Direct Health (UK) Limited

Direct Health - Hessle

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 24 November and 2 December 2015 and was announced. We previously visited the service in June 2013 and we found that the registered provider met the regulations we assessed.

The service is registered to provide personal care and other types of support to people living in their own homes, such as assisting with the administration of medication and the preparation of meals. The agency office is located in Hessle, on the boundary of the East Riding of Yorkshire and the city of Hull. Staff provide a service to people living in Hull, Hessle and other areas of the East Riding of Yorkshire.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager in post who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality

Summary of findings

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.

People told us that they felt safe whilst they were receiving a service from staff working for Direct Health – Hessle. People were protected from the risks of harm or abuse because the registered provider had effective systems in place to manage any safeguarding concerns. Staff were trained in safeguarding adults from abuse and understood their responsibilities in respect of protecting people from the risk of harm. Staff also told us that they would not hesitate to use the agency's whistle blowing procedure if needed.

Staff confirmed that they received in-depth induction training when they were new in post and told us that they were happy with the training provided for them. The training records evidenced that all staff had completed induction training and that refresher training was completed by staff on a regular basis. The agency database did not allow work to be allocated to care workers if they had not completed essential training.

New staff had been employed following the agency's recruitment and selection policies and this ensured that only people considered suitable to work with vulnerable people had been employed. We saw that there were sufficient numbers of staff employed to meet people's individual needs.

People told us that staff were caring and that their privacy and dignity was respected by care workers. People told us that they received the support they required from staff and that their care packages were reviewed and updated as required. They expressed satisfaction with the assistance they received with the administration of medication and meal preparation.

There was a complaints policy and procedure in place and we saw that any complaints made to the agency had been dealt with appropriately. There were systems in place to seek feedback from people who received a service, and feedback had been analysed to identify any improvements that needed to be made.

The quality audits undertaken by the registered provider were designed to identify any areas that needed to improve in respect of people's care and welfare. Care workers told us that, on occasions, incidents that had occurred had been used as a learning opportunity for staff.

However, some people expressed concerns about the effectiveness of the agency's office staff. People told us that their concerns were listened to but not always acted on. They said that they were not told if a different care worker would be attending them or if their care worker was going to be late.

We have recommended that the registered provider makes improvements to the service to ensure people receive a consistent service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Risk assessments protected people who received a service from the risk of harm. Staff displayed a good understanding of the different types of abuse and were able to explain the action they would take if they had any concerns.

Recruitment practices were robust and ensured only those people considered suitable to work with vulnerable people were employed. There were sufficient numbers of staff employed to meet people's assessed needs.

People told us that they were satisfied with the assistance they received with the administration of medication.

Good

Is the service effective?
The service was effective.

Records showed that staff completed training that equipped them with the skills they needed to carry out their role.

People told us that their nutritional needs were assessed and that they were happy with the support they received with meal preparation.

Good

Is the service caring?
The service was caring.

People told us that care workers genuinely cared about them and that their privacy and dignity was respected. Staff understood the importance of confidentiality.

Staff supported people to be as independent as possible.

Good

Is the service responsive?
The service was responsive to people's needs.

People's needs were assessed and continually reviewed and this meant that staff were aware of their up to date care and support needs.

People's individual preferences and wishes for care were recorded and these were known and followed by staff.

There was a complaints procedure in place and we saw that formal complaints received had been investigated appropriately. People told us they were happy to discuss any concerns with their care workers.

Good

Is the service well-led?
The service was not always well-led.

Requires improvement

Summary of findings

There was a manager in post who was registered with CQC. The Commission were notified of events that had happened in the service as required by legislation.

People expressed concerns about the consistency of the service and said they were not informed when their agreed service was going to be changed or when a different care worker would be attending.

There were opportunities for people who used the service and staff to express their views about the service that was provided by the agency.

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 24 November 2015 and home visits to people who received a service took place on 2 December 2015. The inspection was announced; the provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the agency office who could assist us with the inspection.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider and information we had received from the local authority who commissioned a service from the agency. The provider also submitted a provider information return (PIR) prior to the inspection as requested; this is a document that the registered provider can use to record information to evidence how they are meeting the regulations and the needs of people who use the service.

Prior to the inspection we also sent out questionnaires to people who used the service, staff and community professionals; 50 were sent to people who used the service and 17 were returned, 195 were sent to staff and 21 were returned and eight were sent to community professionals and three were returned. The collated information was used to assist us in planning this inspection.

On the day of the inspection we spoke with the registered manager, two office staff and two care workers. Following the day of the inspection we visited three people in their own homes and telephoned a further 31 people (20 people who received a service and eleven relatives) to ask them for their opinion about the service they were receiving. We also spoke with further six care workers.

At the agency office we spent time looking at records, which included the care records for seven people who received a service from the agency, the recruitment and training records for eight members of staff and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us that they felt safe whilst agency staff were in their home. Comments included, "I trust these carers 100%" and "I think the carers look out for me. They make sure all my lights are out and doors locked when they leave at night." A relative told us, "In fact, when the carers come, I trust them so much that I take the opportunity sometimes to pop out to the shop for a quick breather."

The training record we saw evidenced that all staff had completed training on moving and handling; this meant they had the knowledge needed to support people with moving and handling. One relative told us, "The carers are very good at moving and handling for (Name). He needs special care and I know he's in safe hands with these carers." Care plans described how people mobilised and identified equipment that was needed to safely assist people with moving and handling, including details of who was responsible for maintaining the equipment. There were also assessments in place about other risks that might affect the person's safety, such as the risk of falls, self-neglect, self-harm and developing pressure sores. Risk assessments recorded the identified risk and how this could be alleviated or managed by care workers.

Staff had attended training on safeguarding adults from abuse. This was included in the induction training programme and undertaken again each year. The care workers who we spoke with were clear about the action they would take if they observed an incident of abuse or became aware of an allegation of abuse. They told us that they would ring the office to speak to the registered manager or one of the care coordinators, and that they were certain the information would be dealt with effectively. The agency had a policy on safeguarding vulnerable adults from abuse and the documentation we saw in the agency office evidenced that safeguarding alerts were submitted to the local authority as required. We saw that a copy of any safeguarding alerts submitted to the local authority was also included with the person's care records, including details of the investigation carried out and action taken. This showed that the registered manager was open and transparent about any incidents that had occurred.

Staff were informed about the agency's whistle blowing policy as part of their training on safeguarding adults from abuse, and the organisation had introduced a 'whistle blowing' friend who was available to support staff through this process. Staff told us that they would not hesitate to use this policy if they had any concerns about a colleague's practice.

We checked the recruitment records for eight care workers. We saw that an application form had been completed that recorded the person's employment history, the names of three employment referees and a declaration they did not have a criminal record. Applicants provided documents to confirm their identity; these had been retained with personnel records. Three written references and a Disclosure and Barring Service (DBS) check had been obtained by the registered provider. 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 also to prevent unsuitable people from working with children and vulnerable adults. The agency had a policy of renewing staff DBS checks every three years; this provided evidence that staff remained safe to work with vulnerable people. It was clear from the records we saw that new care workers did not start to work unsupervised until all safety checks had been received by the agency office.

The agency employed approximately 320 care workers. The feedback we received from care workers indicated that there were sufficient numbers of staff employed to meet the needs of the people who were currently using the service. Care workers told us that they were allocated enough time to meet each person's needs and that they always stayed at the person's home for the agreed length of time. One care worker told us that they would contact the office if the amount of time a person had been allocated was insufficient to meet their needs. However, another care worker told us that a person's allocated time had been reduced by the local authority and they no longer had enough time to meet this person's needs; they were staying in their own time to ensure the person received the right level of support. We shared this information with the registered manager at the end of the inspection.

We saw that there was an effective 'on call' system for outside of normal office hours. This included an emergency response service. This team worked in the evenings and at weekends to cover for any unexpected sickness or requests for an emergency service. We saw that the details for contacting the service in an emergency were clearly

Good

Is the service safe?

recorded on the front cover of the service user guide. Some people told us they had difficulty getting through to the agency office, both during and outside of normal working hours. We discussed this with the registered manager who told us they had identified a problem with the telephone system. They were in the process of dealing with this with the landlord.

The agency provided a 'twilight' service; a care coordinator told us that staff always worked in pairs in the evenings to protect them from any risks involved in working outside of normal office hours.

Care workers had training on the administration of medication as part of their induction training. Two local authorities commissioned a service from the agency and they both required different medication training. Records evidenced that staff had attended the appropriate medication training during their induction period, and as refresher training on a regular basis. We also saw information to evidence that agency staff carried out competency checks with care workers to evidence they retained the skills they needed to administer medication safely.

People had risk assessments in place that recorded the support they needed with the administration of medication. Most of the people who we spoke with told us that their medication was administered on time although two people told us they were concerned that medication could be administered late when the care worker arrived late. A relative told us that they had requested a change to their family members care plan so they administered the medication instead of care workers. They said, "I feel better now knowing that I've got control of the medication." We discussed with one of the care coordinators who told us that any medication that was 'time critical' was recorded on the agency database and this ensured people received their medication at the correct time.

The registered manager told us that medication administration records were returned to the office periodically. These were checked by care coordinators when they were returned to the agency office and during spot-checks at a person's own home. This enabled care coordinators to check medication records for accuracy. We checked a sample of medication administration records on the day of the inspection and found recording to be accurate.

The health and safety folder included the agency's policy on accident reporting, risk assessing, the control of substances hazardous to health (COSHH) and electrical safety. The folder included evidence that the agency office was safe; there were risk assessments in respect of slips and trips, moving and handling, fire extinguisher checks, portable appliance checks and the servicing of moving and handling equipment used in the training room. Any accidents or incidents reported to the agency office were recorded on the agency database and sent to the organisation's head office for analysis. Staff were required to produce a copy of their car insurance so agency staff could check that the care worker was correctly insured for 'business use'.

There was a business continuity plan in place that advised staff about the emergency procedures to follow in the event of adverse weather conditions, a fire or a power / water supply failure. The continuity plan was very detailed and included key contact numbers and information about how the usual service would be reinstated.

Good

Is the service effective?

Our findings

The people who we spoke with told us that care workers had the skills needed to carry out their role effectively, although one person told us they received a more personalised service when their regular care workers (who understood their specific health condition) attended them. One person who used the service told us, "They seem to get a lot of training and they do seem to know what they're doing." A relative told us, "I think it's a good induction programme and the experienced carers seem to take their induction role very seriously, ticking off tasks as the new carers complete them." Relatives also told us that staff were skilled when supporting people who were living with dementia. One relative said, "(Name) isn't always very co-operative, but the carers have good strategies for encouraging and prompting in a very kind way. They always seem to get the tasks done – even getting them into the shower, which is amazing."

Staff sign a document to record that they have received the staff handbook; we saw that this included information about the agency's whistle blowing policy, safeguarding adults from abuse, confidentiality, personal and professional responsibility, the grievance procedure, equal opportunities, a dignity code and a code of conduct.

Staff told us that they were happy with the training they received from the agency. We looked at information about the induction training programme; all staff attended a ten-day induction programme that covered the topics of understanding cognitive issues in dementia and MCA, food safety / nutrition / hydration, duty of care / safeguarding, tissue viability, dignity, infection control, moving and handling, health and safety, medication and communication, as well as information about specific medical conditions such as diabetes. Staff were expected to complete refresher training on the topics considered to be essential by the organisation; this was at intervals of one, two or three years, depending on the topic. The database used by the agency did not allow work to be allocated to care workers if any of their training was out of date; this system had resulted in staff training being up to date and care workers and care coordinators being aware of good practice guidance.

The registered manager told us that new care workers shadowed experienced care workers as part of their induction training; this could be from two to five days, depending on the new employee's needs. The care workers we spoke with also confirmed that they shadowed experienced staff as part of their induction training. The experienced care worker was required to complete a record of the shadowing shift to record how the new employee performed. This provided agency staff with information about any additional training needs for the new care worker.

Records evidenced that the plans were for each care worker to have one 'spot check' and one supervision meeting each year, and to attend a team meeting every three months. The registered manager acknowledged that they were 'behind' with staff supervision meetings. However, most care workers told us that they were happy with the support they received from the registered manager and care coordinators. Staff told us that supervision and staff meetings were a 'two way' process; they received information from managers but were encouraged to express their views and discuss any concerns.

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's care plans also recorded if they had an advanced decision in place or a Do Not Attempt Resuscitation (DNAR) instruction. We checked whether the service was working within the principles of the MCA and found that care plans recorded a person's capacity to make decisions in a best interest checklist, as well as their way of communicating (verbal, written or body language).

Care workers told us that they helped people to make decisions and choices; they gave us examples of how they showed people different clothes so that they could make a choice and how they offered people a variety of meal choices. Care plans recorded the types of decisions that people could make, such as what clothes to wear, when they needed to see their GP, their ability to manage their own medication, what to eat and drink and their ability to retain information. People who received a service told us that care workers sought permission from them before they started to provide assistance with medication, personal care or other tasks that were recorded in their care plan.

Good

Is the service effective?

Care plans included consent forms although we noted that they did not all record the same information. Some recorded that people had consented to information being shared with other professionals when needed, for their details to be recorded on the agency database, for staff to obtain medical help in an emergency, for their care needs to be assessed and reviewed, for their records to be audited and for staff to support them with their medication. In addition to this, people had given authorisation for staff to use the telephone handset in their home (at no cost to themselves) as part of the agency's call monitoring system.

We saw that, when meals were prepared by care workers, they recorded this information in daily records so that other care workers could see what meals had been provided previously and relatives were able to check that people were receiving meals that met their nutritional needs. We saw that care plans recorded a person's nutritional needs; this included their likes and dislikes as well as any special dietary requirements. All of the people we spoke with told us they were satisfied with the meals provided for them. One person told us, "They're very good – very helpful. They make my breakfast, lunch and tea. I get the shopping and they make what I fancy" and another told us that the care workers knew what foods they liked and how they liked their food to be prepared. Two relatives told us they were pleased with the support the person was receiving with meal preparation and that they were putting on weight. One relative told us, "The carers weigh (name) every week so we can see how she's progressing. She's come on in leaps and bounds." This showed us that there was a system in place to support people to eat and drink enough and maintain a balanced diet.

Information about each person's physical and emotional health needs was recorded in their care plan, including specific details of their known health care conditions. One person's care plan included information about advice received from a Speech and Language Therapist (SALT) and advice from the local authority occupational therapist about safe moving and handling. This showed that any advice received from health and social care professionals was included in the person's care plan so that it could be followed by care workers. One person told us they were pleased because their regular care workers were able to spot when they were unwell and would call for a GP or ambulance if it was needed. Care workers told us that they would contact a person's relative if they thought they were unwell, or may ring the GP directly and then let family and care coordinators know, depending on the situation.

Good

Is the service caring?

Our findings

Everyone who we spoke with told us that staff cared about them. Comments included, "They're my own special angels. I couldn't do without them", "We have such a laugh every day, and that's very important to me because the carers are the only people I see all day" and "The carers are worth their weight in gold and they lift my spirits every day." The care workers who we spoke with agreed. Comments included, "You can tell when people shadow you if they are caring", "We have spot checks in people's homes – any poor attitude would be picked up" and "I have never seen otherwise."

Some relatives told us that they felt care workers also cared about them. One relative said, "My life is very hard, looking after (Name) full time. But the carers are just fantastic. They're so friendly and efficient – they help me as much as (Name) and I can't thank them enough for that."

When we visited the agency office we saw there was a collection of foodstuffs. The registered manager told us that they were concerned about people who might be alone over Christmas and had started to collect foodstuffs to take to these people to make sure they had enough to eat over the holiday period. This showed that people who worked for the agency had a caring attitude.

We asked people if their privacy and dignity was respected and one person who received a service told us, "It could be very embarrassing having a shower with someone standing so close to you, but it isn't because the carers always hand me a towel very quickly and make sure I'm properly covered up." Care workers described to us how they respected a person's privacy and dignity, especially when they were assisting them with personal care. They told us that they made sure they closed curtains and doors and used towels to cover people to protect their modesty. They said that they talked to people throughout the process to try to make them feel comfortable and checked that they were happy with the support being provided.

We saw that training on the topic of dignity was included in staff induction, and that staff had also completed training on person-centred care and equality / inclusion. This training helped staff to understand the importance of treating people with respect, privacy and dignity.

A care coordinator told us that if someone who used the service expressed a wish not to receive support from a particular care worker, this was respected. The database had a facility to prevent this care worker from being allocated to that person. People who used the service confirmed that this was the case. Some people had requested that they only received a service from a male care worker. A care coordinator explained to us how they had introduced a rota for male care workers that was specifically to provide a service for these people. This showed that people's individual requests had been listened to.

Care workers told us that they received sufficient information from care coordinators prior to visiting new service users. The information was passed to them by telephone and it was available in the person's care plan. People told us that care workers recorded information in their care plan at each visit to ensure that all staff were aware of their current care needs. The registered manager told us that daily record sheets were returned to the office periodically so that they could be checked. This enabled agency staff to check that any concerns identified by care workers had been passed to care coordinators, and that recording was respectful and accurate.

When staff were new in post they were required to sign a confidentiality statement, and we saw that the agency's service user guide included a statement about staff maintaining people's confidentiality. People told us they were confident that care workers respected confidential information.

We asked care workers if they encouraged people to do as much as they could for themselves to retain their independence. They all told us that they did. One care worker told us that they encouraged people to do things for themselves, but "Wouldn't see any one struggle – I am always there to help" and another said, "We are not there to take over – we are there to promote independence." The people who received a service told us that staff encouraged them to be as independent as possible, and a relative told us, "(My relative) needs help with her meals, but the carers always let her do as much as she can for herself and never try to take over when she's a bit slow."

People told us that they were not always told if their care worker was going to be late. However, people told us that if care workers were late, they stayed for the agreed length of time to ensure that people received the support they required.

Good

Is the service caring?

Care plans recorded whether or not the person required the support of an advocate. This indicated that agency staff were able to put people in touch with advocacy services if they were needed. However, we noted that this information was not recorded in the agency's service user guide and the registered manager told us they would ensure information about advocacy was made available to people.

Good

Is the service responsive?

Our findings

People had personal service plans (care plans) in place that contained details of their assessed needs. The care needs assessment was based on information gathered from the person themselves, from their relatives and from the support plan provided by the local authority that commissioned the service (when they funded the care package or were involved in the person's care). The assessment included information about professionals included in the person's care, the person's preference for a male or female care worker, their life history and any hobbies or interests. Areas covered in the assessment included moving and handling, continence, food and nutrition, financial support, medication and pressure care / skin integrity.

Care plans included a person centred summary sheet that recorded "Things you need to know about me so that you can support me and meet my needs." The tasks that needed to be completed at each visit, the number of care workers needed at each visit, the number of visits required each day and the time of each visit were also recorded. We saw that this information was quite detailed, such as, "Please administer my medication via the DoMAR chart. Let yourself in via the front door. Ensure I am wearing my lifeline. I will already be up and dressed" and "Prepare breakfast of porridge and toast and cup of tea with no sugar. Leave cold drinks out." This meant that staff had information that helped them to get to know the person and meet their individual needs.

One relative told us that their family member had support from care workers to undertake social activities. They said, "The carers are great at stimulating activities like singing, reminiscence, memory boxes, knitting and even baking. She really enjoys herself."

People who we spoke with and their relatives confirmed that their care plan was reviewed on a regular basis to ensure the care provided continued to meet their needs. We observed that there was a record of when care plans had been reviewed, both by the local authority that commissioned a service from the agency, and by agency staff. Any changes that were identified during the review process were recorded in the person's care plan, such as changes to a person's mobility needs, dietary requirements and assistance needed with personal care.

Most people who used the service and their relatives told us that care workers did not hurry people. A relative told us, "(Name) can be very slow on some days, but the carers never rush her and always give her time to get from A to B." A small number of people told us that care workers might hurry them at weekends "When things were more rushed." We shared this information with the registered manager at the end of the inspection.

The agency's complaints procedure was outlined in the service user guide. The service user guide also gave a variety of contact numbers for people should they wish to take their complaint further, including senior managers in the organisation, the local authority, CQC and the local ombudsman. Each person was given a copy of this document when they started to receive a service from the agency, and had signed to record this.

We checked the complaints folder held at the agency office. This included seven complaints that had been received by the agency from March 2014 to May 2015. These were all from relatives of people who used the service. The records included information about the investigation that had been carried out and that a letter of apology had been sent to the complainant when appropriate.

People who used the service told us that they knew how to make a complaint and some people told us they had raised a concern over the last year and felt that their concerns were taken seriously. Two people who used the service told us they would not contact the agency office. They said they would discuss their concerns with their care worker, who they trusted and felt confident they would refer the concern to the appropriate person. Other people also told us that they could speak freely to their care workers and that their views were listened to and acknowledged. Some care workers told us that they would support people to make a complaint if they were reluctant to do so themselves.

One person told us that their relative had complained to the agency office on their behalf about the attitude of an unfamiliar care worker. Agency office staff had taken the complaint seriously and had not sent that care worker again. A relative told us they had a series of concerns and problems over the past year, but that staff from the office had responded to all the concerns and resolved them so the whole family were now happy with the care. This relative said, "It's been hard work but its brilliant care now."

Good

Is the service responsive?

Spot checks were carried out by care coordinators at a person's own home. This gave agency staff the opportunity to observe the care worker whilst they were providing a service, and for the person concerned to express any concerns.

The agency had received numerous letters of thanks and compliments from the families of people who used the service. The registered manager told us that they shared this information with staff, particularly if they were mentioned in the card / letter of thanks.

The agency had introduced a customer forum. The minutes of meetings evidenced that topics discussed included the purpose of the forum, the terms of reference, examples of customer engagement and a health and safety update. One participant had assisted the agency to develop a new 'snappy' quality questionnaire, had suggested amendments to the letter that was due to be sent out to people who used the service about the cover they required over Christmas and had assisted with the filming of a video to talk about the importance of using personal protective clothing (PPE) when assisting people with personal care. This was being used by the agency as part of staff induction training. The registered manager told us that they would be discussing the introduction of dignity champions and dementia at the next meeting.

One person who we spoke with told us they were a member of the customer forum. They told us they found the forum a useful place to discuss ideas, and some ideas had already been implemented. For example, the 'snappy' questionnaire had been included in the service user log book so that people could complete it at any time.

Requires improvement

Is the service well-led?

Our findings

As a condition of their registration, the service is required to have a registered manager in post. This meant the registered provider was meeting the conditions of their registration. The manager for Direct Health – Hessle had been in post for a number of years and this provided some consistency for the service. The registered manager told us that they attended regular manager's meetings within the organisation plus training workshops, and that this helped them to keep up to date with any changes in legislation and with good practice guidance. Some care workers commented that the agency was still managed 'like two separate agencies' and that this had not been helpful. They felt that regular staff meetings had not been taking place and this would have helped to bring the two groups of staff together.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The manager of the service had informed the CQC of significant events in a timely way and had telephoned us prior to submitting a notification to ensure we were aware of incidents that had occurred. This is good practice and meant we were able to check that appropriate action had been taken.

We asked for a variety of records and documents during our inspection. We found these were well kept, easily accessible and stored securely. We saw that medication records and daily diary records were periodically returned to the agency office; this allowed agency staff to check these records for accuracy and identify any staff training needs. We checked a sample of the medication records and daily diary records. The daily diary records showed that staff recorded the time they arrived at a person's home and the time they left.

Some people told us they had received surveys to complete, although none of them could recall receiving any feedback on the results of the surveys, or any action taken. However, we saw information in the agency office that indicated the outcome of the customer questionnaire in December 2014 had been analysed and that everyone who received a service from the agency was sent a copy of the analysis and outcome.

Most staff, but not all, confirmed that they had meetings with their care coordinator within the areas they worked. They told us that they had the opportunity to discuss their concerns and to make suggestions at these meetings, and felt that they were listened to. Staff also confirmed that they were handed a quality questionnaire to complete when they recently attended the agency office for training on the new telephone / call monitoring system. This showed that staff were given the opportunity to comment on the quality of the service. Care workers told us that any accidents, incidents or safeguarding concerns would be talked about and not "Brushed under the carpet." They said that these issues would be discussed openly within their teams so that everyone learned from the investigation that had been carried out.

Each month the manager carried out a number of quality audits that measured whether systems in place at the agency were meeting people's needs in a safe way. Audits included a record of remedial action that needed to be taken and when any improvements identified had been actioned. The organisation had an internal audit team and the registered manager told us that their next audit was due in January 2016. This meant that systems were audited by both the registered manager and the regional team.

The service did not have any written visions and values in respect of their culture, but there was a service user guide in place. This was given to all new users of the service. The service user guide included details of the agency's aims and objectives, the principles of care, details of the staff employed as well as information about person-centred care, equality and diversity, dignity and access to personal records. In addition to this, the service user guide included the agency's mission statement, which was "Our aim is to enable our customers to live independently at home by delivering personalised care and support tailored specifically to their individual needs."

We asked the registered manager about the culture of the service. They described it as "Family orientated and person-centred." Comments from care workers included, "They care about the carers", "Friendly" and "They actually care about the service users."

We received mixed responses when we asked people if they received a service from a regular group of staff. Some people told us that they or their relative were receiving support from a regular group of care workers who knew them well. However, other people told us there had been a number of changes recently so they were not receiving care from a regular group of care workers. One relative told us

that they were concerned because their family member was living with dementia and required support from care workers who they knew. They told us they had contacted the agency office to discuss this with care coordinators and asked them not to send unfamiliar staff, but their family member was still receiving support from care staff they did not know. Another person told us they were less satisfied with the care they received from unfamiliar staff. They said, "I'm not saying they're bad at their jobs, but when you don't know the carers it just isn't the same because they don't know you and they don't know how you like things done." Some people mentioned that this had been more of a problem since Direct Health – Hessle took over an agency operated by another care provider, and that the problem was worse over the weekend. One person said, "It used to be a good service before this amalgamation. Now it's all up in the air and you don't know who's going to arrive on your doorstep." Several people mentioned they were not told when a different care worker would be attending. We discussed this with care coordinators who acknowledged that people did not always receive a telephone call told when someone different would be attending.

People who we spoke with told us that care workers usually arrived on time. One person said, "The girls are pretty good – they come four times a day and are usually on time" although another person told us, "The girls are generally very good. They turn up on time except for weekends which is sometimes a problem and we don't always have regular carers."

One concern raised by people who used the service was that they did not always receive a telephone call when their care worker was going to be late. Comments included, "Very occasionally the office will ring to say a call is late, but more often than not I have to ring and chase it up" and "I have to have my morning call at a certain time, but quite often it's late and that sets me back for the day in all sorts of ways. The office have never rung me to tell me the call will be late." A relative told us, "When regular staff are on holiday or off sick or sometimes at the weekend things can be a bit haphazard, like they turn up a bit late or occasionally don't turn up at all." However, other people told us that they did receive a telephone call if their care worker was going to be very late. We discussed this with care coordinators who told us that some people's details were recorded as 'time critical' on the database and that these people always received their care at the agreed time. People told us that, if care workers were late, they still stayed for the agreed length of time to ensure they received the support they required.

A care coordinator explained to us how they allocated tasks to care workers in 'runs' to reduce the amount of travelling time and to promote consistency for people who used the service. We saw that the database was set up to allow travelling time between calls and most care workers told us that they received enough travelling time so they did not have to rush from person to person. If people were recorded on the database as needing a 'time critical' call, the database did not allow any other time to be allocated to this person. The database also recorded care workers who had visited a person previously so that they could be allocated to them again if their regular care worker was not available. However, several people mentioned to us that they received care from people they did not know, so it may be that this part of the system was not working effectively.

Some people told us that that they were concerned that their agreed times had been changes without consultation with them. One person told us, "The carers told me my new time was 10.30 pm instead of 9.30 pm but no-one had talked to me about it" and another person said, "The carers have told me our new time is 9.15 pm instead of 8.30 pm because they had new calls to make, but that's too late. (Name) gets too tired by then." This indicated that the time care workers visited people was changed without their agreement.

The agency had introduced a new call monitoring system; all care workers had a telephone that they used to record when they had arrived at a person's home and when they left. A care coordinator showed us the database and we saw that this recorded any calls that were overdue. The care coordinator was able to investigate these calls further and in most instances was able to establish that the care worker had arrived at the person's home but there had been a problem with logging the call. Care coordinators told us that this meant that missed calls had been reduced.

Although people told us they felt their care workers listened to them, we received mixed responses when we asked people if agency staff listened to them. Some people thought agency office staff were friendly, approachable and helpful whereas a small number of people told us they were abrupt and unhelpful at times. One relative told us they were not happy because they had raised a concern

Requires improvement

Is the service well-led?

some time ago and no-one seemed to be dealing with it. They said, "I've been absolutely fuming about it, but I don't think the office staff are listening." Some care workers also told us that they passed on concerns expressed by people to the agency office but they were not convinced that these were listened to and acted on.

We recommend that the registered provider considers ways of providing people with a consistent service that reflects the package of care that has been agreed with them.

We asked the registered manager if there were any incentives to improve staff support and staff performance. They told us that they had introduced "Compliment of the month." Staff received a certificate if a compliment had been received about them; two care workers had received a certificate in November 2015.