Accord Housing Association Limited

Direct Health (Doncaster)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 14 and 19 December 2017 and was announced. We gave the service short notice in line with our current methodology about inspecting domiciliary care agencies. The service was registered with the Care Quality Commission in April 2017. Although this was an established service, inspected under a previous registration, there was a new provider, Accord Housing Association Limited. This was the first inspection of the service under this registration.

Direct Health (Doncaster) provides personal care to people living in their own homes in the Doncaster area. At the time of our inspection there were 90 people using the service.

We carried out the inspection a little earlier than planned due to concerns raised with us about the way the service was operating. However, we found improvements had been made since the concerns were raised and the majority of people were very happy with the service provided.

At the time of our inspection the service had a registered manager in post. 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 service have had some operational issues within the last six months, which were related to a number of management and care staff leaving in a particular geographical area. This had a negative impact on the continuity and quality of care provided to some people who used the service in that area. However, there was evidence to suggest that since the new registered manager was appointed, improvements had been made resulting in significant progress being made in resolving the issues arising. The registered manager was experienced, competent and proactive. We saw that they were aware of every individual concern and continued to take positive and effective action to address them.

The service had also experienced a small number of occasions in the previous six months when scheduled calls had been missed. This was an issue that the registered manager had effectively addressed.

The majority of people praised the service and spoke very highly of the care and support provided by the staff. A small number of people and their relatives expressed concerns about the reliability of the service. When people had regular care workers they received consistent levels of care by staff who knew them. However, people told us issues had arisen when their regular care worker was not available and less experienced staff, who they did not always know, were allocated to provide their care. Some people told us that they felt the service had a high turnover of staff. These were issues that the registered manager was addressing and had made significant improvements in.

The service had arrangements in place for recruiting staff, and pre-employment checks were carried out prior to staff commencing work.

The registered manager had undertaken work to ensure people received their medicines safely and to ensure are plans included clear information about risks associated with people's care and how to minimise the risks without unduly restricting people's freedom.

The service had a policy in place for safeguarding people from abuse and neglect. Staff had received training in this area and knew what to do if they suspected abuse.

Overall, people were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge. If there were issues with any staff member's competence or commitment, this was addressed in a fair and effective way.

People's care plans identified the support they required during mealtimes, to ensure they were supported to eat and drink sufficiently to maintain a balanced diet.

People were supported to maintain good health, have access to healthcare services and received ongoing healthcare support.

People who used the service were aware they had a care plan and had been involved in reviews to ensure the plan was up to date. People's relatives had also been involved, where appropriate. This helped to make sure the plans were personalised and detailed enough. All of the staff we spoke with had a very good understanding of the individual needs of the people they were caring for and of how each person chose to have their care delivered.

The service had a complaints system in place. Some people and their relatives told us they had raised concerns and had not been satisfied with the response. However, the registered manager had worked very hard to resolve these complaints and was making good progress.

We saw various audits had taken place to make sure policies and procedures were being followed and it was clear what had been done to address any shortfalls. People were consulted about their satisfaction in how the service operated and their opinions taken into account. The registered manager ensured any areas for improvement were acted upon. However, some people remained unhappy with the continuity and reliability of the service.

Staff we spoke with felt the service was well led and the new registered manager was approachable and listened to them.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The service had a policy in place for safeguarding people from abuse and staff were trained and confident of their role in this.

The registered manager had introduced further checks, to ensure people's risk assessment reflected the risks associated with their care and to ensure that people received their medicines safely.

A small number of people and their relatives expressed concerns about the reliability of the service and a high turnover of staff. These were issues that the new registered manager was addressing and had made significant improvements in.

Is the service effective?

Good

The service was effective.

Overall, people were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge.

We found the service to be meeting the requirements of the Mental Capacity Act.

People were supported to eat and drink sufficiently to maintain a balanced diet. People were supported to have access to healthcare services when needed.

Is the service caring?

Good

The service was caring.

Staff were aware of people's needs and the best ways to support them. They knew the importance of enabling people to remain independent.

Staff we spoke with were aware of people's needs and preferences and were able to explain how they would maintain a person's dignity.

Is the service responsive?

Good

The service was responsive.

Care plans reflected people's individual and diverse needs and were created and reviewed with people's input and the input of their relatives and representatives.

The service had a complaints system in place. Although some people expressed concerns, we saw evidence that the new registered manager was working hard to resolve these, with good progress

Is the service well-led?

Requires Improvement

The service was not always well led.

A new registered had come into post and made good progress with the introduction of improvements to the way the service was managed. Staff we spoke with felt the service was well led and the registered manager was approachable and listened to them.

The service monitored and evaluated how it was operating. The registered manager had introduced further audits, to ensure that shortfalls were identified and addressed. Time was required for them to be embedded in practice.

People were consulted about their satisfaction with the service and the registered manager ensured any areas for improvement were acted upon. Although, they had made good progress overall, some people remained unhappy with the continuity and reliability of the service.

Direct Health (Doncaster)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 14 and 19 December 2017 and was announced. We gave the registered manager short notice that we would be coming because the location provides a domiciliary care service and we wanted to ensure the registered manager was available.

This was the first inspection of the service since it was taken over by the registered provider, Accord Housing Association Limited and registered with the Care Quality Commission (CQC) in April 2017.

The inspection was prompted in part as a consequence of information of concern sent to CQC. The information shared with CQC indicated potential concerns about the management of the service.

The inspection team consisted of an adult social care inspector and two experts by experience, who spoke with people who used the service and their relatives by telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed all the information we held about the service. The registered provider sent us a Provider Information Return (PIR). This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. However, because the inspection was brought forward, it was not received in time to be included in the preparation for the inspection. We did however refer to the PIR information in the writing of the report. We also spoke with a member of the local authority, who commissions the service, to gain further information about the performance of the service.

We spoke by telephone with 18 people who used the service, and seven relatives whose family members were supported by the service. We also visited one person who used the service to speak with them at their home, at their invitation.

We spoke with five care workers, two care co-ordinators, the registered manager and briefly, with the quality manager. Other members of the management team were present during the inspection to support the registered manager. We also looked at staff rotas, staff training records and six staff personnel files.

We looked at documentation relating to people who used the service, this included care records for five people, including their assessments, care plans and medication administration records (MARs) at the agency office, and one person's assessments, plans and records in their home. We looked at the record of safeguarding and complaints and records related to the quality assurance systems. This was to check if areas for improvement identified, were acted upon and lessons learned.

Good

Is the service safe?

Our findings

All of the people who used the service we spoke with told us that they felt very safe with their care staff. When we asked people if they felt safe, their comments included, "Yes I am safe. The care workers are very good to me", "I do not have issues with safety or comfort" and "I feel very safe with them [staff]. I look forward to them coming." Most people's relatives felt people were safe. For instance, one relative said, "Absolutely safe yes, they [staff] go over and above" and another relative said, "The carers are excellent and [family member] is very safe with them, yes."

Prior to the inspection some people had raised concerns with us about missed and late calls, so we looked at how the service arranged calls. The management team confirmed there had been some issues identified in late 2017, but overall these had been addressed. They explained that the service divided calls into geographic areas, with a care co-ordinators and a supervisor overseeing each area. Senior care workers and care staff worked in the designated areas. This meant people using the service received support from the same care team whenever possible. The system identified time critical calls which flagging up where someone needed their medication or meals at specified times. We spoke with one person who told us their records had recently been updated to reflect that they needed their medicines at certain times and this had improved the timeliness of their service.

Feedback from the people we spoke with showed that although there had been some issues with missed and late calls in the past, the service had worked hard to remedy this. Staff we spoke with felt there were enough staff working with them and said they had enough time to manage the calls they had been given to complete, in line with people's assessed needs and care plans.

The majority of people we spoke with during the inspection said their care staff were rarely, or never late. For instance, one person said, "They [staff] are on time. They complete all the tasks. They certainly do not rush off." Most relatives also confirmed that staff usually arrived on time. People also told us if staff were running late, the service let them know what was happening. Where there were issues and concerns about timekeeping, most people said this had improved recently. For instance, one relative said, "We have had a bit of trouble with times, but they [staff] seem to have settled down now."

We saw that staff logged in and out of each call using their company mobile phone. This enabled managers to monitor staff attendance and safety. The process in place was to meet with any staff who missed a call for whatever reason. They had the opportunity to discuss the events leading up to the missed call. On some occasions disciplinary action had been taken to address this.

The majority of people told us that they had 'regular' care workers who supported them and they were very happy with the service. However, a small number of people told us they had received care from several unfamiliar care staff. For instance, one person was unhappy because a staff member they had built a positive relationship with was not available and this had led to a number of unfamiliar staff covering.

We spoke with the registered manager about the feedback that we received from people. They were aware

of each individual person's concerns and it was evident that they were working hard to address them and improve the quality and consistency of people's care. The manager explained that several staff had left in a short space of time, in one particular geographical area. It had taken time to recruit appropriately skilled replacement staff, for new staff to become familiar and for the new staff to build positive relationships with people. There was evidence that things had, or were improving, as there had been a decrease in concerns raised in recent months and no evidence of further missed calls. It was also clear that any shortfalls in staff's attitude or behaviour were also addressed quickly and effectively. Overall, we found the service employed enough staff to meet people's needs in a timely manner, with the majority of people saying staff were on time and stayed the time expected.

The service had a staff recruitment system in place to ensure the people employed were safe and suitable for the role they applied for. Pre-employment checks were obtained prior to people commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people. We looked at files belonging to four staff and found the recruitment policy had been followed effectively.

The care plans we looked at included a section on 'my medication needs.' This told staff people's specific requirements and how to support the person. In the months prior to the inspection two people's relatives had raised concerns with the service about the way medicines were being managed. We saw that this had been addressed effectively and that lessons had been learned and used to improve the service generally.

In addition, work had been done to ensure that all staff understood the importance of keeping accurate records when administering medicines or assisting people with their medicines. The system for auditing medication administration records (MAR) sheets had also been improved and it was evident that any gaps in recording were addressed appropriately and in a timely way. The people we spoke with were happy with the way staff supported them to take their medicines. This meant that the service had appropriate procedures in place to ensure people received their medicines safely.

The care plans we saw included information about the risks associated with people's care and how to keep the person safe. The system of auditing the day to day records staff made about people's care and welfare had also been improved by the registered manager. This helped to ensure people received safe and appropriate care, that was in line with their risk assessments and care plans.

Staff had received training in safeguarding people from abuse and neglect and were clear of their role in protecting people. Staff we spoke with told us they would report any concerns to their line manager and were confident that their manager would act on this. Records we saw reflected that when action had been required to address safeguarding issues this had been dealt in an appropriate manner.

Good

Is the service effective?

Our findings

Before the inspection we received information that some relatives had concerns about the training and competence of some staff introduced to provide care to their family members. We focussed on this area during the inspection. As part of this we asked the people we spoke with and their relatives about their experience of the competence of the care staff. We found that people had different views about the skills and training of the staff. There was some negative feedback from a small number of people. For instance, one person told us, "Some care workers are good. Some are not too good." Four people's relatives said some staff who had been sent to care for their relatives had lacked experience and life skills. However, the majority of people spoke positively about the skills, knowledge and competence of the staff who provided their care. Their comments included, "Yes indeed. They [staff] know what they are doing. They are comfortably trained", "The ones [staff] we have are very well trained" and "They [staff] are all very good. Well trained. My carer knows me very well."

Staff we spoke with said when they had started work for the service they had completed an eight day induction programme with classroom based training to prepare them for their role. As part of this, they were given time to read and ask questions about people's care plans. New staff completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. They worked alongside more experienced colleagues.

We discussed the specific concerns people had raised and saw records of the action the registered manager had taken to address the issues. It was evident that the registered manager was aware of each person's concerns and had taken steps to resolve them. They explained that this was related to the number of staff and managers who had left the service in a short space of time, as it had been necessary to recruit high numbers of new staff in a short period of time. They added that most new staff had now settled well.

The registered manager explained that there were occasionally staff who were recruited and completed their induction and training, but only when they commenced work, had it become evident that they were not suited to the role asked of them. The registered manager and their management team had been working hard to introduce new methods, as part of the recruitment, induction and training process that helped to minimise this. It was clear that thought was put into matching staff to people who used the service, both in terms of people's needs and staff skills, but also interests and personality. Records reflected that on occasion, people had said they did not want a particular member of staff to provide their care, their wishes were respected. After staff had completed their induction training they were able to undertake further training in subjects relevant to the people who used the service. One staff member told us training was readily available and very helpful. They were reminded about and attended refresher training on a regular basis.

Staff also attended one-to-one meetings with their line manager to receive feedback on their work, and discuss any additional support they may need. Records we saw showed that care staff received regular one to one staff supervision, spot checks and observations of their practice. One member of care staff said they had not received this formal support quite as regularly, mostly due to changes in management personnel.

However, they felt well supported by various members the management team, including the registered manager. This was because the staff member often popped into the office for gloves and aprons and the office staff always took the opportunity to check how they were and ask if there were any issues they required support with.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where someone is living in their own home, applications must be made to the Court of Protection.

We saw all staff had completed training in MCA and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with had an understanding of this legislation. The care files we saw at the agency office showed that people had consented to receiving care and support from the care agency. 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.

Some people were supported with preparation of meals. Care plans we saw confirmed people's dietary needs had been assessed and the support they required with their meals was documented. Staff we spoke with said they made sure people had access to drinks and snacks where required. People who used the service commented positively about the support they received. For instance, one person said, "They [staff] make my meals the way I want" and another person told us, "They [staff] make my lunch for me. I choose what I want to eat." People's relatives commented positively about the support with food preparation provided to their family members. For instance, one person's relative said, "[My family member] chooses what he fancies. We do his shopping and make sure the fridge is well stocked" and another relatives said, "They [staff] will get [my family member] a sandwich at lunch time and maybe something for tea, if I have not been during the day."

People were supported to have access to healthcare services and received ongoing healthcare support. We looked at people's records and found they had received support from healthcare professionals when required. Staff we spoke with told us they worked with other professionals when they are involved in the person's package of care.

Good

Is the service caring?

Our findings

We spoke with people who used the service and they all felt the staff were caring, kind and compassionate. People said staff were respectful and polite and observed their rights and dignity. One person said, "The care workers are nice and caring towards me." One person said staff were, "Extremely good, polite, caring and considerate." Another person described their staff as, "Brilliant" adding, "They are caring and always good to me." Another person said, "Wonderful care workers. Always looking out for me, always doing what I would like and never complaining." People's relatives confirmed this. For instance, one person's relative said, "The girls [staff] are marvellous. Very caring and kind. Very respectful. They sing to my family member. They engage with him. They are all very good."

In the provider information return (PIR) the registered provider told us that the involvement of people and their representatives in their care planning helped to identify people's needs and abilities and how the service could best support their desired outcomes. We saw that this was the case, and that people's emotional, social, cultural, religious and spiritual needs were included in this. People's care plans included information about what the person liked and disliked and what was a good and bad day for the person. In some cases, particularly where people found it difficult to express themselves verbally, their plans were very detailed. This helped the care workers to understand the person's preferences.

When we asked people if staff treated them with dignity and respect we received positive comments from people. For instance, one person said, "Absolutely, they always remember about dignity." One person responded, ""They [Sstaff] are all very respectful, but will have a laugh, which I like." One person described their care workers as, "Brilliant." People's relatives confirmed this. For instance, their comments included, "[Staff] are very understanding of [my family member's] disability and treat him with a lot of respect", "Yes, they [staff] are very good when they help her have a bath or wash. Very respectful", "I have been there when they [staff] call and they are very respectful" and "They are lovely with her. Very patient."

The staff we spoke with were very conscious they were in someone's home and respected that they were a visitor. They were knowledgeable about maintaining dignity and respect. Staff 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. They spoke fondly of the people they cared for and it was evident they had built close relationships with them.

The manager and care co-ordinators from the office carried out observations of staff working with people in their own homes. These were unannounced and looked at how staff carried out their role. This included making sure that people were treated with respect.

Good

Is the service responsive?

Our findings

We spoke with people who used the service and their relatives and they were aware they had a care plan. One person said, "Yes, I have a care plan. They [staff] do look at it regularly." One person's relative also told us, "There is a care plan and it was reviewed recently. We have increased the number of calls."

We looked at people's care plans kept in the office and one person showed us their plan when we visited them in their home. The plans we saw were sufficiently detailed and provided staff with clear guidance on how to support the person and what tasks the person required support with. For instance, if people required the use of a hoist, there were details of the type of sling that should be used.

The service had a complaints procedure in place which detailed how people could raise concerns. We looked at the complaints policy and procedure. It included information about how and who people could complain to and explained how complaints would be investigated and how feedback would be provided to the person. There was also advice about other organisations people could approach if they chose to take their complaint externally, for example the local government ombudsman and the local authority.

The majority of people we spoke with told us they had no concerns, or if they had complained the registered manager and other members of the management team had been very responsive and changed things to people's satisfaction. For instance one person said, "I would feel happy ringing them [managers] to complain, if need be. I have, maybe once, but a while ago. I was happy with the outcome." One person's relative told us, "I would complain if it was necessary. We have no concerns at all though."

We saw information which showed that all complaints received by the service had been investigated and most had been resolved. However, there were a small number of complaints that remained on-going.

It was evident that a period of high turnover of managers and care staff had contributed to the number of complaints that had been received and the issues arising from this had been or were being effectively addressed. The records we saw indicated the registered manager had worked very hard to resolve these complaints and was making good progress. However, some people said they had raised concerns with the management team, but had not felt listened to. Two people we spoke with who used the service were not happy with the call times allocated to them and they told us they had complained to the office staff, without a satisfactory outcome. One person said they did not feel comfortable with male carers. Two people's relatives also commented negatively. One relative said, "I feel able to raise concerns, no problem, but I don't get anywhere with them." The registered manager was aware of this and continued to work with people to resolve their complaints.

Requires Improvement

Is the service well-led?

Our findings

Most people told us that they were happy with the way the service was managed. For instance, one person said, "Management are good with me. When I call them they listen. We have a good relationship." Another person said, "I have their number, but really do not have much to do with them, as I have nothing to complain about" and another person commented, "I have a good relationship with the management. They are approachable."

People we spoke with could not speak highly enough about the care provided by their regular care workers, but felt the communication to and from the office had sometimes let the service down.

The registered manager explained that the service had some operational issues within the last six months, which were related to a number of management and care staff leaving in a particular geographical area, which had a negative impact on the continuity and quality of care provided to some people who used the service in that area. We saw evidence to suggest that since the new registered manager was appointed, improvements had been made resulting in significant progress being been made in resolving the issues arising. The registered manager was experienced, and proactive. We saw that they were aware of every individual concern and continued to take positive action to address them.

The service had an internal audit visit which was undertaken on a regular basis. This was designed to ensure the agency was working to performance targets and providing good quality standards. Where this highlighted areas for improvement we saw action was taken to address these.

The registered manager explained that they had made improvements in the way that the management team audited the daily report books, which staff filled in about people's wellbeing and the care they had been provided with. These were returned to the office when completed. The audits included the medication administration records and showed that timely action had been taken if any issues arose from the audits. We saw that the registered manager addressed issue with the staff concerned. Reminders about good practice and any lessons learned were also shared at staff meetings.

The registered provider gained people's views through telephone conversations, at care reviews and during quality assurance checks. We saw the registered provider sent out questionnaires to people who used the service and this gave people the opportunity to comment about the service they received. When we asked people if they had received a survey they confirmed that they had. We could see clear evidence of some issues being successfully addressed. Were work was ongoing; the registered manager was clear about what was being done to address the areas which still needed improvement.

Team meetings took place on a regular basis and staff we spoke with felt supported by the registered manager and the care coordinators. Staff we spoke with felt that in the main, there was a consistent and good quality service provided. There had been some challenges for a limited period when there had been an increase in staff turnover, but this had been addressed and things were settling down. They felt the way the service was managed had improved since the new registered manager had come into post. Some staff

indicated that the registered manager promoted an open and supportive culture and if there were issues with any staff member's competence or commitment, this was addressed in a fair and effective way.