Direct Health (UK) Limited

Direct Health (Stockton on Tees)

Inspection report

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Ratings

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

Overall summary

We undertook an announced inspection of Direct Health Stockton on 7, 8, 9, 10, 16 and 22 September 2015. We told the provider two days before our visit that we would be inspecting, this was to ensure the manager would be available during our visit.

Direct Health (Stockton) provides personal care for people in their own homes in Stockton, Billingham, Eaglescliffe and Yarm. It is a large service, providing care to approximately 450 people and employing approximately 200 staff at the time of this inspection.

The service had appointed a manager in January 2015, who at the time of inspection had not applied to become registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'. The service will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within

Summary of findings

six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. Improvements were needed in many areas where the provider was not meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In September 2014 we completed an inspection and issued a formal warning telling the provider that by 16 and 30 January 2015 they must improve the following areas.

- Regulation 9 (Outcome 4): Care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare.
- Regulation 10, (Outcome 16): The service was failing to protect people, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity and identify, assess and monitor risks relating to the health welfare and safety of service users and others.
- Regulation 13, (Outcome 9): The service was failing to protect people against the risks associated with the unsafe use and management of medicines, by means of making appropriate arrangements for the recording and safe administration of medicines used for the purposes of the regulated activity.
- Regulation 21, (Outcome 20): People were not protected from the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of an accurate record in respect of each service user which shall include appropriate information and documents in relation to the care and treatment provided to each service user.

We reviewed the action the registered provider had taken to address the above breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We also checked what action had been taken to rectify the breach of regulation 22 (Staffing) and regulation 23 (Supporting workers) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The registered provider sent us an action plan stating they would be compliant by 31 March 2015.

On the 1 April 2015 we began a focussed inspection to follow up on regulation 13 management of medicines.

On the 20 April 2015 a focussed inspection commenced to look at regulation 9, 10 and 21. At which point it was discovered there was a problem with the registration of the location address which was has since been rectified.

During this inspection we found some improvements had been made since the last inspection regarding medicine management. However we found that clear and accurate records were not being kept of medicines administered by care workers. Gaps in the medicines administration records meant we could not be sure people were always given their prescribed medicines. Details of the strengths and dosages of some medicines were not recorded. Care plans and risk assessments did not support the safe handling of some people's medicines.

Care records showed that although risks had been identified, there were no risk assessments in place to guide staff.

There were processes for recording accidents and incidents and these were collated and analysed centrally each month.

The registered provider had policies and procedures in place which were there to protect people from abuse. Staff we spoke with understood the types of abuse and what the procedure was to report any such incidents. Records showed staff had received training in how to safeguard adults. A whistleblowing policy [where staff could raise concerns about the service, staff practices or provider] was also in place. Staff we spoke with demonstrated what process to follow when raising concerns.

The manager and staff were aware of the requirements of the Mental Capacity Act 2005. We were told that Mental capacity was assessed by either social work or healthcare professionals and this information was shared with the registered provider who used them to develop care plans for people. We found the mental capacity form within the care plan to be confusing, contradictory and misleading. Staff needed guidance on how to complete these forms.

We found there was still work to be done to improve staffing levels and reduce the need for care coordinators to cover calls Some people expressed concerns about the number of different staff visiting their home and the fact

Summary of findings

that they did not know who was coming on a particular day. We found that this had not been considered by the manager to be a risk although people were being asked to let people they did not know into their home. The registered provided were currently recruiting staff to meet service needs. This meant that whilst recruitment was ongoing existing staff had to cover calls.

Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers and we saw evidence that a Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. To help employers make safer recruiting decisions and also to minimise the risk of unsuitable people working with children and vulnerable adults.

We saw the services training chart and a selection of certificates. We found mandatory training was up to date, specialist training such as training in diabetes, Huntington's disease and dementia were planned to be completed by the end of the year. Staff who had not received Percutaneous endoscopic gastrostomy (PEG) training were sent on PEG feeding calls. PEG feeding is used where patients cannot maintain adequate nutrition with oral intake. People who used the service and relatives were concerned staff did not receive appropriate training on equipment such as hoists and stand aids.

Staff received regular supervisions and a yearly appraisal. The service also performed spot checks on staff every one or two months.

Staff we spoke with said they had access to plenty of personal protective equipment (PPE).

Staff knew the people they were supporting regularly and provided a personalised service but where they were covering other people's calls they did not know the people well. Care plans were in place and provided a small amount of detail as to how people wished to be supported. However the information was quite brief and where care needs were highlighted such as pressure sores or diabetes no care plans or risk assessments were in place. We saw people who used the service or their relative were involved in making decisions about their care.

The service had a system on the computer to log complaints where the investigation and outcome to the complaint was documented. However we could not evidence that all complaints made had been logged onto this system.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered provider to take at the back of the full version of the report.

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?

Inadequate

The service was not always safe.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults procedures.

We found that improvements still needed to be made in regard to the record keeping for medicines.

Although care plans stated the individual risks, written risk assessments were not always in place to guide staff.

The deployment of staff did not always meet the needs of people who used the service.

Is the service effective?

Requires improvement

The service was not always effective.

Staff received regular mandatory training but specialised training did not take place and concerns were highlighted about training for equipment such as hoists and stand aids.

Supervisions and appraisals were up to date.

The manager was aware of the requirements of the Mental Capacity Act 2005. However staff were not fully familiar with the requirements of the MCA code of practice and the documentation was unhelpful.

We saw people signed to consent to care.

Is the service caring?

Good

The service was caring.

People who used the service told us they liked their main care staff and they were very friendly, but found the amount of different staff could make them feel uncomfortable.

Staff were respectful of people's privacy and dignity.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Inadequate

The service was not always responsive.

The manager did not always respond to complaints appropriately or analyse or learn from them.

Summary of findings

Care plans were in place outlining people's care and support needs. However information was not person centred, limited and not always consistent, accurate or up to date.

The service matched interests of people who used services and their carers where they could.

Is the service well-led?

Inadequate

The service was not well-led.

The manager was not yet registered with the Care Quality Commission.

Staff felt they were not always supported by the manager and people who used the service felt the manager and office staff were not efficient. Rotas did not arrive on time and were often blank with unallocated calls.

Quality assurance audits did not have robust action plans and insufficient progress was made in relation to breaches from previous inspections.

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.

The inspection of Direct Health Stockton took place on 8 and 22 September 2015 and was announced. We told the registered provider two days before our visit that we would be coming to inspect to make sure management would be there for the inspection. One adult social care inspector, one pharmacy inspector, one specialist professional advisor (SPA) undertook the inspection. Three experts by experience telephoned people in their own homes to gain their views of the service. A specialist professional advisor (SPA) is someone who has a specialism in the service, on this occasion the SPA was a nurse. An expert-by-experience is a person who has personal experience of using or caring for someone who uses a service, on this occasion a domiciliary care service. A second inspection day took place on the 22 September 2015. This was carried out by two adult social care inspectors.

The provider was not asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. During the inspection the manager was asked to provide information on achievements made with the service and plans for improvement.

Before the inspection we reviewed all the information we held about the home. The information included reports from local authority contract monitoring visits, enquires and notifications and any concerns, complaints and safeguarding information we had received.

During our inspection we went to the provider's office and spoke to the area manager, manager, two care coordinators, an assessor and six care staff. We reviewed the care records of six people that used the service, reviewed the records for six staff and records relating to the management of the service. We also looked at the medicine records of people who used the service. We spoke with staff about medication and reviewed the provider's medication policies.

Of the 11 medication records we looked at, we visited five of the people in their own home to make sure that appropriate arrangements were in place to manage medicines safely. During and after the inspection visit we undertook phone calls to 42 people that used the service and 14 relatives of people that used the service. We emailed staff a set of questions to respond to and we received 18 back.

Inadequate

Is the service safe?

Our findings

At the September 2014 inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The breaches were of Regulation 9 Care and welfare of service users, Regulation 10, assessing and monitoring the quality of service provision, Regulation 13, management of medicines, Regulation 20, records and Regulation 22 staffing. These correspond to Regulation 12 Safe care and treatment, Regulation 17 Good governance and Regulation 18 staffing (Regulated Activities) Regulations 2014

1 April 2015 we carried out a focussed inspection in relation to medicines

During this inspection we looked in detail at six care records for people receiving personal care. We found that care records were still very basic and contained limited information which was inconsistent, inaccurate and not always up to date. Care plans contained either no risk assessments or very limited risk assessments such as 'all equipment to be in good working order." However, the record did not state the specific equipment referred to for example a hoist. Other risk assessments were missing. For example, one care file we looked at stated the person was at risk of falling, malnutrition, dehydration, neglect to personal needs and they were a diabetic, but there were no risk assessments in place to support any of these needs. There was also no information on how to manage any possible diabetic complications, such as hypoglycaemia [low blood sugar] and hyperglycaemia [high blood sugar] state. Another person's care file stated they were prone to pressure sores and variable moods; they were also deaf and could not communicate well. However there were no pressure risk assessments and nothing documented on how to handle variable moods. We discussed this with a member of staff who knew this person well. They said that this person very rarely changes mood and is really happy. The member of staff could explain facial expressions and sounds that could communicate an expressed need. These were not documented in the care plan. The six care plans we looked at did not incorporate risk assessments. This meant that staff were not always aware of certain risks and how to manage them. We asked the manager if they could identify any risk assessments in the care plans, they confirmed that they could not and that they were in the process of updating all care plans.

This does not follow Nice guidelines NG 21 published September 2015, Home care: delivering personal care and practical support to older people living in their own homes 1.3.14 which states: When assessing risk, balance the risk of a particular behaviour or activity with how it is likely to benefit the person's wellbeing and help improve their quality of life. The named care coordinator, or other practitioners planning home care, should: complete a risk plan with the person as part of the home care planning process and include this in the home care plan, ensure the risk plan includes strategies to minimise risk, for example specialist equipment, use of verbal prompts, use of support from others, ensure the risk plan includes the implications of taking the risk for the person and the care worker, carry out risk assessments as part of home care planning and at relevant intervals, such as when significant factors change.

We looked at the visit records for the people we case tracked and saw that there was the correct amount of staff for each call. One visit record did not match what the care plan stated. For example the care plan stated four 30 minute calls a day but the visit record showed only two 30 minute calls. We questioned this and we were told that the calls had changed from four to two but the care file had not been updated. We asked how long ago the call times had changed and we were told they changed in March 2015. We asked staff how quickly care plans are updated and we were told. "That depends on assessors and how much work they have on." Another staff member said, "Sometimes they can take ages to update, there are some in the office that haven't been updated for over a year, some two years. Assessors try their hardest however, there is too much work for the few we have currently."

We found that the care records were not always up to date and did not reflect people's needs such as people with certain illnesses such as diabetes or pressure sores, there were no care plans to address these. One care plan provided inaccurate information, it stated that medication was in a blister pack and full administration support, level three, was needed. However further in the care plan it stated there was no compliance aid [blister pack] and medication was to be observed only. Daily records for this person were inconsistent and stated observed medication or administered medication on different days. This means it was difficult to evidence that medication was

administered as per their policy guidance or in line with care needs. The manager said they always administer the medicines but it is just the way people write the daily notes.

The majority of people who used the service and their relatives said they felt Direct Health Stockton provided a safe service. Since our last inspection we found that a recruitment drive had taken place but the deployment of regular staff to each person who used the service was still not being achieved. Out of 40 people contacted 10 were concerned about the number of different people visiting their home and the fact that they did not know who would be visiting on a particular day. Comments included, "I feel safe when they come into the house. I normally have the same carer during the week and have different ones at the weekend. They are all good." Another said, "You get used to those who come. I feel safe." And another said, "I used to have one carer but recently I have had lots of carers. It does worry me a bit." One person said, "They are all different and I don't have a rota. I don't always feel safe, I feel nervous with so many coming in."

Relatives of people who used the service said, "He doesn't feel safe with the young ones but with X [named carer] he's fine. He has a good natter with him." And "I think she feels safe enough. The only problem she has is that there is no continuity and she would prefer that. She says that strangers are bathing her all the time and it's not very dignified. We spoke to the office a while ago but not much has changed." And another said, "You don't know who is coming but that's not a problem as long as they come, that's the main thing." The deployment of unfamiliar staff to homes meant risks were not being managed for people, for example inadvertently letting strangers into their home.

We asked care staff if they thought there was enough staff to cover calls. One staff member said, "Absolutely not, our staff are overworked, have little breaks and some are working most of their time off. They are very tired. The emergency response [out of hour's office staff] team are covering calls on weekends that coordinators are unable to cover. Some care coordinators are working their weekend off to cover the care or office and the manager is very rarely seen in the office at weekends to help her team." And another staff member said, "I believe that we do have enough staff to cover all appointments I am confident in the coordinators working in the office." One person who used the service said, "The staff seems to be under pressure. Whilst they are administering care they get phone calls to give them additional work. "And another said, "They seem as if they haven't got enough time and most times they are late. They don't seem to have enough carers." One staff member we spoke with said, "I am willing to do overtime but if I say no the attitude is terrible." We discussed staffing with the manager and they explained that they are recruiting at present and are aware they need more staff, carers, coordinators and assessors.

Staff we spoke with said there was a high turnover of staff. Comments included, "They [staff] are always coming and going." And "In my area, the core group of carers are very stable, but on average the turnover appears to be higher than I would expect." And one staff member said, "Staff turnover is atrocious currently, every week there are new staff putting their notice in. It's not surprising when they are not respected, listened to, thanked for their efforts and hard work and treated fairly. Some office staff speak to the carers in an absolutely disgusting manner."

This does not follow Nice guidelines NG 21 published September 2015, Home care: delivering personal care and practical support to older people living in their own homes 1.4.7 which states Ensure continuity of care so that the person knows the home care workers and the workers are familiar with how that person likes support to be given, and can readily identify and respond to risks or concerns, by: introducing people to new home care workers, and building teams of workers around a person and their carer, and informing people in advance if staff will be changed and explaining why, and working with people to negotiate any changes to their care, for example when visits will be made, and recognising that major changes (for example moving from home care to use of personal assistants) can make people feel unsafe.

This was a breach of regulation 12 (1) (Safe care and treatment). The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we looked at the medicine records of 11 people who used the service. We spoke with staff about medication and reviewed the provider's medication policies.

Of the 11 medication records we looked at, we visited five of the people in their own home to make sure that appropriate arrangements were in place to manage medicines safely.

Inadequate

Is the service safe?

Arrangements did not always ensure that the administration of people's prescribed medicines was accurately recorded. We saw that the forms which care workers signed to record when people had been given their medicines did not always clearly demonstrate exactly which medicines had been administered on each occasion. Details of the strengths and dosages of some medicines were not recorded. We also found gaps in the medicine records for seven people where some dates had not been signed for to indicate the administration of medicines. It was therefore not always possible to confirm if people had been given their medicines, or what medicines had been given.

Several people were prescribed creams and ointments. Many of these were applied by care staff. The agency had a body map in the care plan which described to staff where and how these preparations should be applied. However it was not sufficiently detailed for some people as it referred to 'cream' but did not specify the name of the cream and for other people the frequency or area of application was not specified. This meant there was a risk that staff did not have enough information about what creams were prescribed and how to apply them.

Care plans did not clearly record assessments of people's individual medicines needs and the level of support needed. For one person the level of support was listed as 'prompt/ level 2 support. This did not clearly match any support level listed in the policy document. Other documentation for this person referred to 'monitoring medication', however one carer we spoke with was not clear whether this included all medicines supplied by the pharmacy or just those in a prefilled compliance pack. This meant there was a risk that staff did not have enough information about what support people needed with their medicines to ensure people were given their medicines in a safe, consistent and appropriate way.

Procedures were not in place describing how care workers should report any changes to people's medicines. For one person a medicine was noted as discontinued but it was not clear which healthcare professional had discontinued the medicine.

The manager told us that staff carried out spot check audits on the documentation returned to the office at the end of each month. We saw that this check was not robust and did not pick up when the strength of a medicine was missing on a medicine administration record. There was also no process in place to check that the record accurately matched the current medication being administered by care staff. However although we noticed some improvements in the administering of medicines, records and audits did not reflect this.

This was a breach of Regulation 17 (1) (Good Governance), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did see evidence of environmental risk assessments such as emergency isolation points, light switches, driveways and access.

Staff had received training in safeguarding vulnerable adults. A safeguarding policy was available and staff explained that this and the whistleblowing [telling someone] policy was in their handbook. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff we spoke with said, It is about keeping individuals safe from harm or abuse" And "Yes I would know how to report a safeguarding concern but I have never had to." And another staff member said, "I would report it without a doubt and if the office did not listen I would go to the social services or the police." One staff member said, "I have recently reported two bad carers to the office however nothing seems to happen as they are understaffed and can't afford to lose staff."

We looked at the recruitment records for six staff members. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised in people's homes. We saw evidence to show they had attended an interview, had given reference information and confirmed a Disclosure and Barring Service (DBS) check had been completed before they started work in the home. 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 to make safer recruiting decisions and also to minimise the risk of unsuitable people working with children and vulnerable adults.

Staff we spoke with said they had access to plenty of personal protective equipment (PPE).

Requires improvement

Is the service effective?

Our findings

At the September 2014 inspection we found breaches of the Health and Social Care act 2008 (Regulated Activities) Regulations 2010. The breaches were in Regulation 23 Supporting workers. This corresponds to Regulation 18 Staffing of (Regulated Activities) Regulations 2014.

During this inspection we asked people who used the service if they thought the staff had the skills and the knowledge required to meet their needs. The responses were mixed for example, one person who used the service said, "The service is adequate for what I want. The carers vary, with experience I think." One relative said, "I think that the staff are trained to meet our needs" And another relative said, "The new carers are not trained very well, they are also really tired which leads to mistakes such as not dressing my relative properly by pulling clothes right down, or once they forgot to open the valve on the catheter luckily we noticed this, due to the staff being in such a rush we have to oversee everything which puts extra stress on ourselves." And "Again new carers turned up, they had obviously not received adequate training in the use of a ceiling hoist-in fact one of them had never even seen a ceiling hoist before. I dread to think what would have happened if someone had not been there to show them what to do. What happens to people who live alone? We are rather concerned that unless there are major changes soon, someone is going to be seriously harmed, or worse." One relative felt that staff were not adequately trained on equipment such as hoists and stand aids. One relative said, "X [person who used the service] has a ceiling hoist, we continuously get new carers and they look horrified when they see the hoist and I have to show them how to use it, it worries me so much."

We asked staff if they felt they had received enough training and had the required skills to carry out their role. Staff we spoke with were positive about the training received and were confident supporting people and meeting their needs. Staff we spoke with said, "I feel the training is excellent." And another said, "I believe I have been given all the correct and necessary skills I need and possess to allow me to confidently care for others." And another staff member said, "Yes, I have the right skills, I'm regularly complimented by clients and would go out of my way for each and every one of them."

We looked at the services training chart and found mandatory training was up to date. We saw evidence of a training calendar to show what training was taking place in September 2015. We saw staff had not received specialist training in subjects such as diabetes, dementia and Huntington's disease. We were told by the manager that specialist training took place on induction. We asked the training manager for information on this and they said that this did not take place during induction and needed to be done separately. Following the inspection we were sent a copy of the training chart and this showed that specialist training was not due to be completed until November 2015 onwards. This means that people were at risk of receiving care from staff that had not been trained on specific illnesses such as epilepsy, diabetes and cerebral palsy.

This does not follow Nice guidelines NG 21 published September 2015, Home care: delivering personal care and practical support to older people living in their own homes 1.3.8 which states 'Ensure that the named care coordinator and others involved in home care and support planning (in line with the recommendations in ensuring care is person centred): understand common conditions affecting people using home care services, for example, dementia, diabetes, mental health and neurological conditions, physical and learning disabilities and sensory loss.'

This meant that due to staff not being trained appropriately people were at risk of receiving inappropriate care.

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

Staff we spoke with told us that new staff received a thorough induction which included classroom based learning and shadowing experienced members of the staff team. Staff we spoke with said, "Yes, there was a lot of paperwork covering each and every subject, this was followed by 1 day of shadowing." And another said, "I completed my 10 day induction and shadowing when I started employment, each year I complete my yearly updates and I have attended a falls prevention course." Induction records we looked at confirmed what staff told us.

All care staff had received up to date training on the Mental Capacity Act 2005 (MCA).Care staff were aware decisions made for people who lacked capacity had to be in their best interests.

Requires improvement

Is the service effective?

We noticed the form used by staff to determine peoples mental capacity was poorly designed and contained typographical errors and these needed to be corrected. We pointed these out to the manager who agreed improvements were needed.

We saw evidence that staff supervisions and spot checks took place regularly. Topics discussed during supervision were work load, training, roles and responsibilities and policies and procedures. There was a system in place for annual appraisals. Staff completed a personal development review preparation form which they brought along to the annual appraisal meeting.

The service carried out on site supervisions/spot checks and their policy stated once a year for each member of staff. We saw that 33 spot checks had been carried out in May 2015, 12 in June 2015, 25 in July 2015 and four in August 2015. People who used the service were offered the opportunity to provide feedback at these times. One staff member said, "This is done by the team leaders/ supervisors/assessors. Each carer must be spot checked."

People's care records included the contact details of their GP so staff could contact them if they had concerns about a person's health. People told us, if required, staff would assist them to access medical support. One person who used the service said, "If I feel unwell, the carer would call the doctor for me." Another person said, "I am listened to most of the staff would sit for a while and talk to you, even though they were very busy, especially if I felt a little under the weather. If a doctor is needed they would wait until the doctor comes and see's to me."

We saw evidence of consent in people's care files, these were signed by the person using the service or their relative.

People were supported at mealtimes to access food and drink of their choice. All food eaten was documented in the daily notes. One person who used the service said, "My main carer is X, who is brilliant and the others are very good, too. The make my meals, I can't fault them at all." One staff member said, "Yes I prepare food, I am a qualified chef so I tend to try to prepare home cooked meals for clients rather than frozen meals, if they like the idea and if there is sufficient time and coordination from the office." Staff had received training in food safety and were aware of safe food handling practices.

We were told that staff were matched to the people they supported according to the needs of the person as best as they could. During the initial assessment the manager said they found out about people's interests and hobbies so that care workers that shared similar interests were allocated when possible. For example one staff member said, "A person who likes knitting for her grandchildren, shows me garments she made, I like cross stitch and have shown her my work." One relative said that this is not always the case, "They do not match people's preference, we are quiet people and they sent over someone really loud, we were uncomfortable."

Good

Is the service caring?

Our findings

People who used the service said they were happy with the regular staff and they got on well with them. One person who used the service said, "At first I didn't quite like it because I was getting different girls all the time, But I've been having a regular girl recently and she's lovely, very, very good. I have her most of the time and is better for me. She's marvellous. She's done me a lot of good. I feel really comfortable with her. She brings the outside world to me. It's got a lot better for me." Another person said, "X (carer) is absolutely marvellous. She has a routine. She's come in and makes me a cup of tea. She makes the bed. She does everything as I would. I would like her all the time. Some of the others aren't this good." And another said, "The girls are smashing, they're all lovely. X, my main carer is lovely." One person who used the service said, "Some staff they send are useless, they have no idea of what they are supposed to be doing, they don't even look in the book. Then they ask me. I tell them to look in the book."

Relatives of people who used the service told us, "They know us very well as they come regularly, they know our needs we have no concerns the staff are very caring." And another said, "When administering care, my wife has to have two carers and they do this effectively, I see how gently and caring they are speaking to my wife whilst administering personal care in the bed as she is unable to move herself." Another relative said, "The girls [care staff] are absolutely excellent, more than we would expect, they are absolutely wonderful. Office staff on the other had are atrocious, they have not got a clue." And "If we say we really like a certain carer you can guarantee we won't see them again, there is no relationship building, we would leave the service but the girls [care staff] are too nice to leave." And "The manager just wants them [the carers] to get in and get out, they don't like them to build relationships." With agreement of the relatives we shared these comments with the manager and area manager to reflect on and make improvements.

Staff we spoke with said, "I'm good at creating good relationships with clients and making them feel supported, I know this because they express their gratitude and they express that they are happy with the care and they become open with me and find it easy to talk to me about things." And "The staff all genuinely care about the clients and want the best for them." Another staff member said, "We have an amazing team of carers who will jump over lava to look after these clients in the best way possible." And "I love it here, I never want to leave." "I go the extra mile to put a smile on a person's face. It costs nothing to be nice." Another staff member said, "The majority of the carers work exceptionally hard to make a difference and help their clients. We have some amazing people who work for us."

We were told staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care. One staff member said, "We are trained on this, we do whatever possible for example talking to the client to see what they want, closing blinds, curtains, doors, covering up explicit areas, wearing the correct PPE." Another staff member said, "Clients like to know what is going on, so communication with the client is high up on the dignity list."

One person who used the service said, "When the carers administer personal care, they treat me with respect and speak to me which puts me to ease."

People were encouraged to maintain their independence and undertake their own personal care. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them. We asked staff how they promoted peoples independence. Staff we spoke with said, "We are trained to promote independence at all times, even for small things like making cups of tea, dressing and so on. If the client still has the ability to do something for them self, we try to assist with things to keep them living in their own homes for as long as possible." Another staff member said, "If a client is able to put their underwear, trousers and socks on I will prompt them to join in. However they may only struggle with putting a't' shirt on due to arthritis or something, which is where I would step in and give a helping hand. Of course there is many different ways and scenarios similar to this but all have ways in which to get our clients involved." One staff member said, "I encourage, praise and support people to do as much as possible, within the risk assessment parameters set out." And another said, "I always talk to my clients and explain to them that if they need help to ask. I never intervene or take over I stay patiently close by on hand to help if needed."

Care staff we spoke with understood the importance of confidentiality. One staff member said, "I think confidentiality is very important, I would never talk about one client to another and if I found a member of staff doing

Good

Is the service caring?

that I would report them straight away." And "The relationship with clients is down to trust, I hopefully give them the faith to trust us." Another staff member said, "Honesty, knowing they can trust you for example if somebody has an embarrassing condition that only the carers and the office know about it. And confidence, confidence is a must."

We asked the manager, for people who wished to have additional support whilst making decisions about their care, were they provided with information on how to access an advocacy service. We were told that this was provided by the individual social worker and the information would be in their care plan. The manager said that so far they had never had the need to use this service.

Inadequate

Is the service responsive?

Our findings

We saw that the service's complaints process was included in information given to people when they started receiving care. The policy detailed steps that were to be taken if a complaint was made. The service logged complaints onto their computer system, the computer system would not allow a complaint to be closed until all the steps had been completed. For example, responding to the complaint and the outcome of the complaint. However not all complaints were logged onto this system. One person's daily notes stated that they were not happy with the times of their lunch call and the carer had contacted the office to notify them. We asked the manager what had happened in this circumstance. We were told that this would have been logged in the person's journal. We asked to see the journal. A member of staff went to look for the journal but said nothing had been documented. Looking further on in the daily notes we could see lunch time calls were taking place at the same time, therefore nothing had been done about this complaint.

We asked staff if anyone had made complaints to them. Staff we spoke with said, "Every single working day I hear complaints. This can vary from the time of the call set by the office, to a different carer turning up at the wrong time, and recently being placed on a female client who does not like or accept men into her home as stated in their care plan. The list goes on." Another staff member said, "I have not come across any complaints so far however I would either get the client to report them to the office via telephone or in writing or I would speak to the office and either get some advice on what to do or assistance to resolve the matter." And another staff member said, "Yes in regard to rota issues, people having a lot of unallocated times, different times going to them, different carers going at times and also those allocated for the person someone else turns up without notifying the person."

We asked staff what they did about the complaints received. Staff we spoke with said, "As always we are told to report and record at all times. I personally have now taken to telling clients to contact the social services or yourself CQC to report this to. This is due to the office not being able to provide the service to clients due to being understaffed." And, "The office are supposed to ring up to query what is wrong with the clients, however 99% of the time nothing gets done. They take note and leave it as that."

We asked people who used the service and their relatives if they had ever had to make a complaint. People who used the service said, "The service is very good. I've no complaints at all."

And "They tend to get the times muddled up. The carer often has different times to us. I have complained but nothing much happens." And another said, "I rang to complain because one of the carers had not done half of what she was meant to do. They sent X [carers name] out, who sorted it out. He was good."

Relatives of people who used the service said, "When you complain they never get back to you. They are very rude." And "We're really not happy with the service. We get different carers every day." Another relative said "We've no complaints." And "I couldn't fault them." One relative we spoke with said, "I rang to complain, they said they would look into it and get back to me, they never get back to you." And another said, "I am in the process of trying to change my provider as the staff always seem to be under pressure, they rarely turn up on time and more importantly the care plan agreed is not followed up by the company. The company is not following up complaints and the attitude is that they are doing you a favour."

We asked staff if they themselves had ever had to raise a concern. Staff we spoke with said, "More often than not, the office do not seem to care or there appears very little that can be done. However, the coordinators are really amazing and will go extra lengths to try and handle the situations that do occur. However the manager does not seem to care and wants the care provided and that's it." We sent a summary of complaints and comments to the manager and area manager for review.

This was a breach of Regulation 16 (1) (Receiving and acting upon complaints) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at six people's care records. We saw assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. The service had introduced a life history pro forma to be completed as part of their care records. This form called 'all about me' aimed to show a more person centred approach. Only two out of the six care files we looked at had these forms completed, but the information recorded was very limited. Person-centred

planning is a way of helping someone to plan their life and support, focusing on what's important to the person. We discussed this with the manager who said they were in the process of updating all the care files.

One person, who had severe learning difficulties, received a three hour sit in call to support with safety and wellbeing. The care plan did not document any activities the person liked to do during this three hour call. We were verbally told that this person liked puzzles and Disney movies, this information was not fully documented for staff to be aware of.

One person had a preferred lunch time call from 11:30 am – 12:00. This allowed the carer time to prepare the meal to be eaten around 12 midday. However daily records showed that the lunch time call often took place a lot earlier, one day this person had their lunch at 10:30. The tea time call was for 16:30, this often took place a lot earlier one time at 14:30. The night call was for 19:00, this was to prepare supper and secure property. Daily notes we looked at did not state that supper was prepared other than one day two oranges were peeled. One night time call took place as early as 16:55pm. We discussed this with the manager who said [person's name] would have insisted on these times. The manager also said that people could not have preferred times.

We were told that one person's health deteriorated when a different carer attended and they preferred x [named carer]. We could see nothing documented about this. We asked the manager how they could guarantee this is the main carer for this person, the manager said "People will know this as that carer goes more often."

Another relative said, "We have had 61different carer's over this past year. I consider this to be humiliating, degrading, undignified and horrible."

We saw people's daily notes and found these were not always very detailed with descriptions of care given. They were dated, timed and signed. Entries were very repetitive and simplistic. For example 'fine on arrival, okay when leaving.'

This does not follow Nice guidelines NG 21 published September 2015, Home care: delivering personal care and practical support to older people living in their own homes 1.3.22 and 1.3.23 which states 'Ensure a 'care diary' (or 'care record') is kept in the person's home. This is a detailed day-to-day log of all the care and support provided, which also highlights the person's needs, preferences and experiences. Offer the person a copy of it. And home care workers should ensure the care diary completed routinely on each visit is detailed enough to keep people, their carers and practitioners fully informed about what has been provided. Record any incidents or changes. Read new entries if you have not seen the person recently.

The examples we were told about and records we looked at did not support a person centred approach to care planning.

This was a breach of Regulation 9 (1) (person-centred care), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with said they were knowledgeable about the people they supported regularly. We asked staff how they were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff we spoke with said, "I read their information included inside the care plans, there is a sheet which asks questions on what the person likes and dislikes and a bit of history about that person and what help they may need so we can assist in ways which they prefer." Another staff member said, "I get to know their likes and dislikes by talking to them, talking with their family and friends, colleagues, and reading their care logs." And "I find out what is important by talking with them [people who used the service], they will tell you what is important to them and by their circumstances and religion and lifestyle." One staff member said, "I think it is important to be patient and listen to what they are saying, copy their body language if they are sat down sit down near them don't stand over them. Be respectful of their decisions and their environment. I think they value someone who takes the time to get to know their likes and dislikes, someone who values what they want and respects their decisions." Another staff member said, "I don't always know the likes and dislikes as I go to different ones [people] each time. The people I do care for regularly I do know and have a routine established through talking and observation."

We asked staff what people who used the service value the most, Staff we spoke with said, "Empathy and understanding their needs. They value the feeling of being listened to, and their wishes taken into account." And another staff member said, "Being listened too." And "During my short time working for Direct Health I've attempted to build up a rapport and develop good working

Inadequate

Is the service responsive?

relationships with different service users and their family members. I welcome the fact that I've been sent regularly to a core of service users because this aids the development of a professional, trusting care worker."

People who used the service said, "I was involved in my care plan it was discussed and explained to me so I could understand."

Staff we spoke with said they find the care plans easy to understand and had the relevant information they needed in. Staff said, "We often refer to care plans for vital information, however talking to the client and getting them involved is an essential part of caring." Another staff member said, "Our paperwork has been changed recently to make it easier to follow, I don't have an issue reading the care plan."

We were told by staff that they are expected to read the care plan at the beginning of each call. One person who used the service said, "One of the carers came in the early morning and her attitude was atrocious. I told her to read the report [care plan] and she said, 'I don't bother with that'." We have passed this comment onto the manager and area manager.

Inadequate

Is the service well-led?

Our findings

At the September 2014 inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The breaches were of Regulation 10 assessing and monitoring the quality of service provision. This corresponds to Regulation 17 Good governance of the (Regulated Activities) Regulations 2014.

The service did not have a registered manager in post. The previous registered manager left in December 2014. In January 2015 a manager was appointed, we have been told that they intend to apply for registration with CQC. However, at the time of this inspection no application to register had been received and accepted by CQC.

This is a breach of Section 33 Failure to comply with conditions, of the Health and Social Care Act 2008.

We asked staff if they felt supported by management, some staff we spoke with said, "The boss does not care. The coordinators try their hardest for us, however X [name] has an impact on everything. So overall I would say no, I would not feel supported especially from my past experiences with the office." And "Absolutely not." Another staff member said, "Yes we can call to speak to our area manager or coordinator with any issues and they help as much as they are able." And "Not very well supported." And another staff member said, "I receive constant ongoing support from my manager and care co-ordinators I have always felt confident that if I have any queries or concerns my coordinator and my manager will help me in any way they can."

From speaking to staff, we found morale was low and there were tensions within the teams. All but one member of staff we spoke with shared their concerns about the manager and described instances of when people have been singled out or treated inappropriately. We have shared these comments we received from staff with the manager and area manager who have said they will tell us what action they would take to respond to this.

We asked people who used the service and their relatives if they felt the management team supported them. People who used the service said, "There's room for a lot of improvement. There's no rota and we don't know who is coming." And "You have trouble getting through to the office. They pick up the phone and then put it straight down again. It's very annoying." Another person said, "We get a rota now and again. The rotas have been 'higgledy piggledy' for a while. I don't think it's as efficient as it used to be." Relatives of people who used the service said, "We're really not happy with the service. We get different carers every day." And "The service is appalling." Another relative said, "The office staff are atrocious they have not got a clue and the manager is as bad as the rest of them. We also shared these comments with the manager and area manager.

The majority of the issues people experienced were lack of rota's, unallocated calls, different carers to who were on the rotas turning up and times not consistent. For example one person who used the service said, "The carers are alright but sometimes they come late and sometimes they come too early in the evening, at 7 o'clock, and I'm not ready to go to bed then." A relative said, "The rotas, when you do get them, are a work of fiction."

We discussed the lack of rotas with the manager who said that this was something they were working on. A coordinator, said that they were working two weeks ahead and their rotas go out in time unless there was extenuating circumstances such as a high level of sickness or holidays. Through discussion, the manager acknowledged that there were problems with issuing rotas but there was no clear plan of what solutions could be put in place to solve them.

We asked people that used the service and their relatives if staff turned up on time. People who used the service said, "It's a very good service. They always turn up on time. They sit and have a natter. It makes my day for me." A relative we spoke with said, "It's supposed to be between 7 and 7.30 but sometimes it's an hour later." Another relative said, "The staff do not always turn up on time but they do get through the things that they need to do."

One staff member we spoke with said, "Quite often there is a major discrepancy between the time of the call on the care worker's phone and the time of the call on the sheet sent to the service user by the company. This is a constant source of irritation for service users and their families, indeed I once went to a service user, ten minutes early by my phone, but in actual fact this person had been waiting more than an hour for me to arrive. It's an understatement to say the family members were not well-pleased. I suppose it was a case of fitting the service user to the availability of the care worker when it really should be the other way round."

Inadequate

Is the service well-led?

The service has a monthly compliance report which states how many calls for the whole month, how many calls were early as per contract, how may calls were late as per contract and how many calls were missed. We saw copies of these reports for the last three months and they showed no calls were missed. For August 2015 it showed out of 32458 calls 5880 [18.12%] were early and 3224 [9.93%] were late. This meant 23354 [71%] of calls were made on time as per contract. The manager said that there had been issues with the way calls were allocated for example they did not consider postcodes and areas so a care worker could drive or walk ten minutes one way to find they are driving or walking ten minutes back to where they were. The manager said they have introduced a run module. The run module allows people who used the service to be allocated to a regular run, instead of a regular care worker on the person's schedule. A run is then allocated to a care worker, either on a regular or daily basis. It was too early to evaluate the success of this system.

We asked the manager how they monitored the quality of the service. The manager said they did face to face reviews, a 'snappy questionnaire', telephone reviews and annual surveys. The 'snappy questionnaire' was completed during reviews, spot checks or as and when needed. We reviewed some of the comments used during the snappy questionnaire, these were mixed and we saw no evidence of next steps taken to address concerns.

We asked people who used the service if they have been asked for feedback. People we spoke with said, "I do not remember being asked for feedback." And, "I am expecting someone to come to talk to me." Another person said, "Yes, I get a questionnaire."

We asked the manager to send the most recent survey information to CQC. The last survey was taken in summer 2014, we were sent the results of this survey but unfortunately there was no improvement plan included to show what actions had been taken. We were told that this year's survey would be taking place in October 2015.

The services quality assurance policy stated 'internal quality audits which take place three times a year then twice a year when a branch is found to be at a good standard.' We asked to see audits that had taken place since the inspection in September 2014 and we were provided with a mini audit which took place 27 February 2015, we noticed one of the goals set was to evidence on supervisions specialist training such as diabetes, stroke etc. and set target dates for individuals to achieve as per action plan. The next audit we were shown took place on the 17 June 2015. We found this was not a robust audit and did not have a comprehensive action plan and dates for actions to be completed. Comments included 'to ensure procedures are followed so compliance in this area is met.' One section stated that there was little evidence of specialist training being undertaken, the action was to increase numbers where appropriate in this area. We noted during this inspection there was still no evidence of specialist training being completed until November 2015. Another section in the June 2015 audit, stated that risk assessments were missing from care files, the action was to ensure all service users have a risk assessment undertaken and that this was to be available on file. Files we looked at during this inspection did not include the necessary risk assessments. We could see no evidence of anyone following up on these audits to make sure identified issues had been actioned.

The service now had a system in place to audit medicines; however we found that this was not consistently implemented. Thus staff responsible for auditing care records were only checking whether the forms were completed not the accuracy of the information contained in the documents. We found that the system for monitoring the service was not effective

We did not see evidence of regular staff meetings taking place. There were separate meetings for office staff, care coordinators and care staff. The office staff and care coordinators meetings were taking place more regularly than the care staff meetings. The last care staff meeting was on the 3 February 2015 and out of over 200 staff invited only 11 turned up. We discussed this with the manager who said they had tried different times but staff did not turn up. The manager could not provide us with any evidence of other meetings arranged.

Staff we spoke with said, "I have received one invitation when I first started working for Direct Health, however I was unable to attend due to being at work." Another staff member said, "Meetings are very infrequent, and often chaotic." And "Not frequent. Had one meeting since last Christmas."

This was a breach of Regulation 17(1) (Good Governance), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints Not all complaints were recorded and responded to

Regulated activity	Regulation
Personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The service did not support a person centred approach to care planning.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Risk assessments were not always completed or in place and care files were not fully completed and up to date.

The enforcement action we took:
Warning Notice

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Medication audits were not robust, quality assurance audits had no action plan with dates of when identified actions must be completed by, and therefore identified actions were ignored.

The enforcement action we took:
Warning Notice

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Staff had not received training in specialist areas such as diabetes, epilepsy etc

The enforcement action we took:
Warning Notice