Care Quality Commission

Direct Health (UK) Limited

Direct Health (Leicester)

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

We carried out an unannounced comprehensive inspection of this service on 29 July and 1 August 2014. Three breaches of legal requirements were found. This was because the provider had not ensured that the planning and delivery of care met the individual needs of the people who used the service. They did not have an effective system in place to for receiving, handling and responding appropriately to complaints. Nor did they have an effective system in place to monitor the quality of service delivery.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection the 15 May 2015 to check that they had followed their plan and to confirm that they had now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Direct Health (Leicester) on our website at www.cqc.org.uk

Direct Health (Leicester) provides a domiciliary care service to people living in Leicester and Leicestershire. When we visited there were 111 people using the service.

Direct Health (Leicester) is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage

Summary of findings

the service and has the legal responsibility for meeting the requirements of the law; as does the provider. At the time of our inspection a registered manager was not employed at the service. However an acting manager had been appointed and we saw evidence that they had applied to CQC to become the registered manager.

At our focused inspection on the 15 May 2015, we found that the provider had followed their plan which they had told us would be completed by the end of February 2015 and legal requirements had been met.

People using the service and relatives we spoke with said they thought care workers managed risk well. They told us care workers used hoists safely and understood the importance of health and safety in general.

Risk assessments had been re-written and improved. They identified areas of risk had provided care workers with the information they needed to keep people safe. They were individual to the people using the service and took into account their specific circumstances and surroundings.

Some improvements were needed to the provider's safeguarding policy and to information in the service users' guide about safeguarding. The management team said they would make these improvements.

People using the service and relatives said they thought there had been some improvement with regard to the timeliness of calls. However others told us there were still occasions when care workers arrived too late or too early. Records showed that overall there had been a substantial improvement in the timeliness of calls.

People using the service and relatives said complaints were better managed since our last inspection. They said staff had responded promptly and taken appropriate action when concerns were raised. Records confirmed this.

Changes and improvements had been made to the way the agency was managed. People using the service and relatives said this had had a positive impact and they felt better supported as a result. A new quality audit system was in place and people were involved in the monitoring of the service. Records of a recent customer survey showed an increased satisfaction with the service provided.

Some people using the service and relatives said they would like the agency to further improve its communication so they always knew which care workers were coming to support them. The management team said they would take action to address this.

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?

Requires improvement

We found that action had been taken to improve the safety of the service.

Risk assessments for the people using the service had been reviewed and updated to ensure they included the information staff needed to keep people safe.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

Is the service responsive?

Requires improvement

We found that action had been taken to improve the responsiveness of the service.

The planning and delivery of care had improved so that people's needs were being met in a timelier manner.

The provider's complaints system had been reviewed and improved to ensure that people were listened and responded to if they raised concerns about the service.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for responsive at the next comprehensive inspection.

Is the service well-led?

Requires improvement

We found that action had been taken to improve the governance of the service.

The provider had an effective system in place to monitor the quality of service delivery. As a result problems with the quality of care had been identified or addressed.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for well-led at the next comprehensive inspection.

Direct Health (Leicester)

Detailed findings

Background to this inspection

We undertook this focused inspection on 15 May 2015. This inspection was carried out to check the provider had made improvements following our comprehensive inspection on 29 July and 1 August 2014. We inspected the service against three of the five questions we ask about services: is the service safe, responsive, and well-led. This is because the service was not meeting legal requirements in relation to these questions.

The provider was given 48 hours' notice because the location provides a domiciliary care service.

The inspection was carried out by one inspector and an expert 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.

Before our inspection we reviewed the information we held about the service, this included the provider's action plan, which set out the action they intended to take to meet legal requirements. We also had contact with two local authorities with funding responsibility for some people using the service to get their views on the quality of care provided.

During the inspection we spoke with 17 people using the service and seven relatives. We spoke with the current management team which consisted of the acting manager and two senior managers, and one of the care co-ordinators. We also spoke with four care workers. We looked at the care records of five people using the service and other documentation about care, staffing, and quality management.

Requires improvement

Is the service safe?

Our findings

At our last inspection the provider had not ensured that the planning and delivery of care met the individual needs of the people who used the service. This was because some risk assessments were not fit for purpose and they did not contain the information care workers needed to help keep people safe.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services. This corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

Following this inspection the provider sent us an action plan stating how they intended to ensure risk assessments were fit for purpose. This included reviewing and updating all risk assessments so they included the information care workers needed to keep people safe. At this inspection we found that the provider had followed the action plan and this breach in regulation was met.

People using the service and relatives we spoke with said they thought care workers managed risk well. One person told us, "I feel safe with the moving and handling. The carers have been trained in this and they also had an OT [occupational therapist] show them what to do. I have no worries about health and safety with the staff." A relative commented, "They [the care workers] are safe with the hoist – I have seen them use it and I had no concerns."

We visited the agency's office to check the quality of people's risk assessments. We found that improvements had been made. Areas where people using the service might be at risk were clearly identified and care workers had the information they needed to keep them safe. Risk assessments covered areas such as moving and handling, nutrition, and infection control. They were individual to the people using the service and took into account their specific circumstances and surroundings.

The care workers we spoke with told us they were satisfied with the risk assessments they worked from. One care worker told us, "The agency makes sure we know if people are at risk so we can care for them safely."

Records showed that risk assessments were updated regularly and when changes occurred. Care workers confirmed this. One care worker said, "We always check the records at the beginning of every call to see if there are any changes. And if there's been a significant change, like a fall, the managers ring us and tell us so we can monitor the client and make sure they're OK."

Prior to our inspection one of the local authorities that contract with the service also told us they thought the provider's risk assessments had improved.

We checked the provider's safeguarding policy to see if it included clear information about what staff should do if they had concerns about the welfare of any of the people who used the service. This needed amending as it did not include contact details for the local authority with responsibility for taking the lead in any safeguarding investigation. The agency's management team said they were aware of this and in the process of arranging for the policy to be updated.

The information on safeguarding in the service user guide was also in need of improvement. It did not explain what safeguarding is, nor did it tell people using the service and relatives/representatives what to do if they had any safeguarding concerns. We brought this to the attention management team who said they would address this.

At our last inspection some people using the service and relatives expressed concerns about the high turnover of care workers at the agency and the effect it had on their care. At this inspection it remained a concern for some people and relatives, although others thought there had been some improvement.

We discussed this with the management team who said they were working towards being able to provide the people using the service with regular care workers for the majority of their calls. They said calls had been rescheduled since our last inspection so care workers had set 'runs' which meant they provided support for the same people. Records showed that since this system had been introduced there had been some improvement in continuity of care.

The management team said that due to staff turnover, holiday and sickness, they would never be able to provide regular care workers all the time, but they were constantly working towards this. There also said they were doing what

Requires improvement

Is the service safe?

they could to retain staff including improved supervision and support and care worker awards. This meant that the people using the service were more likely to be supported by care workers they already knew.

The care workers we spoke with said morale had improved at the agency since we last inspected and they had more regular 'clients' which meant they could get know the people they supported.

Requires improvement

Is the service responsive?

Our findings

At our last inspection the provider had not ensured that the planning and delivery of care met the individual needs of the people who used the service. This was because a substantial number of calls were late or early which meant that the agency had not ensured people's individual needs were met in a timely manner.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services. This corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

Following this inspection the provider sent us an action plan stating how they intended to address this issue. This included a new system of scheduling calls intended to improve efficiency, and a monthly audit by senior management to check call times were acceptable. At this inspection we found that the provider had followed the action plan and this breach in regulation was met.

Most people using the service and relatives we spoke with said they thought there had been improvement with regard to the timeliness of calls. One person said, "It's a bit better now on the whole but there are still times when care workers are too early or too late. However it's not their fault – things happen at their other calls or the traffic is bad." Another person commented, "They [the care workers] have been better at arriving on time so I'm keeping my fingers crossed this will continue."

However other people using the service and relatives told us there were still occasions when care workers arrived too late or too early. One person said their care worker had sometimes arrived as much as 90 minutes early which affected their plans for the day. Another person said, "They [the care workers] are good when they get here but I do get fed up of waiting for them when they're late."

At our last inspection we looked at five people's calls records (for June 2014) to see if their calls had been on time. We found that the majority (over 60%) had been over 15 minutes late or early. This was unacceptable as it meant that the planning and delivery of care was not meeting people's individual needs, as set out in their plans of care, nor ensuring their welfare and safety

At this inspection we looked at five people's calls records for May 2015. These records showed that only a minority (less than 10%) were over 15 minutes late or early. This meant that although the agency had more work to do in this area, there had been a substantial improvement in the timeliness of calls.

The care workers we spoke with agreed with this. One care worker said, "We have improved a lot in getting to people on time. There used to be not enough carers so we were always rushed but now the agency has recruited more and we have enough call time and travelling time to get to people when we should." Another care worker told us, "We've got enough staff now to cover all the calls."

At our last inspection the provider did not have effective systems in place to for receiving, handling and responding appropriately to complaints. This was because some people using the service and relatives told us they had made complaints and received no response from the agency. Records showed this as no complaints had been logged on the agency's complaints system since 2013 although people had complained since then.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Complaints. This corresponds, in this instance, to Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Receiving and acting on complaints.

Following this inspection the provider sent us an action plan stating how they intended to ensure their complaints system was fit for purpose. This included staff training on the provider's complaints system, targets for complaints resolution, and senior management overseeing the agency's complaints.

In addition the provider has appointed a dedicated 'Head of Customer Engagement'. This person was responsible for responding to comments, compliments and complaints and ensuring these were recorded, monitored and acted upon. This was intended 'to inform continuous improvement across the organisation'.

We talked with people using the service and relatives about the agency's complaints systems. Some people reported historic concerns where they said they had complained and no-one from the agency had got back to them. The agency's management team accepted this had happened in the past and apologised to people for this.

Requires improvement

Is the service responsive?

Other people said they were now satisfied with how complaints were addressed. One person told us, "I had to complain recently because no-one turned up and I have to say the agency dealt with this very quickly and sent somebody out straight away. I was happy with their response." Two other people said they'd raised issues with the agency and these had been acknowledged and dealt with to their satisfaction.

We looked at complaints records which showed that five had been received since our last inspection. These had all been addressed with action taken to improve the service where necessary, for example further staff training. One complaint had been escalated to the provider's 'Head of Customer Engagement' so it could be dealt with at a senior level due to the complexity of the issues involved.

Requires improvement

Is the service well-led?

Our findings

At our last inspection we found that the provider did not have an effective system in place to monitor the quality of service delivery. As a result problems with the quality of care hadn't always been identified or addressed.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision. This corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

Following this inspection the provider sent us an action plan stating how they intended to ensure their quality monitoring system was fit for purpose. This included restructuring the provider's quality team and introducing a new programme of audits focused on the experiences of the people using the service. At this inspection we found that the provider had followed the action plan and this breach in regulation was met.

Some people using the service and relatives told us they thought there was some improvement in the management of the agency. One person said, "The agency seems to be a bit better managed than it was. I hope things continue to improve as it could be a very good agency, given how excellent the carers are." A relative said, "There have been some changes for the better so I'm cautiously optimistic. It would be great if they got it right this time."

A new acting manager had been appointed at the agency and had written to all the people using the service to introduce herself and give them her contact details. This meant that if they had any concerns about the agency they could contact the acting manager directly if they wanted to. And, as noted under 'Responsive', the provider's new Head of Customer Engagement had taken up their post and people using the service and relatives also had their contact details if they needed them.

Care workers also told us they thought the agency was better managed. One care worker said, "The new acting manager is good. If I ask her something she looks into it and gets back to me. [One of the care co-ordinators] is also very good at her job. She co-ordinates the carers and knows how to speak to them. Communication is much better at the agency now." Another care worker also told us they had confidence in the new acting manager and felt that communication within the agency had improved since she took up her post.

We looked at how the provider and the agency's management team monitored the quality of care being provided. Records showed that a system of audits was in place involving local, regional, and national Direct Health employees. This helped to ensure that the provider had an overview of the quality of the service the agency was providing.

People using the service and relatives told us they were involved in quality monitoring. Some people were satisfied with this, but others felt that in the past they hadn't always been listened to. The management team accepted that this had been the case one some occasions but said they had improved their customer service with a view to preventing this happening again.

We looked at the result of the agency's last quality monitoring survey which was carried out in April 2015. Eleven people using the service and relatives responded. The results showed that the majority of respondents were satisfied with the service, involved in the planning of their care, and treated with dignity and respect. All the respondents said they would recommend the agency to others.

Some respondents said they would like the agency to further improve its communication. They said they didn't always get their weekly schedules of care in advance and they would like the agency to put that right. The management team told us this issue had already been identified and actioned, and since the survey had been carried out schedules were sent out each week to every person using the service.

One respondent said that when they got their schedules some of their visits were listed as 'unallocated' because a care worker had not been found, at the time of writing the schedule, to cover the visit. They said when this happened they would like the agency to let them know by phone who was coming as soon as the agency had that information. People we spoke with on the phone also raised this issue and said it was important to them. We discussed this with the management team who said they would take action to ensure people using the service knew in advance who was coming to support them.

Requires improvement

Is the service well-led?

We also looked at the records of five people's most recent individual care reviews. One person using the service was recorded as saying there was a 'huge improvement on times [of calls]' and that they were happy with all their care workers and the quality of the care provided. Another person had expressed dissatisfaction with a particular care worker and the agency had taken appropriate action to address this. Other people said they satisfied with the service and had noted improvements.

Records showed that since our last inspection the agency's quality audit system had been used more effectively. Where issues, for example poor record keeping, had been identified they had promptly been addressed. In addition the number of face to face and telephone care reviews had been increased. This meant that people using the service and relatives had more opportunities to discuss their care and raise any concerns they might have.