Accord Housing Association Limited

Direct Health (Stockton on Tees)

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

This inspection took place on 15 March 2018 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides domiciliary care to people living in their own homes and we wanted to make sure staff would be available in the office. This was the services first rated inspection under the new provider.

Direct Health is a domiciliary care agency which is registered to provide personal care to people in their own homes. At the time of our inspection the service was providing personal care to 348 people.

There was a registered manager in post who became registered with the Care Quality Commission in March 2017. 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.

We looked at the systems in place for medicines management and found they did not always keep people safe. There was not an effective system to check to see if medicines records at the office reflected current medicines people were being supported with. Records written by staff did not provide the correct or enough information to support safe administration.

Risk assessments were in place; however they did not always provide detailed information for staff to mitigate the risk. Where new risks had been identified through a review a new risk assessment was not always in place.

Records needed to be more consistent and contain more detail. We have made a recommendation about this. Although the provider and registered manager completed audits, they had not highlighted all the concerns we raised.

People were supported to receive care from the agency following an assessment. This covered all aspects of the care required by the person. Such as how many calls they would need each day, what their needs were in relation to mobility, continence and personal care, moving and handling and nutrition.

Staff took action to minimise the risks of avoidable harm to people from abuse and understood the safeguarding process.

Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as two references and a Disclosure and Barring Service (DBS) check.

Staff recruitment was continuously on-going to make sure the service had enough staff in the event of

holidays and sickness or staff leaving.

People were supported to have maximum choice and control of their lives and staff understood the importance of consent and best practice in decision making related to the Mental Capacity Act (2005).

People were generally complimentary about staff and told us that they were treated with kindness and consideration. They had good relationships with their allocated care staff.

Staff received effective training in safety systems, processes and practices such as moving and handling, food hygiene and infection control. Staff had received supervision and a yearly appraisal that helped them to perform their duties and supported their development.

Processes were in place to protect people and staff in regards discrimination and equality. People told us they were able to make choices and take control in regards their care and support and who entered their home. People confirmed they were encouraged to remain as independent as possible. Care workers had built up positive and caring relationships with people they were supporting.

People said they would be comfortable to make a complaint and were confident action would be taken to address their concerns. The provider treated complaints as an opportunity to learn and improve.

Staff told us they felt supported by the registered manager and the registered manager kept people informed of events and news relating to the agency via a newsletter.

This is the first time the service has been rated Requires Improvement.

We identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Risk assessments were not always in place and more detail was needed and medicines management was not always safe. You can see what action we told the registered provider to take at the back of the full version of the report.

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.

Medicines were not managed safely. The service did not have a system to check they had up to date knowledge of people's current medicines. Medicine records were not fully completed or always correct.

Risk assessments were in place but were not always detailed enough to provide guidance to staff. New identified risks were not always updated.

Staff recruitment was robust to ensure staff were safe to work with vulnerable people.

Staff understood their role in safeguarding vulnerable adults.

Is the service effective?

Good

The service was effective.

Staff received training and support via supervision.

Staff understood the importance of consent and were clear about best practice in relation to mental capacity decisions.

People were happy with the staff who supported them with meals.

Is the service caring?

Good

The service was caring.

People and family members confirmed staff were kind and caring.

Staff showed people dignity and respect and met any cultural and religious needs.

Staff promoted people's independence.

Is the service responsive?

Good

The service was responsive

Care plans were very detailed with information on how the person wished to be cared for. Six of the ten care plans we looked at had good details of people's past history.

People and family members told us care provided was personalised and met their needs.

People we spoke with knew how to make a complaint and we saw these were dealt with effectively.

Is the service well-led?

Requires Improvement

The service was not always well led.

Although audits were taking placethey were not always effective in finding the concerns we raised.

There were some issues with records, medication administration records (MARs) were not completed correctly, some care records had missing details and not everything was dated. We have made a recommendation about this.

The registered manager was well regarded by people, their family members and staff.

Direct Health (Stockton on Tees)

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 15 March 2018 and was undertaken by two adult social care inspectors and a pharmacist inspector at the office. Three experts by experience made phone calls to people or family members to gain their views of the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We gave the service 48 hours' notice of the inspection as we needed to be sure the registered manager would be available for the inspection visit.

The provider had not been asked to complete a Provider Information Return (PIR). The PIR is information we require to providers to send us at least once annually to give key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the service to gain their views.

On the day of the inspection there were 348 people using the service. We looked at ten care records, including medication administration records (MARs), eight staff files and other records related to the running of the service. We spoke with the registered manager, the head of customer engagement and two staff members. A further ten staff members provided responses to our questions via a questionnaire. We visited

two people in their homes and spoke with 36 people and two relatives over the telephone.

Requires Improvement

Is the service safe?

Our findings

We asked people who used the service if they felt safe with the carers. Everyone we spoke with said they felt safe. People said, "I feel very safe with them. I wouldn't have a wrong word said about them. It's not an easy job they do but they are conscientious and reliable. They are lovely people." Another person said, "I am very safe with the carers. I have absolutely no worries at all about safety." And another person said, "I feel very safe with [named carer]. She is really lovely. She is more like my friend. She is really careful to help me walk with my frame and I feel very secure when she's with me." A further person said, "I am grateful for the support and feel so lucky and always safe."

We looked at the systems in place for medicines management and found they did not always keep people safe. Medication records completed by staff were not always accurate and up to date. The provider had a system in place to reduce the number of handwritten MAR's (Medicine Administration Record) however this system was not robust as we still found most entries included spelling mistakes or had the strength or dose missing. For example we looked at one person who had been prescribed a strong painkiller in liquid form twice daily. All MAR charts for this medicine only showed the strength of medication and no dose specified. Therefore we could not be sure staff knew how to administer this as prescribed.

We also found staff often made handwritten changes to MAR charts without any documentation as to when and why these changes were made. For example we looked at one person prescribed an inhaler for a respiratory condition. The MAR had been printed with one inhaler yet staff had amended this by hand and changed to another inhaler. There was no documentation to support this therefore we could not be sure which medicine this person had received on each occasion.

We looked at the medication records for one person prescribed a medicine with a variable dose depending on regular blood tests. Staff had written on the MAR 'now 2mg' however this was not dated so we could not be sure when the change was made. Staff had also not documented the amount of tablets given at each administration so we could not confirm the dose given to this person. We also found that over the last 15 days we found three missed doses with no explanation. Therefore we could not be sure this person was receiving their medicine as prescribed.

Staff had not accurately documented the level of support that individual people needed in their care plan. For two of the people whose care plan we looked at, the medication assessment stated that they required their medication to be 'administered by staff 'but we saw on the medication administration record (MAR) and the daily notes that on some occasions family had already administered these medicines. No record of this agreement was present in their care record which does not follow national guidance.

One person was prescribed paracetamol tablets for pain relief. To avoid paracetamol toxicity the interval between doses should be a minimum of four hours. For this person on a number of occasions the time interval between doses recorded on the medicine administration record was less than four hours.

We saw that controlled drugs (medicines liable to misuse) were appropriately managed by the provider but

they were not currently following their own medicines policy in relation to frequency of checks of these medicines in people's homes.

Several people were prescribed creams and ointments that were applied by care staff. There should be guidance for care staff that describes how these preparations should be applied. However for all of the records we looked at this information was missing.

We looked at the processes for auditing medicines within the service and found that only 33% of MAR charts were looked at each month. Records of which people had been audited were not easily identifiable therefore we could not be sure all records were being audited. This meant the service was unable to easily compare themes and trends. We also found the provider used this audit process to update MAR charts with any changes to medication; because not all MAR charts were looked at every month we found that changes were not made for some time. The audits we looked at on the day of inspection had not picked up the issues we had found.

The services current medicine policy was limited in scope and did not cover core processes relating to administration of medicines. The provider had a draft medicine policy which had been written in line with national guidance however this was not in place at the time of inspection.

The provider explained they would be implementing a new pharmacy service which they hoped would help with the problems we found however at the time inspection this was not in place.

In the care plans we reviewed we found risk assessments were in place for people's home environment such as parking availability, remoteness and the use of key safe. Risk assessments to people's health and support needs required more detailed recording. One person was assessed as at risk of falling during a review in June 2017 however this risk assessment had never been put in place.

These findings evidenced a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014

Recruitment procedures were in place to ensure suitable staff were employed. Applicants completed an application form in which they set out their experience, skills and employment history. Two references were sought and a Disclosure and Barring Service check was carried out before staff were employed. The Disclosure and Barring Service 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 minimise the risk from unsuitable people working with children and vulnerable adults.

The provider had a continuous recruitment plan in place. The registered manager said, "Each week we receive a progress report from our recruiter who is based at head office, our branch team review current skills mix and report back to the recruiter to ensure interviews that are booked for individuals are effective and reflect the diverse needs of the people in our care." The registered manager went on to explain they wanted to make sure they had enough staff to cover all eventualities such as staff leaving, illness and holidays. Staff we spoke with said there were enough staff to cover the calls needed. One staff member said "We used to have a high staff turnover but this is improving."

Staff were deployed using a web based roistering system and their movements were monitored via electronic call monitoring. This ensured staff were deployed in sufficient numbers and that the person using the service received staff that were trained, skilled and qualified in providing services tailored to their specific needs. It also allowed for emergency roistering to take place at times of staff sickness and during

periods of adverse weather conditions. The service also operated a twenty four hour call emergency system with staff on hand to support if the need arose.

The majority of calls took place on time and lasted for the full allocated times. People were positive about the care they received and stated that they now had regular contact with the same people and were safer than ever. People's comments included, "They are usually on time, to be honest sometimes they are early," "I get the same carer each time which I like and I am told if there are any changes due to days off." A further person said, "Sometimes they are a bit late but never so much that I am worried. Only a few minutes and it is usually when the roads are busy, as long as they come I don't mind," and "Their timekeeping can be a problem. My night call should be between 9.30 to 10.00pm and they often arrive at 9.00pm which is too early for me to go to bed" One person did complain that staff were too late and this was being looked at under the services complaints process.

The provider had a business continuity plan, which provided information about how they would continue to meet people's needs if an event such as loss of electricity or a fire forced the closure of the service. This plan had been put into place during the recent bad weather. The registered manager explained that all personal care calls took place but where necessary calls for housework were put on hold. Staff were told to check people's homes they visited to make sure they had enough food in and were warm enough. One person we spoke with said, "I called the office and cancelled the calls during the bad weather but they still came to see me." This showed us that contingencies were in place to keep people safe in the event of an emergency.

Staff understood safeguarding issues and whistleblowing (telling someone) concerns and knew the procedures to follow if they had any concerns. Staff we spoke with said, "Safeguarding is keeping the service user and myself safe."

There was an infection control policy in place and staff had completed infection control training. Personal protective clothing (PPE) was available in the office which staff collected when they visited. We saw regular spot checks were carried out to ensure staff were wearing PPE. People we spoke with confirmed that staff wear gloves and aprons when providing personal care.

Good

Is the service effective?

Our findings

We asked people if they thought staff had the skills and experience to work with them. People we spoke with said, "I know the staff are good and experienced as they can anticipate what support I need." And "They are all very well trained, they are all angels." Another person said, "They are the most professional carers I have ever had." And another person said, "There are no problems with their training, their attitude is very good and they are all professional."

We saw that staff training was up to date. We confirmed from our review of staff records and discussions that staff were suitably qualified and experienced to fulfil the basic requirements of their posts. Staff we spoke with told us they received training which included safeguarding vulnerable adults, the Mental Capacity Act (MCA), food safety, equality and diversity and moving and handling. Staff who administered medicines also had competency observations at least once a year.

New staff undertook an induction programme to underpin the knowledge and understanding of their job role, covering the service's policies and procedures and using Care Certificate materials to provide basic training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected. New staff also completed shadow shifts until they and the registered manager felt they were competent to work alone. The registered manager said, "This ensures staff are working at the required level of competence and are equipped with the necessary skills to provide a professional service."

Staff were supported through regular supervision and a yearly appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Community assessors also completed spot checks on staff whilst they were working in the community to have their practice observed. During these spot checks, time keeping was observed; uniform was checked as well as how they addressed people. The registered manager said, " I also conduct regular courtesy calls and one to one meetings to ensure all staff at all levels are aware of how to voice any concerns and so they feel valued."

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. We saw evidence of signed consent to care in people's care files.

There was clear evidence of visits and contact with healthcare professionals when additional support was required for people. For example, district nurses visits were noted in records as having supported individuals with their care. One person we spoke with said, "If I need an appointment for the GP or nurse, I just have to ask but usually the carer has noticed before me that I need to see someone."

Care staff prepared light meals for some people but in the main heated up food left out by family members or ready meals. Care staff also supported people with special cultural and dietary needs for example

vegetarian and preparing chapatti dough and halal meats. People we spoke to said, "I'm on a gluten free diet and they [staff] do understand that. All the food in the house is gluten free but they still check." Another person said, "My food is delivered and heated in a microwave but it is always nicely presented on a tray." And another person said, "I have food delivered and the carers put them in the oven for me. I choose whatever I want and if I only feel like a sandwich, they'll do that for me. They are very good." A further person said, "They always leave a fresh cup of tea for me before they go."

Good

Is the service caring?

Our findings

We asked people and their relatives if they thought the staff were kind and caring. They told us, "The carers really go the extra mile all the time." And "My carer needs some kind of award, they are brilliant, I think they are the best in the agency." A further person said, "It is the little things that make a difference such as being thoughtful, for example, I had a lot of flowers for Mother's Day but it stays very warm in the lounge overnight so they take the flowers into the kitchen where it's cooler and bring them back out in the morning." And another person said, "I think the main thing for me is that they are very patient with me, they just say take your time."

Relatives we spoke with said, "The care is exceptional in every way and the carers are gentle and kind, they are not bossy and don't order my relative to do things." Another relative said, "My parent has such good chats with the carers, they know such a lot about them [the carers] and it's nice to feel they talk as well."

People explained that their independence was promoted at all times. Comments included," I try to do as much as I can for myself to try and be independent but I suppose it's good to know they're there if I need them and they are all very nice," "I try to do as much as I can for myself but I know I am very slow. They [staff] never rush me though. They are very patient," "I think the carers are marvellous. They never do anything without asking me if it's alright even though they do the same things most days. I try to be as independent as I can and I think they encourage that. They get my dinner ready but they don't do everything. They're very patient and let me prepare as much of my dinner as I can. I like that." And "They are just amazing. Brilliant. They always wash my hair because I can't do it myself. They wear gloves and aprons when they help me in the shower and they make sure I'm properly dried afterwards." A further person said, "They [staff] do encourage me, even though I can be slow, they are so patient."

There were individual personalised care plans that documented peoples' preferences and support needs, enabling staff to support people in a personalised way. One person said, "I have had a new carer recently and she is really lovely. She looked through the book and then sat and talked to me about how I like things doing, she said, 'you are in the driving seat so it's up to you to tell me if I get things wrong and then I can put them right.' She was lovely." One staff member said, "We talk to people about their preferences and never divulge any information to people who are not involved in their care, we also listen to people." People we spoke confirmed they felt listened to, comments included, "Yes they do listen to me, if I say I like something doing a certain way they always take that on board." And "They do listen to me; if I ask them to do something they never ignore me."

The service had equality and diversity policy in place and staff had received training in this. One staff member we spoke with said, "No matter what a person's religion is or the colour of their skin, we treat everyone the same." A further staff member said, "We never judge anyone." The registered manager said, "I find that staff are extremely responsive and caring to people's needs and uphold human rights and equality and diversity whilst promoting independence, this is evidenced through various case studies." We were provided with some personal examples of this.

People we spoke with said the carer's were always respectful and aware of their dignity when offering care. Comments included, "They [staff] ask my permission before they do anything, they are very respectful." And "They will always say is it okay if we do so and so." Staff explained how they respected people's privacy and dignity. Comments included, "When I am supporting someone in the shower I keep them covered as best as I can then leave the room, but I communicate with the person and ask if can come back in when they need further support." And "I always ask other people [visitors] to politely leave the room if I am providing personal care." A further staff member said, "We treat people with respect and always keep them involved with their care."

Nobody at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard.

Good

Is the service responsive?

Our findings

We saw evidence to show and people and their relatives told us that they were involved in their care planning. People we spoke with said, "They came and talked to me about the care plan. They've made it very clear that if I find I need more support they can come and review things with me. They do regular reviews anyway." Another person said, "When I first started with them, they came and went through everything I need. They made a few recommendations for me to think about and they said that if anything changes to the support that is needed they will come and talk to me about it. I only started with them recently but I've been very impressed."

People's support plans addressed a range of individual needs such as moving and handing, medicines, nutrition, communication and physical needs. Support plans were regularly reviewed and contained daily progress notes that detailed the care and support delivered to people. Some support plans included people's life histories, choices, their likes, dislikes and preferences. For example what was people's preferred drink and what a good day/bad day looked like. However three of the care plans looked at did not contain this level of information.

People's support plans documented the times calls would be carried out and detailed the tasks that would be undertaken by staff. All care plans looked at provided very detailed information about what the carer was to do on each call, such as how to enter the property, how to address the person and the person's preferences.

The service supported people to prevent social isolation. One person said, "They take me to the shops once a week so I can do my own shopping. I do forget things sometimes and they are really good at reminding me. I really look forward to the shopping day. We usually go to Sainsbury's and then stop at the café and have a cup of tea and a cake."

The service had a complaints policy and complaints log in place and people were aware of how to make a complaint should they need to. Comments included, "If anything was going wrong or bothering me, I'd talk to the main carer who comes here first because she's really good. I feel really comfortable talking to her." The service had received seven complaints and we saw that they dealt with appropriately and in a timely manner. Some complaints were still at the investigatory stage. The main thread of the complaints were call times and the attitude of office staff. The registered manager said they were trying to keep everyone happy with call times and they had enrolled the office staff onto customer service training at Stockton College to try to address the concerns.

We saw the service had received compliments about the service as well. Comments included, 'I feel very privileged to have [care workers name] coming, I just get good treatment,' and 'You do a good job, keep it up and well done.' We saw where staff had been named in a compliment they received a letter thanking them.

The registered manager said, "Having worked alongside my care workers in the field, and having sat with and observed my care coordinators and emergency response team, I can honestly say that I find them to be

understanding and to have an extremely caring approach. This requires the utmost dedication and professionalism and is reflected when looking through the tirade of compliments from service users, stakeholders and third party alongside the resultant feedback from our quality questionnaires."

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager in place. The registered manager was knowledgeable about the requirements and their responsibilities with regard to the Health and Social Care Act 2014. Our records showed that notifications were submitted to the CQC as required.

There were systems in place to monitor the quality of the service but these were not always effective. Audits had not identified all the concerns with the safe administration of medicines, the missing risk assessments and some records were not fully completed or updated. One person's records said they were registered blind and could only see shadows, further on in the person's records there was a question about the person's sensory needs which asked if the person was registered blind and it was all ticked to say the person had no sensory needs. This meant that the service could not ensure that people's needs were met in line with their care needs and preferences and this required improvement.

We recommend the provider checks and updates all records relating to care.

Staff attended regular staff meetings that were held. Minutes of the last meeting showed areas discussed included health and safety, compliments and complaints, performance reviews, training and signing in and out of people's homes.

The registered manager was setting up a drop in 'surgery' for people who used the service and their families. They had sent out invites to everyone and at the time of the inspection no one had responded to the invite. The registered manager said, "We will still attend just in case anyone does turn up."

The service sought people's views about the service by carrying out surveys. The last survey had been done in 2017 and all answers collated. Where concerns were raised we saw these were investigated with the outcome given to the person. People were mainly complimentary with one person saying, 'You can't improve on an excellent service, and they are always helpful."

We asked people if the service was managed well. People we spoke with said, "Yes I would say it is well managed, they provide excellent care." And "Yes it is well managed from the top to the bottom." A further person said, "I have spoken to the manager and she always tries to help, it is well managed."

We asked staff if they felt supported by the registered manager. One staff member said, "I am treated with respect." Another staff member said, "It could be better, when I have raised a concern about the care of a service user I don't tend to receive any updates or feedback to say everything is now okay or not."

People were complimentary about the service and said, "There have not been any issues so I would say it is well led from my point of view." Another person said, "I can't think of any improvements they could make. They are very methodical." And another person said, "I feel very well looked after and very safe. The people in the office are always very nice too." A further person said, "Well put it this way, I am moving house and I am devastated Direct Health cannot carry on supporting me."

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider was not assessing all risks to maintain the health and safety of service users receiving care or treatment. The provider was not maintaining the proper and safe management of medicines. Reg 12 (2) (a) (b) (f) (g)