

Direct Line Consultancy Services Limited

# Direct Line Consultancy Services

## Inspection report

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## 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?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on the 28 April 2016 and was announced. At the last inspection of this service in July 2015 we found breaches of legal requirements. This was because the service did not have suitable arrangements in place for safeguarding people, comprehensive risk assessments had not been carried out, staff did not receive appropriate training and supervision, medicines were not managed safely, care plans were not person centred and the service did not have adequate systems in place for monitoring the quality of care and support provided. During this inspection we found improvements had been made in some areas. However, we found repeated breaches with legal requirements with regard to staff supervision and the safe management of medicines.

The service is a domiciliary care agency that provides support with personal care to adults and children living in their own homes. At the time of our inspection they were providing support with personal care to 40 people.

The service had 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.'

Medicines were not always managed in a safe manner. Staff did not receive regular one to one supervision from a senior member of staff in line with the provider's supervision policy. Quality assurance and monitoring systems were not always effective.

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

People told us they felt safe using the service. Risk assessments were in place which included information about how to mitigate the risks people faced. The service had suitable systems in place for safeguarding people and staff understood their responsibility with regard to safeguarding. There were enough staff to meet people's needs and checks were carried out on new staff to check their suitability.

Staff undertook an induction training programme on commencing work at the service and received on-going training after that. People were able to make choices for themselves where they had the capacity to do so and the service operated within the Mental Capacity Act 2005. Where people were supported with food preparation they were able to choose what they ate and drank. The service worked with other agencies to promote people's health and wellbeing.

People told us they were treated with respect and that staff were caring. Staff had a good understanding of how to promote people's privacy, independence and dignity.

Care plans were in place for people which set out their needs and the support they required. People told us they were happy with the support provided and staff had a good understanding of people's individual needs. The service had a complaints procedure in place and people told us they knew how to make a complaint if needed.

People and staff spoke positively of the management at the service and of the working atmosphere.

## 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 always safe. Medicines were not managed in a safe manner.

Risk assessments were in place which included information about how to support people in a safe way.

The service had appropriate safeguarding procedures in place. Staff had undertaken training about safeguarding and were knowledgeable about their responsibilities for reporting any allegations of abuse.

There were enough staff working at the service to meet people's needs. Checks were carried out on new staff to check their suitability, including criminal records checks.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective. Staff did not receive regular one to one supervision in line with the provider's supervision policy.

Staff undertook regular training to support them in their role.

People were able to make choices about their care where they had the capacity to do so. This included choosing what they ate and drank.

The service worked with other agencies to meet people's needs including their health care needs.

**Requires Improvement** ●

### Is the service caring?

The service was caring. People told us they were treated with respect by staff and that staff were friendly and caring.

Staff had a good understanding of how to promote people's dignity, privacy and independence. People were provided with the same regular care staff so that they were able to build up good relations with them.

**Good** ●

### Is the service responsive?

**Good** ●

The service was responsive. Care plans were in place and staff had a good understanding of people's needs. Care plans were regularly reviewed so that they were able to reflect people's needs as they changed over time.

The service had a complaints procedure in place and people told us they knew how to make a complaint if needed.

**Is the service well-led?**

The service was not always well-led. Various quality assurance and monitoring systems were in place, some of which included seeking the views of people that used the service. However, these were not always effective.

There was a registered manager in place. People and staff spoke positively of the management at the service and of the working atmosphere.

**Requires Improvement** 

# Direct Line Consultancy Services

## **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.

This inspection took place on the 28 April 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of an inspector, a specialist social work advisor 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 the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and notifications the provider had sent us. We contacted the local authority with responsibility for commissioning care from the service to seek their views.

We spent a day at the services office where we examined documentation and interviewed staff. We also carried out telephone interviews with people that used the service, their relatives and staff. We spoke with five people that used the service and three relatives. We spoke with six members of staff. This included the registered manager, the office manager, the care supervisor and three care workers. We looked at nine sets of records relating to people that used the service. These included care plans, risk assessments and medicines records. We looked at five sets of staff records including recruitment, training and supervision records. We examined minutes of staff meetings and various policies and procedures, including the complaints, whistleblowing and safeguarding procedures.

# Is the service safe?

## Our findings

At our previous inspection of this service in July 2015 we found they did not have adequate arrangements in place for the safe administration of medicines. We found that these issues had not been addressed during this inspection.

The service had a medicines policy which stated, "Carers must not offer any assistance with medication unless a risk assessment has been carried out, the level of support required is clearly documented and a care plan in place." We found the policy was not always being followed. For example, the care plan for one person said, "Carer to assist with medication." There was no further detail about what that meant for the individual. There was a risk assessment in place about this person's medicines which included a section titled "Carers identifiable role in medication support." This section stated "n/a" (not applicable) even though the care staff did have a role supporting the person with their medicines. The medicine administration record (MAR) chart for the same person contained 10 unexplained gaps in the period between 3 April 2016 and 31 March 2016.

The care plan for another person that required support with medicines said they needed "prompting" with no further detail about what this entailed. There was a risk assessment in place about this person's medicines which again said "n/a" in the section to provide details of the care staff's role. The MAR charts for this person contained four unexplained gaps between 12 March 2016 and 31 March 2016.

The care plan for another person contained information that was inconsistent with the information on their risk assessment regarding support with medicines. The care plan stated, "Remind me to take my medication and occasionally assist me with my medication." The risk assessment stated, "My carer would support all my medication needs." It was not set out clearly what this support entailed. There was a risk assessment in place about this person's medicines which stated "n/a" in the section about the staff role with supporting the person to take their medicines even though the care staff did have a role supporting the person with their medicines.

The risk assessment for another person stated, "Carers to assist [person that used the service] with medication." But there was no detail as to what this meant. The risk assessment stated "n/a" in the section about staff's role in providing support with medicines even though the care staff did have a role supporting the person with their medicines. The MAR charts for this person contained two unexplained gaps in the period between 1 March 2016 and 25 March 2016.

The risk assessment for another person stated that Levothyroxine tablets are to be administered 20 minutes before the other morning medication was to be administered. However, this was not stated on the MAR charts and there was no time recorded as to when to take the tablets, and nothing to indicate that the risk assessment was being followed. The MAR charts for this person contained eight unexplained gaps between 1 February 2016 and 5 March 2016. These MAR charts were spread over two sheets of paper that had been stapled together. The second MAR chart contained staff signatures to indicate they had administered the medicines but the rest of the form was left blank. It did not include details of the person's name or the

medicines they were taking. Staff told us it was a continuation of the first sheet so staff could look at that to check what medicines they were administering.

None of the MAR charts we looked at included the form of the medicines (although they did include details of the dose, strength and name of the medicines).

Poor and inaccurate recording of medicines potentially put people's health, safety and wellbeing at risk and was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection of this service we found they did not have adequate risk assessments in place for people. We found improvements had been made at this inspection.

Risk assessments were in place for people which set out the risks they faced and how to minimise those risks. For example, where staff were involved in supporting people with a hoist, moving and handling risk assessments were in place. They set out the support that was required for each task, such as chair and bed transfers and standing. The assessments included information about the number of staff required for each task and what equipment was needed.

Risk assessments included information that was personalised about the needs of individuals. For example, one moving and handling risk assessment stated, "There are some furniture item such as dining table which may obstruct transfer procedures. Table and chairs to be moved if this causes any problems." We saw assessments in place carried out by the commissioning local authority for some people which stated that staff working with them would need to undertake training about safe moving and handling and records showed this had taken place. This helped ensure people were supported to move in a safe manner.

People told us they felt safe using the service. One person said, "Yes I feel safe, the staff I feel are trained well to care for me." Another person said, "Yes I feel safe, I use oxygen and have a walking aid. The carers make sure the wire from the oxygen is not in my way and that I don't trip over the wire." A relative of a person that used the service said, "Yes, my mum does feel safe. She has dementia but physically she is fine. The carers are good with her and I don't think there are any risks involved."

At the last inspection we found the service did not have suitable systems in place for safeguarding people that used the service. We found this issue had been addressed at this inspection. The provider had a safeguarding procedure in place which made clear they had a responsibility for reporting any allegations of abuse to the relevant local authority and the Care Quality Commission. There was also a whistleblowing procedure which made clear staff had the right to whistle blow to outside agencies if appropriate. At the last inspection the policy on accepting gifts stated that it was acceptable for staff to receive cash gifts from people that used the service. The policy has been changed and the registered manager told us it was now not acceptable for staff to take any cash gifts from people.

Staff had a good understanding of their responsibility with regard to safeguarding adults and children. One newly recruited staff member said the registered manager had covered safeguarding issues during their induction training. They were aware of the different types of abuse and of their responsibility for reporting any safeguarding allegations. One staff member said if they suspected a person was being abused, "I would go to me supervisor and tell them my fears. If I didn't feel that sufficient I would go to a higher power. If I didn't feel they were taking my concerns seriously I would have no fears about taking it elsewhere." Another member of staff said, "I would phone the office and report it [allegation of abuse]."



Most people told us staff arrived on time although some people said staff were sometimes late, especially in the mornings. One person said, "They are pretty much on time. Yes they stay the full time. Sometimes they actually stay over the time. They look after me well." A relative of a person that used the service said, "Reasonably good timekeeping, 95% spot on." However, another relative said, "Timekeeping is hit and miss. In the holiday period it's not good. I have discussed this with the agency and they are looking into it. I'm here with my brother most of the time and there are no risks for him but I think it's because there's not enough staff available. They do stay for the full time. If they're late they will stay to make up the time. They do what is needed to be done, that I can't fault."

Staff told us they had enough time to meet the assessed needs of people during their visits. They also said they had enough time to get between people and that they were very rarely late for appointments. One staff member said, "I've never had a problem with it [getting between appointments], I am very rarely late." The registered manager told us they had recently recruited several new care staff that lived close to the majority of people that used the service. They said this had led to a reduction in missed calls and lateness of staff. Records were maintained of missed calls and these showed there had only been one missed call since the end of December 2015. The registered manager told us and staff agreed that there had not been any instances where a person required the support of two staff but only one was available.

Staff told us and records confirmed that the provider undertook various checks on prospective staff before they began working at the service. These checks included employment references, proof of identification and criminal records checks. This helped ensure that suitable staff were recruited.

## Is the service effective?

### Our findings

At the last inspection of this service in July 2015 we found that staff did not receive adequate training to support them to carry out their role and we found staff did not receive any one to one supervision from a senior member of staff. During this inspection we found that staff now received appropriate training. However, we found that there were still not appropriate arrangements in place for staff supervision.

The service had a supervision policy in place. This stated that full time staff should have six supervision sessions per year. We asked the registered manager to show us all records of staff supervision since our last inspection on 15 July 2015. For one member of staff there was a record of a supervision taking place on 28 August 2015 and for another member of staff there was a record of supervision taking place on 21 September 2015. Other than these two we did not see any other record of staff receiving one to one supervision from a member of senior staff.

Lack of staff supervision meant staff do not get the support and opportunity for on-going review and development required for their role. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they undertook induction training on commencing work at the service. This involved classroom based training and shadowing staff as they provided support to people. One staff member told us, "There was an induction shadowing another carer, then we did training." This enabled new staff to learn the individual support needs of people.

Staff told us and records confirmed that they had access to training. One staff member said, "I have been to many trainings." The same staff member said they had asked for training in sign language as one person they supported used this. They told us the registered manager said they would arrange for this training before the staff member worked with the relevant person. Another staff member, when asked if they had received any training, replied, "Oh gosh yes, loads, hoist training, infection control, medication, manual handling, safeguarding." Records showed staff had undertaken various training, including about continence promotion, dementia care, health and safety, infection control and moving and handling.

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.

The office manager told us that the service did not carry out mental capacity assessments for people, but that this was the responsibility of the local authority. They told us that staff did not make any decisions on behalf of people and that where people had capacity they were able to make decisions for themselves and that family members made decisions for people where they lacked capacity.

Care staff told us family members were able to provide information about people and their preferences where people lacked capacity themselves. Care plans set out what tasks family members performed for their relatives so it was clear care staff were not expected to carry out those tasks.

People told us they were happy with the support they got with meal preparation and that they were able to choose what they ate. One person said, "I'm happy with the meals. I get delivered meals which are my own choices, the carers heat them up in the oven or microwave."

Where people needed support with preparing food care plans included details about this. For example, the care plan for one person stated, "Please help [person that used the service] with preparing breakfast, he likes porridge in a pot not a bowl, he will eat at the table." Staff told us people were able to make choices about the food they prepared. One staff member explained how they offered a choice to people, they said to the person, "This is what you have in your freezer, what would you like?"

Staff were aware of their responsibility for calling for an ambulance in the event of a medical emergency. Records showed that staff found a person had fallen on the floor when they arrived to provide care and the staff member called for an ambulance.

The office manager told us the service was able to support people to attend appointments if required. For example, records showed that where there was a change to a person's needs the service was proactive in contacting the commissioning local authority to report the change in need. This gave the local authority the opportunity to put in place adequate support to meet the person's changed needs.

## Is the service caring?

### Our findings

People told us they were treated with respect and in a caring manner by staff. One person said, "They look after me well. They are caring and respectful, we have a good laugh. I have a good relationship with them." Another relative said, "They are all very nice. Kind, caring and respectful." A relative of a person that used the service told us, "They are caring and kind. I can't fault them." Another relative said, "The carers treat my mum well. They seem pretty nice. My mum is a difficult woman and she tends to refuse help which is an ongoing problem. But the carers get on with it and show her a lot of respect. Recently we have had the same carer and the consistency has helped a lot."

Care plans included information about people which helped staff to get to know about them as individuals. For example, the care plan for one person included information about things they enjoyed, such as going to the cinema, bowling and going to a place of worship.

The registered manager told us they sought to match staff with people they would be most suitable to work with in order to best meet their needs. For example, if staff had experience of working with people with dementia then they worked with people who had dementia. Similarly, staff were matched with people with whom they shared a common language to help support people with their communication needs. The registered manager said that all people that used the service were supported by staff that they spoke a shared language with.

The senior staff that was on-call had details of which staff had experience of working with each person. This meant that if a staff member cancelled a shift at short notice the on-call staff member was usually able to provide a member of staff to cover the shift that had previously worked with the person. This helped to provide continuity of care and people were provided with care staff that they were familiar with. A member of staff told us, "Generally I work with the same regular people."

Care plans showed that people were able to make a choice about the gender of their care staff. The registered manager told us there had been occasions when a person had specifically requested male care staff and they had to delay implementation of the care package until they had recruited a suitable staff member to support the person.

Staff had a good understanding of how to support people in a caring manner. One staff member said, "You have to remember about their dignity, you ask them what they would like, whether they want a shower or a bath, that kind of thing." The same member of staff told us how they promoted people's privacy, saying, "You cover someone up with a towel to put them at ease." Another staff member said of supporting people with personal care, "I step outside the room, and if I need to stay I will turn my back so they don't think I'm watching."

Staff told us how they supported people to be as independent as possible and to make choices for themselves. One staff member described how they supported a person to get dressed, saying, "I just help them [person that used the service] with little bits, like tying their laces. They know how to dress

themselves." The same staff member said they gave people choices about activities when this was provided as part of the care package. The staff member said, "I ask them where do you want to go today?" Another staff member said, "You ask them if they can do it [personal care] themselves. Some you only need to assist, others you need to do everything." Another member of staff said, "First of all I always ask them [people that used the service] for their permission, say asking them if it's OK for me to remove their trousers." The same staff member said, "If they are able to do it I let them get on with it."

## Is the service responsive?

### Our findings

At the last inspection of this service in July 2015 we found that care plans did not contain personalised information about how to meet the needs of individuals. We found the service had addressed this issue at this inspection.

People told us they felt well supported by staff and that staff understood how to meet their needs. One person said, "I get on well with all the carers, they give me a thorough strip wash. I use a stair lift and I can manage this but they also make sure I am ok. They lift my legs into the bed carefully.' A relative of a person that used the service told us, "The carers toilet my brother, wash him, give him a shave, brush his teeth put topical medication on his knees, ankles and hips. They do support his needs. They have lively conversations with him."

The registered manager told us after receiving an initial referral a member of senior staff met with the person to carry out an assessment of their needs. This involved speaking with the person and their relatives where appropriate. The registered manager said they also spoke with care professionals that had previously been involved with the person. The purpose of the assessment was to determine if the service was able to meet the person's needs and to provide them with a suitable care package.

The registered manager told us care plans were based on the initial assessments and on-going discussions with and observations of people. People had signed service agreements to show they were happy with the support that was provided to them as detailed in their care plans. The registered manager told us care plans were reviewed every two months or more frequently if there was a change in a person's needs and records confirmed this. This meant care plans were able to reflect people's needs as they changed over time.

Care plans contained information about how to meet people's individual needs and included a section on the outcomes people wanted to achieve from their care package. Care plans included information about supporting people with their personal care, including the individual elements within personal care they needed support with such as getting dressed, toileting and washing. A weekly timetable was in place for people which set out what staff were to support them with and when. Daily records were completed by care staff. These showed that support was provided to people in line with their care plans.

Staff had a good understanding of the individual needs of people they worked with and told us they were expected to read people's care plans. One staff member said, "It's all in the care file what needs to be done. I sit there and read it."

Care plans included information about how to communicate with people in a personalised manner. For example, the care plan for one person stated, "It is important that the carer communicates face to face because [person that used the service] has a hearing impairment."

People were aware of how to make a complaint or to raise a concern. One person said, "I would call the office. They are always available." Another person told us, "I feel comfortable in talking to the office. I have

done in the past. It's only been because of past lateness." A relative said, "I have good relationship with the office and the manager, I feel able to discuss things and have done so."

The service had a complaints procedure in place. This included timescales for responding to complaints received and details of whom people could complain to if they were not satisfied with the response from the provider. The office manager told us that all people were provided with a copy of the complaints procedure. The registered manager told us there had not been any formal complaints received since our last inspection.

## Is the service well-led?

### Our findings

At the last inspection of this service in July 2015 we found they did not have effective systems in place for monitoring the quality of service provided. During this inspection we found that improvements had been made and there were no systems in place for seeking the views of people that used the service. However, quality assurance and monitoring systems had failed to identify poor practice with regard to medicines recording and staff supervision. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us and records confirmed that monthly telephone monitoring phone calls were made to people that used the service to see how they rated the service and if they had any concerns. The monitoring calls asked people about various aspects of the service including about staff punctuality, did staff stay for the full amount of time allotted, were they polite, if they completed all required tasks and if they respected people's privacy and dignity. Records showed people had mostly positive feedback about the service. For example, one person said, "Very happy with all the carers at this time." We saw two people had complained about the late arrival of care staff and action had been taken to address this.

Records showed that spot checks were carried out by senior staff, some of which were unannounced. These gave senior staff the opportunity to observe and monitor care staff to check they were punctual, polite and that they had the necessary knowledge and skills to support people appropriately. A staff member told us how they had found these spot checks helpful. They said, "[Senior staff member] came with me to a client. I wanted to do it right and she gave me advice. It was nice to have her there to give feedback. She told me about what I could improve, say with moving and handling."

Senior staff also carried out two monthly 'service user home spot checks'. This involved the care coordinator visiting people in their own homes. In addition to reviewing care plans this also gave the person the opportunity of raising any issues or concerns they had.

Care plans were audited to ensure they contained required information and that they were up to date. Audits were also carried out of daily records completed by care staff. We saw that issues picked up in these audits were followed up, for example the daily records for one person were found to have incomplete information about them.

The registered manager told us that quality assurance systems had led to improvements. They told us that the telephone interviews had identified that there were problems with staff punctuality and with people not having the same regular carers. As a result of this they had recruited more staff who lived in the same local area as most of the people that used the service and that they were now able to provide people with the same regular carers. A member of staff agreed with this. They said, "At first you went to lots of different client but for the last three months we have had regular clients. That's good for the clients as they get to know us." The same care staff added, "The company has definitely got better over the months I've been working with them."



Staff spoke positively about the registered manager and the senior staff team at the service. One member of staff said, "He [registered manager] is really good." Another member of staff said, "I have found them [senior staff] OK, they have always been there to help." Another member of staff said, "The level of support from the management team is really good. I've had no problems whatsoever."

The service had a registered manager in place. The registered manager told us they had taken steps to improve the running of the service since our last inspection. This included the recruitment of a care coordinator and a care supervisor to support the registered manager and the office manager in the running of the business.

The service had a 24-hour on-call system. This meant senior staff were always available if required including out of normal office hours opening. Staff told us they had never experienced any problems with using the on-call system. One staff member said, "There has always been someone on the end of the phone if I need them."

The office manager told us that staff meetings were held. Records of these meetings showed they included discussions about service user issues, communication, policies and procedures, safeguarding and confidentiality.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation   |
|--------------------|--|
| Personal care      | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not always operate effective quality assurance and monitoring systems at the service to identify poor practice and drive improvements. Regulation 17 (1) (2) (a) (b)</p> |

This section is primarily information for the provider

## Enforcement actions

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

| Regulated activity | Regulation   |
|--------------------|--|
| Personal care      | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The provider did not have appropriate systems in place for the safe administration of medicines. |

**The enforcement action we took:**

We issued a Warning Notice.

| Regulated activity | Regulation   |
|--------------------|--|
| Personal care      | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>The provider did not have suitable arrangements in place to ensure that care staff received regular one to one supervision appropriate to their role from a senior member of staff. |

**The enforcement action we took:**

We issued a Warning Notice.