our inspection, including people's care plans and other documents relating to people's care and support. We found that these were well kept, easily accessible and stored securely.

Prior to the inspection we had received numerous comments about staff at the agency office not answering telephone calls. We discussed this at the previous inspection and were told that the telephone system was provided by the landlord of the premises and that attempts were being made to make improvements. We discussed this again with senior managers and it was agreed that improvements were still needed, and that one option to be considered was the appointment of a receptionist who would take routine calls that did not need to be dealt with by a care coordinator or the registered manager. Another suggestion was that direct lines could be installed for care coordinators so that care workers and staff from the local authority could contact them more easily.

In an attempt to improve communication between agency staff since concerns had been highlighted, weekly briefings had been arranged. These were to enable topics such as weekly tasks and any gaps in

provision to be discussed. In addition to this, care surgeries had been suggested; the first one was planned for 23 June 2016. These were sessions where care workers could discuss any concerns they had about their role or about the people they were supporting. The operations director told us that the frequency of these surgeries depended on the initial 'take up'.

The agency had previously introduced a 'snappy' telephone survey and this was being used to survey people who had known missed calls during the weekend of 4 and 5 June 2016. Assessors had also visited these people to carry our reassessments of their care needs, and to reassure them that their care needs could be met.

Managers felt that, due to the high number of missed calls recorded for the weekend of 4 and 5 June 2016, a letter should be sent to all of these people apologising for any inconvenience caused. It was hoped that, by being proactive, this might restore people's confidence in the agency. We were told that a copy of this letter would be forwarded to us, but at the time of writing this report, one had not been received.

Staff sickness was being monitored to reduce the amount of staff absences. Staff were asked to attend 'back to work' interviews. The 'Bradford' factor was used by agency staff; this was a points system used to calculate repeat employee absence. The registered manager told us that staff did not get paid for periods of sickness.

We saw the minutes of meetings held in March 2016 for care workers. Several staff meetings were held to discuss the same agenda items, to make sure that staff from all areas of the 'patch' were able to attend a meeting. Topics discussed in March 2016 included 'pay by the minute' and the tender process (for staff working in the Kingston upon Hull area), the hourly rate of pay and a staff incentive for introducing a friend to work for the agency. The registered manager had reminded care workers that they were able to speak with her if they had any concerns. We saw that previous meetings had been held in December 2015. The topics discussed in these meetings included complaints, the 'snappy' questionnaire and a pressure sore checklist were now included in daily recording log books, supervision meetings, the Care Certificate, spot checks and the social media policy. This showed that there were systems in place to keep care workers informed about developments within the agency and the wider care sector.

We saw that 32 'snappy' questionnaires had been received by the agency during January to March 2016. Questions asked included, 'How well do you feel you are involved in the planning of your care?', 'Do you feel that you are important and that you matter to your care team?', 'What more can we do to brighten your day?' and 'How do you feel we are doing against the Top Three things highlighted to improve the service following the recent quality questionnaire results?' Some suggestions for improvement had been received such as, 'Don't rush me in a morning' and 'I'd like to know who's coming and what time'. There were also some positive comments about staff, such as, 'They are always happy and chatty' and 'They treat me as I'd like to be treated'.

Area meetings were held that included the managers of local branches, the chief executive officer, the operations director, the regional manager and the head of homecare. The lead care coordinator from the Hessle branch attended these meetings along with the registered manager, and a meeting was held with care coordinators after these meetings so that important information could be shared. Care coordinators told us they felt they were listened to at these meetings and at staff meetings.

The senior managers were aware of the challenges in providing a consistent service. They told us they were considering how to retain staff once they had recruited them. They intended to introduce a basic skills test during the recruitment and selection period to test people's basic literacy skills, and to introduce the Care

Certificate to ensure staff had a good understanding of the principles of care. The Care Certificate was introduced by Skills for Care, and is a nationally recognised set of standards and training that staff new to working in care are expected to work towards. Managers understood that good communication was essential and they intended to introduce new staff to the care coordinator they would be working with during their induction period. They also intended to arrange for new staff to shadow experienced care workers in the area they would be working in, and with some of the people who they would be supporting; it was hoped this would start to build up positive relationships. We saw a leaflet for potential staff that recorded people would receive a bonus of £50 if they joined Direct Health between 4 January and 29 February 2016 and completed their three month probationary period. This showed that efforts had been made to recruit new staff to deal with the current staffing crisis.

Kingston upon Hull City Council had introduced a 'pay by the minute' system in April 2016. Care workers had been made aware of this several months earlier, and despite reassurances that they would continue to receive the minimum wage or above, this created some anxiety. Some of the 85 care workers who left the agency had gone to work for other care services and managers were concerned that the introduction of 'pay by the minute' had been one of the reasons they left Direct Health – Hessle. Senior managers told us that the organisations HR department were in the process of contacting recent leavers to ask for more information about their reasons for leaving. This showed that senior managers at the agency were making attempts to understand the issues of retaining staff so that they could tackle the problem.

We saw the analysis of the service user survey that had been carried out at the end of 2015. 644 surveys were distributed and 284 were returned. The returned surveys had been analysed and the analysis recorded, 'Any concerns or issues raised in the individual questionnaires are entered onto our Incident Management System where they will be investigated and addressed appropriately' and 'Those that stated they would not recommend Direct Health will be contacted by their local branch to discuss their decision and what improvements we can make'. This demonstrated that people were assured their comments and opinions would be listened to, although we did not check any specific examples to confirm that this had been actioned.

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 17 HSCA RA Regulations 2014 Good governance Systems to assess, monitor and improve the quality of the service provided were not being operated effectively to ensure that people received the service that had been agreed with them. Regulation 17 (2)(a)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of suitably qualified, competent, skilled and experienced persons had not been deployed in order to meet people's needs, and agency staff had not received appropriate support to enable them to carry out their duties effectively. Regulation 18 (1) (2)(a)