

Direct Health (UK) Limited

Direct Health (Sheffield)

Inspection report

Unit 2, 1 Arena Court
Attercliffe Road
Sheffield
South Yorkshire
S9 2LF

Date of inspection visit:
28 September 2016

Date of publication:
21 December 2016

Tel: 01142566480

Website: www.directhealthgroup.co.uk

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 28 September 2016, and was an announced inspection. Prior to this we visited and spoke with people in their homes. We spoke over the telephone with people who used the service. We also contacted and spoke with Direct Health (Sheffield) care staff.

The manager of Direct Health (Sheffield) was given 48 hours' notice of the inspection, because the location provides a domiciliary care service; we needed to be sure that the manager and some care staff would be present to talk with. We also wanted the service to make initial contact with some people, who we had identified we would like to visit, to ask them if we could visit them in their own homes.

Direct Health (Sheffield) is a domiciliary care service. The agency office is based in the Attercliffe area of Sheffield. They are registered to provide personal care to people in their own homes in the Sheffield, Barnsley and Rotherham areas of South Yorkshire. At the time of our inspection the service was providing personal care for approximately 320 people. There were approximately 160 staff employed by the agency and they delivered approximately 2,600 hours of personal care each week.

The service was last inspected on 16 and 17 March 2016 and was found to be in breach of six regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches in; Regulation 9; Person-centred care, Regulation 12; Safe care and treatment, Regulation 10; Dignity and respect, Regulation 16: Receiving and acting on complaints Regulation 17; Good governance and Regulation 18; Staffing.

The overall rating for the service was 'Inadequate'. At the last comprehensive inspection this provider was placed into special measures by CQC. This inspection found that enough improvement had been made to take the provider out of special measures.

It is a condition of registration with the Care Quality Commission that the service has a registered manager in place. 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 registered provider appointed a new manager in April 2016 who was in the process of applying for registration as manager of the service at the time of this inspection.

Since the inspection on 16 and 17 March 2016 the registered provider has worked closely with representatives of the local safeguarding authority and contracts and commissioning departments of the local authorities. An embargo on new placements was agreed with CQC and a detailed action plan was developed, implemented, monitored and reviewed. We have also met regularly with the local authority and registered provider to discuss progress and monitor improvements.

At this inspection we found the registered provider had taken significant and effective action to improve the quality and safety of services provided in all areas of service delivery.

Improvements had been made with the safe management of medicines although further improvement was still needed.

People said they felt the service had made some improvements particularly in relation to the times care staff visit. Other people still said their preferred visit times were not being met. Better systems were needed to ensure sufficient numbers of staff were deployed to meet people's needs at preferred times.

Risk assessments for people who received a service had been updated and were in place in the care files we checked.

Staff were receiving regular supervisions, observation in practice checks and training updates. Some staff had not received an annual appraisal.

People said staff were caring and respected their privacy and dignity.

People's needs had been assessed when they started to use the service and all but one care plan we checked had been reviewed and were up to date.

Some people felt the service had made some improvements. Some people however said they had little confidence in the registered provider and felt they were not listened to and the concerns they raised weren't acted upon.

Some people, relatives, staff and stakeholders said the new manager was "making a difference" and described them as hard working, approachable and a person who promoted strong care values and was committed to service improvement.

A number of improvements had been made in the management and leadership of staff which had resulted in the provision of safer and effective care for a number of the people who used the service. There was still some room for improvement in a number of areas including medicines management, staff support, effective communication with people and staff, and quality assurance.

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 not consistently safe.

Improvements had been made with the safe management of medicines although some areas of management still required improvement.

Better systems were needed to ensure sufficient numbers of staff were deployed to meet people's needs at preferred times.

Risks to the health, safety or wellbeing of people were identified and recorded in people's records. These records formalised any actions to be taken in regard to those risks.

Processes were in place to protect people from abuse. Staff were aware of their duties and responsibilities in responding to abuse.

Requires Improvement ●

Is the service effective?

Some areas of the service were not effective.

Improvements had been made with the training, support and supervision of staff to maintain and update their skills and knowledge so that people received effective care. Progress had been made with annual appraisals, but we found a number of staff had not received this.

People were asked for their consent before care and support was provided.

People were supported to have sufficient to eat, drink, maintain a balanced diet and access healthcare appointments where this was part of their care routine.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People said staff were caring in their approach.

Good ●

People's care records had been updated. The information in them was generally brief but they were personalised to the individual.

Is the service responsive?

The service was not always responsive.

People's support plans contained accurate information and the majority had been recently reviewed to ensure they were up to date.

Some people told us their care plans did not reflect all their wishes and preferences especially in regard to preferred visit times.

Some people felt the service had made some improvements. Some people however said they had little confidence in the registered provider and felt they were not listened to and the concerns they raised weren't acted upon.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Some people, relatives, staff and stakeholders said the new manager was "making a difference" and described them as hard working, approachable and a person who promoted strong care values and was committed to service improvement.

A number of improvements had been made in the management and leadership of staff which had resulted in the provision of safer and effective care for a number of the people who used the service. There was still some room for improvement in a number of areas including medicines management, staff support, effective communication with people and staff and quality assurance.

Requires Improvement ●

Direct Health (Sheffield)

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 September 2016.

The registered provider completed 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.

Prior to the inspection we reviewed the PIR and other information we held about the service. We looked at previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events, which the registered provider is required to tell us about by law.

We spoke and met with the local authority care services team and the local authority safeguarding team on a regular basis.

The inspection team was made up of three adult social care inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The area of expertise for both experts by experience was in supporting people to use domiciliary care agencies.

We visited and spoke with nine people in their homes and four of their relatives. We also saw care and medicine records which were kept at people's homes. We revisited two people who we saw during the March 2016 inspection so we could monitor any improvements in care and medicine records and gain the views of the same people and their relatives.

During the inspection we contacted 41 people who used the service. We were able to speak over the telephone with 14 people who used the service and eight of their relatives. We contacted 12 Direct Health

(Sheffield) care staff and were able to speak with six of them.

We visited the agency office on 28 September 2016 and we met and spoke with the Sheffield manager, a manager responsible for the Barnsley area of Direct Health(Sheffield), Direct Health(UK) Ltd area manager, operations lead and head of human resources, two care co-ordinators and an assessor of people's care.

We spent time looking at written records, which included ten people's care records, six staff records and other records relating to the management of the service such as training records and quality assurance audits and reports.

Is the service safe?

Our findings

We checked progress the registered provider had made following our inspection on 16 and 17 March 2016 when we found breaches of regulations in regard to safe care and treatment, deployment of competent and experienced staff and the safe management of medicines.

We checked and found improvements had been made in the management of medicines for people.

We asked people about the support they received with their medicines. People and relatives we spoke with told us they were generally happy with the support they received. They said, "Staff complete records when they give me my medicines," "I have no concerns regarding taking medication at the correct times," "Mum has medication in the boxes and they (staff) are fully trained to administer the medicine and log everything down in the book. I check regularly to see if everything has been done properly and on time and also check with my Mum" and "A few months ago we found one carer was not confident with tablets. We reported these concerns to the office, and this carer has not returned."

We checked 10 people's Medication Administration Records (MAR) throughout a one month period. We found all but two MAR sheets were signed by staff when they administered medicines to people. If a medicine wasn't given staff recorded the reason for this by using a code. On one person's MAR we found there was no staff signature for two consecutive days to confirm the person's medicines had been administered. The person confirmed they had received their medicines and said, "She (staff) must have just forgotten to sign it." We found a gap in a person's MAR at the agency office that had not been noted by the assessor or care co-ordinator when they had audited the person's MAR. The manager said they would check this MAR and take appropriate action with staff to ensure MARs are correctly completed when a person's medicines had been administered.

We checked staff records and spoke with staff. We saw staff had received regular medicines training and the service had a medicines policy in place. A number of staff had received medicines competency checks although there were still some staff who had not received a recent check. The manager confirmed that all staff would have received this competency check within the next two weeks.

Staff said, "Enough time is allowed to make sure people get their medication at the right time," "I have no issues in managing my call regarding making sure people receive their medication on time. I have had medication training," " Medication Administration Records (MAR) are completed and are returned to the office on a monthly basis," "I have some medication calls that are not particularly time critical, but where they are time critical, the call time matches my rota," "All medicines I administer are given at the same time each day. I always make sure there has been at least four hours in between each dosage" and "MAR charts are now in the back of the monthly service user log books. These are checked by managers each month when they go up to the office."

Stakeholders told us, "Medicines compliance is still an issue. Not all staff have received a competency assessment, testing out ability and understanding, and this is reflected still in errors of transcribing and

recording."

Overall there had been progress made by the service in relation to the safe management of people's medicines, although stakeholders told us further improvement was required and we found a couple of gaps in the records we checked.

The quality in the auditing of people's MAR had improved although we did still find errors that had not been identified by the auditors within Direct Health (Sheffield). We found there were clear processes in place if medicine errors were identified which included increased staff support, supervision, training or if necessary disciplinary action.

This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance.

At the time of this inspection the agency was supporting approximately 320 people. There were 160 care staff providing this support to people, that added up to approximately 2600 care hours per week.

At the inspection on March 16 and 17 2016 we found people did not have their needs met by sufficient numbers of deployed staff, which resulted in missed, short and late visits.

The managers present at the inspection told us new staff had been recruited and Direct Health (Sheffield) were no longer using agency staff. There were also six care co-ordinators and six assessors in post which had enabled better planning of staff resources, duty rotas and timetable/ runs for staff.

Stakeholders we spoke with said, "Staff levels, duration and compliance of calls had improved over the last six months, not at the threshold that we would like to see, but definitely improved."

In comparison to the inspection in March 2016 people and relatives we spoke with were, in the main, more positive about timing and the consistency of staff visits. Comments made included, "They come reasonably on time," "No missed visits, and carers come on time. 100% reliable," "I have consistency with a team of carers. I asked for a permanent carer and I do have one regular carer several days a week," "Most of the time I am supported consistently by one or two carers, which is really nice," "Morning visit times have improved, they tend to be between 7am and 07.30am. I used to grumble in the morning, if they were late. Now the majority are at 7am, which I like," "The last few weeks they (care staff) have been on time," "They (care staff) are mainly on time but if they are going to be late they always ring," "We have six regulars (care staff) during the week and four regulars at weekends so we are familiar with all the staff and they stay for as long as we need them and they try their best all the time" and "Staff are excellent I have two care staff who come during the week they are really good. They never rush off and often stay for a chat."

Less positive comments included, "I never know who is coming," "I'm unhappy with the timekeeping. Carers are often late, but no missed visits," "I am concerned on occasions about the lateness of the morning calls staff make. It can mean mum can be left in bed from the previous evening call until 10am" and "They come too late, sometimes 11am in the morning, I don't like being in my nightie at that time."

Staff said they felt their rotas and time scheduling had generally improved. Comments made by staff included, "I have enough time and see the same people on a regular basis," "I usually have enough time, but not always. I visit someone who requires a cooked breakfast, but only have 15 minutes in which to prepare this and anything else. I will be raising this with my line manager today," "I usually have enough time for my calls, but if there is a problem or enough time is not being allowed or not appropriate, I will let the

manager/office know about this" and "My schedule is very good, all my calls follow on nicely and match the care plans."

Staff were clear about the on call system and said they felt supported. Staff said, "Sometimes the person on-call doesn't always answer the phone so you have to leave a message. They do usually ring you back though" and "We can always contact the office between the hours of 9am and 6pm. After that time, there is an on-call number available which is covered by members of the management team."

We saw in people's records where calls by staff were later than the person wanted, were not identified as time critical. Time critical calls are calls made by staff that need to be made in a short time window, when, for example a person needs assistance to take certain medicines that must be given at the same time each day.

People said staff stayed for the required time and completed all the tasks they were asked to do. No-one mentioned any missed calls. People said they were 'sometimes' told by the office if a member of care staff was going to be late.

The registered provider operated a call monitoring system (ECM) which was used to monitor care provided for all the people who used the service. Staff were required to dial in at the start of a visit and dial out at the end of a visit. This provided vital information by which the manager and senior staff were able to monitor calls to ensure people received the care they needed when they needed it. We found evidence that staff were more compliant with the use of ECM than at our last inspection. We saw there were staff in the office who were constantly monitoring the progress of calls made by staff. An alert was highlighted if a call was potentially being missed so care co-ordinators could contact individual care staff to ensure a call was made to the person and not missed or too late.

At the office we looked specifically at the timetable/staff run times for two people who had said to us they would like an earlier morning visit by staff. We looked at the rota with the manager and we could see that there were the preferred visit times for people available on a 'run'. The manager said they would contact people and offer them these times. The manager said they were 'revisiting' and working with the care co-ordinators through all staff runs to accommodate people's preferred visit times, whilst ensuring time critical call times were still met. The manager said one person was offered an earlier morning visit time, but they declined this offer as it would mean they had to change their care team.

There have been clear improvements in the deployment of staff, but better systems were still needed to ensure sufficient numbers of staff were deployed to meet people's needs at preferred times.

This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance.

At the inspection in March 2016 we found risk assessments for people who received a service were either absent or incomplete, which placed people and staff at risk. Risk assessments which were present in the care plans did not provide detailed person specific information to mitigate the risks.

We found at this inspection there had been significant improvements in the quality and availability of risk assessments and care plans in each person's home.

In each person's home there was a care plan, which included completed risk assessments giving details of any potential risk to the person and how this risk could be minimised or eliminated. These included such

risks as falls or trips. The assessment then assessed the likelihood of harm occurring, how the person would be affected and considered any additional control measures to be implemented to reduce the risk rating. We saw risk assessments were reviewed every six months or annually or when changes occurred.

As people were being cared for at home there were also risk assessments detailing environmental concerns, which could potentially put the person or staff member at risk. For example, cooking appliances, pets and access to the property. The stairs in the house of one person we visited were a real hazard. The risk assessment described the risk and what measures were already in place to control the risk.

One person's care plan and risk assessment we visited had not been reviewed in the last twelve months. The person said a manager from Direct Health (Sheffield) was visiting them the following day "to review their notes."

People said, "I know I have risk assessments in place, I know what they are for and they have been reviewed the other month."

Staff said, "A risk assessment is always completed and we read them. I take them into account as part of the care planning," "Risk assessments are completed where needed and are kept on the file in the person's home .We have access to these" and "I had concerns about a person this morning. It seems this person will now need a call that involves two carers. I have informed the office about this and that a review of this person's care plan and risk assessment is needed."

We checked and found systems were in place to protect people from harm and abuse.

People told us they felt very safe with their care staff. Their comments included, "Yes I feel safe, staff assist with meals and personal care," "No worries, they (staff) are very good," "I feel safe in my home, my carer's use a key lock to let themselves in," "I definitely feel safe with the people that come" and "I do feel safe with them I wouldn't be without them."

During our telephone calls to people one person raised some concerns about a particular member of staff. We informed the manager of these concerns and they took immediate action to make the person safe.

The service had a policy and procedure for safeguarding and whistleblowing. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. Staff told us they were able to report any concerns to the manager and they were confident they would be listened to and taken seriously.

Staff confirmed they had been provided with safeguarding training so they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so that correct procedures were followed to uphold people's safety.

We looked at four staff personnel files. We found staff had been employed following the completion of a thorough recruitment process. Staff had completed application forms, undertaken interviews with the manager and provided proof of their ID. People had provided their full employment history and references had been obtained from at least two people, which included one from the person's last employer. We saw all staff had completed a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. This information helps employers make

safer recruitment decisions.

Is the service effective?

Our findings

We checked progress the registered provider had made following our inspection on 16 and 17 March 2016 when we found breaches of regulations in regard to staffing.

People we spoke with who received a service said they had confidence in the staff providing care and felt they were well trained. Comments included, "Oh yes, we have had a couple of new staff and they have done very well," "I think they are trained. They know what to do and if we get a new one they will always ask us what we want and how we want it done," "They are trained well. They are brilliant, perfect carers" and "They are most definitely trained and they do everything I need and ask of them and they have been coming that long, the beauty of it is they know exactly what needs doing."

A relative we spoke with said, "Staff are really well trained. They know exactly what mum's needs are and how she likes things done such as moving and handling. Nothing but praise for the staff."

Staff had undertaken appropriate training to ensure they had the skills and competencies to meet people's needs. The manager provided the training matrix which showed staff had received training in safeguarding adults, mental capacity, first aid, health and safety, infection control, medicines, manual handling, equality and diversity, tissue viability and dementia care. We saw that certificates were awarded on successful completion of these topics and these were recorded in the staff files as well as on training records. Training was monitored using a 'traffic light system' which identified when staff needed updating in training.

Staff we spoke with said, "I have completed lots of training and I am up to date. We are always doing some training or other," "I have had moving and handling, medication, safeguarding training to name a few" and "We get regular and ongoing training."

Three staff files we checked identified they had completed a full induction programme and were working towards completing the Care Certificate. The 'Care Certificate' is the new minimum standards that should be covered as part of induction training of new care workers. New staff were also rostered the work alongside other more experienced staff so they were able to get to know people who used the service and gain confidence.

We found the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually.

Staff we spoke with said the supervision they received, the number of spot checks undertaken and the frequency of team meetings had increased. The majority of staff we spoke with said they had also received a recent appraisal or an appraisal was planned within the next month. Staff said they felt much more supported by the managers of Direct Health (Sheffield). Comments from staff included, "We get supervision on a very regular basis and I had an appraisal only yesterday," "Spot checks do take place, I had one last

week," "I have had a couple of competency checks this year," "We have supervision on a regular basis, I think it's every two months, my next one is next week. I have had an annual appraisal," "Supervision times vary, I think it is every six months .We discuss things like my training, how are people, how I feel and do I have any problems, that sort of thing. They are really useful," "We have supervision every three to six months. During this we get asked about how we are, how the service users are, any problems or any particular training we would like. I don't remember having an appraisal though."

The manager provided us with a matrix which identified and tracked when staff had received or attended supervisions, team meetings, spot checks, medication competency assessments and appraisals. The matrix identified there had been a marked increase in the amount of supervision, competency checks and overall support available for the staff. This was confirmed by our discussions with the manager, care co-ordinators and care staff.

Overall improvements had been made with the training, support and supervision of staff to maintain and update their skills and knowledge so that people received effective care. Progress had been made, but we found over 50 staff had not received their annual appraisal although we did see a number of staff had an appointment booked with their manager to undertake the appraisal.

Despite these improvements our overall findings meant there was still a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance.

Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. Where someone is living in their own home, applications must be made to the Court of Protection.

We saw staff were provided with training in MCA and DoLS and had an understanding of this legislation. The care files seen at the agency office and in people's homes showed people had consented to receiving care and support from Direct Health (Sheffield). People and their relatives told us they had held discussions with staff from the service about how they wanted their care to be provided and what was important to them. We saw evidence their wishes had been listened to and acted upon.

One relative said, "Staff are well trained and always ask mum's consent before they do anything. They are excellent."

We checked progress the registered provider had made following our inspection on 16 and 17 March 2016 when we found a breach of regulations in regard to nutrition and hydration.

People told us staff helped them with meals and made sure they had a drink so that their nutrition and hydration needs were met. Care plans identified when support with meals was required.

Some people said the cooking skills of some care staff "left a lot to be desired," other people said, "I enjoy the food staff prepare for me and they always ask me what I want to eat."

Another person said, "I try to do as much for myself as I can and the carers who come understand this and just help me out."

People told us they had access to health professionals and visits from care staff did not hinder or restrict

these. One relative told us, "The staff are very good. They know [name] so well that they alerted me to the fact [name] didn't look well. They were correct and we had to call for medical assistance."

Staff told us they liaised with health and social care professionals involved in people's care on their behalf if their health or support needs changed.

Is the service caring?

Our findings

We checked progress the registered provider had made following our inspection on 16 and 17 March 2016 when we found a breach of regulations in regard to dignity and respect.

We checked and found positive caring relationships were developed with people who used the service, with staff supporting people to express their views and be actively involved in making decisions about their care, treatment and support.

During three visits to people's homes care staff were present for part of the visit. We saw staff interacted in a kind and friendly manner with the person being supported and they appeared to know each other well.

The manager told us when new care staff started they visited people they would be supporting whilst still on their induction alongside regular care staff so that people got to know them. This was confirmed in our discussions with people.

Staff said, "You introduce yourself at the first allocated visit to the person. I show them my badge, explain what my job is, where I usually work and have a chat to get to know their likes/dislikes etc."

People who used the service and their relatives spoke very positively about the way staff from Direct Health (Sheffield) supported and cared for them and respected their privacy and dignity.

People said, "Yes they do treat me with dignity and respect. When I need to go to the toilet they always close the door and I don't feel rushed," "They are lovely, they know when I am having a bad day and am upset and they are concerned for my welfare" and "Staff are just wonderful."

Relatives' comments included, "Staff are very warm to mum," "[Name of staff] is very caring she is almost motherly. [Name] is very fond of her and she makes him laugh and asks him what he wants because he is a very private person but she makes him comfortable and respects his privacy and dignity," "They are very kind and caring and occasionally my wife will ask them if they will do her hair after a shower and they always do it for her, they are very good," "If they take her to the toilet they will leave her and not make her rush and always shut the door and she rings a bell when she's ready. They treat her very well indeed," "They treat [name] with respect and are like friends. Staff are not condescending, like some people talk to the elderly, they couldn't be better" and "Staff at the agency go above and beyond what is required, the care and support is excellent."

Staff spoken with told us ways in which they provided care to people whilst ensuring they maintained their privacy and dignity. They told us about the importance of trying to make sure people remained as independent as possible and continued to make decisions for themselves. Comments made included, "We have all done dignity training and have been provided with a dignity 'badge' " and "We have a dignity 'badge' and learn about this as part of our training. We involve people and family members in all decision wherever possible."

One relative told us, "Carers support privacy and dignity, and are on hand if required. Mum's care plan supports how staff should support her with personal care to promote privacy and dignity, but at the same time are on hand to provide assistance."

Staff told us the importance of making sure confidentiality was kept. One person told us, "I know my carer knows some of my old neighbours and people I grew up with because we use the same agency. I ask the staff to pass on my regards but they will never tell me anything about them. They tell me that this is due to confidentiality. I respect that and I presume they say the same to other people if they ask about me."

Is the service responsive?

Our findings

We checked progress the registered provider had made following our inspection on 16 and 17 March 2016 when we found a breach of regulations where the registered provider had failed to ensure that care plans reflected people's assessed needs, preferences and remained up to date and failed to act on complaints and respond appropriately to any failures identified.

People spoken with said they had been involved in planning their care so that the support provided could meet their needs. People said an assessor or care co-ordinator from Direct Health (Sheffield) office had visited them to assess their needs and write a support plan. Relatives spoken with confirmed they were involved in discussions about the care provided to the person supported so that their opinions were considered.

People said, "I have a care plan in place and staff look at them and write in them. The agency did visit and discuss my needs and explain about the agency. My notes have been reviewed about three times now," "I actually have three care plans because I have different agencies and district nurses coming in but when I started with Direct Health they did a proper assessment and they review it every six months which I am happy with and I am fully involved in that process," "The agency reviewed the care plan some time ago. They also ring us from time to time to see how things are getting on" and "The care plan is reviewed every 12 months and if I want it changing I ring the office or tell the staff."

One person's care plan and risk assessment we visited had not been reviewed in the last twelve months. The person said a manager from Direct Health (Sheffield) was visiting them the following day "to review their notes."

Staff we spoke with said, "The assessors would carry out the initial assessment and then draw up the first care plan. The person, their family member and the carer are usually involved in developing the care plan. These would then be reviewed and monitored by the assessors and the carers. We would inform the manager should we feel there is a need for a risk assessment or care plan to be updated" and "We now have assessors who carry out the initial assessment and develop the care plan. We are involved in helping to develop the care plan as we get to know the person."

We checked ten people's care files. The care plans were compiled following an initial assessment of the person's needs. The care plans detailed the specific needs of each person and how they would like their care to be provided. The plans included some specific details relating to the individual supported, for example, how the person preferred their meals cooking, how to use specific cooking equipment and where this was located in the home. Updates and reviews of care plans were completed, by the manager, assessor or care co-ordinator. All except one had been reviewed in the last six months.

At each visit staff completed record sheets detailing the date of the visit, arrival time, finish time, tasks and services carried out, concerns or changes in health or behaviour and action taken in response to this. Staff then signed the record. In the main, record sheets we looked at showed visits to people were at the times

they had requested and staff stayed the agreed length of time at each visit.

The majority of people we spoke with told us they were able to make their own decisions and that their preferences were taken into consideration. People said, "I have choices such as the gender of carers for personal care," "I have had a care plan review. The assessor supported me to make choices including female carers which I prefer" and "I was given choice of male or female care staff. I wanted female and the office always send them."

We checked progress the registered provider had made following our inspection on 16 and 17 March 2016 when we found a breach of regulations where the registered provider had failed to act on complaints and respond appropriately to any failures identified.

We checked the procedures for dealing with complaints. We found complaints received had been logged on the agency's complaints system or responded to.

Some people still felt it was not worthwhile to complain because their concerns weren't acted upon. People we spoke with didn't give us any recent examples of this but said they had lost faith in the agency through past experiences.

Two people spoken with expressed dissatisfaction because they could not rely on staff because they consistently came too late. As detailed in previous sections of this report discussion with the manager identified the manager had not been made aware of some of these problems and they planned to contact people directly to discuss proposals to amend the timing of the morning visits.

People and relatives said, "I let the office know about changes to my visit times but they never let the care staff know so the staff still turned up when they are not needed" and "I once called the agency at the weekend with a question and was told I would have to wait until Monday as I was in different area of South Yorkshire so they couldn't help me."

We spoke with the managers present on inspection with regard to this last point. They agreed that this was totally unacceptable and staff should have tried to help and redirect the call to a care co-ordinator in that area of the county. The managers gave assurances that they would check the current on call arrangements for the agency so people can receive support with their queries at any time including weekends and evenings.

Other people we spoke with said they were able to raise concerns and issues and felt they would be listened too and their concerns acted upon.

Is the service well-led?

Our findings

We checked progress the registered provider had made following our inspection on 16 and 17 March 2016 where we found that the provider was not meeting all the requirements for a service of this type and was awarded an overall rating of inadequate. We took enforcement action in line with our enforcement procedures and put the service in special measures.

This inspection identified that improvements had been made to become compliant with the majority of the required regulations. There was a continued breach of Regulation 17, good governance.

The service had a manager who had been in post since April 2016 and they had applied to register with us.

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 and associated Regulations about how the service is run.

Some people, relatives, staff and stakeholders said the new manager was "making a difference" and described them as hard working, approachable and a person who promoted strong care values and was committed to service improvement.

We spoke with stakeholders about how the service was being managed. Sheffield City Council contracts officers said due to previous concerns around quality and safety they were monitoring Direct Health (Sheffield) on an increased frequency of every one to two weeks.

The overall view from stakeholders was that the service had improved since the service was inspected by CQC in March 2016. Stakeholders comments included, "There are still areas of concern around medicines management compliance and ensuring all staff receive a competency assessment. On a positive note staff levels, duration and compliance of calls have improved. There has been a slowdown and reduced numbers of reported dissatisfaction and complaints and safeguarding cases have been dealt with appropriately. The manager seems very willing and works hard."

We found there was a calmer atmosphere in the agency office than at the previous inspection. The service seemed more organised and there was less noise from telephones that were not answered for lengthy periods of time.

Some people and relatives we spoke with said they had more confidence in the management of the service and felt the service was better managed. People felt their views were sought and they had more contact from the managers and care co-ordinators at the office. Other people said there had been previous 'false dawns' and their confidence in how the service was run would need to be rebuilt over time.

Comments included, "The managers are very approachable and either come to see us or ring to see if

everything is okay," "We are very grateful for what they do for us, the service is 1st class," "The managers ring and call round to see if everything is okay and we are quite happy with them," "Overall things could not be better we are as happy as anything with them," "I have seen some of the managers and spoken with them on the phone. They are approachable and quite practical," "I met the manager who occasionally helps out when short of carers," "I am very happy to be involved in this inspection because it is an opportunity to give feedback regarding my concerns with the management of the service and the running of the office. These girls (care staff) work very hard in a difficult environment and the office is letting them down," "We get surveys quite often and we do fill them in," "I know the manager but I have no complaints and if I did I would ring the office or my daughter would do it for me" and "[Named manager] is really helpful when you ring."

Staff we spoke with said they felt morale was better and they felt more supported. Staff said, "I have a good manager, she is willing to help and support me with anything. She listens to me and helps me work towards my goals," "Our manager is very approachable, is a good listener and action anything we may tell them," "The managers we have are fine. They are very approachable and support you," "We have staff meetings about every three months. They can be called more frequently if things need discussing, such as MAR charts not being completed properly" and "We have staff meetings on a regular basis but I was away for the last one. When I came back to work I was given a copy of the notes to read. We have all been given a staff handbook and we can access copies of the policies and procedures on our phones."

We saw the minutes of staff meetings which had been held in the last two months. The minutes showed there were general discussions about working conditions and forthcoming training.

Some people we spoke with said they had been recently asked to complete a survey or had been telephoned by a manager at the service to ask for their views as part of the quality assurance programme.

We saw there was now a questionnaire in the back of people's monthly log book, which was forwarded to the office at the end of each month for a review of people's comments. Staff told us they encouraged people to complete these surveys so they could voice their opinions and influence the service.

Care co-ordinators and assessors had completed audits of MAR and daily log records. Of the six audits completed, the co-ordinators identified some issues that needed addressing. There were plans in place to address these issues through increased staff training or supervision.

We relooked at these records and found the auditors had 'missed' one or two errors in five of the six files. We noted an improvement in the quality of the auditing but we did discuss with the manager ways systems could be improved further.

Despite the improvements the systems in place to assess and monitor the quality of service provided were not fully effective to ensure care provided was monitored, and that risks were managed safely, and the service achieved compliance with all the regulations.

We rated Direct Health (Sheffield) as inadequate following our inspection on 16 and 17 March 2016. We found at the inspection in September 2016 there had been significant improvements and have rated the service as Requires Improvement. The registered provider must now evidence that improvements can continue and then be sustained to ensure the service is well led. Systems and processes that have been introduced must remain consistent and robust to continue to effectively improve and monitor the service and mitigate risks to people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems in place to assess and monitor the quality of service provided were not fully effective to ensure care provided was monitored, and that risks were managed safely, and the service achieved compliance with all the regulations.