

## Accord Housing Association Limited

# Direct Health (Nottingham)

### 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?

Requires Improvement ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Direct Health (Nottingham) is a domiciliary care agency. It provides personal care to people living in their own homes within and around Nottingham. It provides a service to older and younger adults living with a range of health conditions and needs, to live independently in the community. Not everyone using Direct Health (Nottingham) receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, 120 people were receiving personal care as part of their care package.

### People's experience of using this service and what we found

Improvements had been made in how care was provided. This included people receiving advanced notice of the staff who would be supporting them. Improvements were ongoing in people being provided with a regular core group of staff. Some people had experienced late or missed calls, However, this had reduced and action was being taken to make further improvements.

Improvements had been made to how risks were assessed, monitored and managed. Staff had detailed guidance of how to mitigate risks. Improvements had also been made in how people were supported with their prescribed medicines.

Staff had received training in safeguarding adults. Allegations or suspicion of abuse were reported and acted upon, where action was required to protect people this was completed. Incidents were reviewed to consider if action was required to reduce further risks.

Staff recruitment was ongoing and at the time of the inspection, sufficient staff were deployed to meet people's care needs. Robust checks were completed on staff's suitability to provide care before they commenced their employment.

People were protected from the risk of cross contamination because best practice guidance in infection control practice was followed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff received an induction and ongoing training and support. This included opportunities to discuss their work and development needs. Staff had spot checks completed to review their practice to ensure standards were maintained.

People were supported with their health care needs. Staff monitored people's health and care needs and

shared information with healthcare professionals when required. Where people required assistance with nutrition and hydration needs, staff had detailed guidance of the support people required.

People were complimentary about staff and considered them to be kind and caring. End of life care considered people's wishes and preferences, however, additional detailed guidance for staff was required. People received care and support that respected their privacy and dignity. People's communication and sensory needs were assessed, but inconsistently recorded in the guidance for staff.

The providers' complaints procedure had been shared with people and when concerns and complaints had been received, these had been responded to. People had opportunities to share their experience about the service.

The provider had systems and processes to monitor the service and senior managers had oversight and staff were accountable. The provider had an ongoing action plan and the management team showed a commitment to continually improve the service.

#### Rating at last inspection

The last rating for this service was Requires Improvement (published 27 July 2018). The service has improved to an overall rating of Good. Responsive remains Requires Improvement, further action was required to ensure people received a service that was consistently responsive.

#### Why we inspected

This was a planned inspection based on the previous rating.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Direct Health (Nottingham)

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector, one assistant inspector and two Experts-by-Experience. An Expert-by-Experience is a person who has had personal experience of using or caring for someone who uses this type of care service.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. Inspection activity started on 29 July 2019 and ended on 30 July 2019, this is when we contacted people who used the service for their experience and spoke with some staff. We visited the office location on 14 and 15 August 2019 and met with the management team and spoke with staff.

#### What we did before the inspection

We reviewed any notifications we had received from the service (events which happened in the service that the provider is required to tell us about). We reviewed the last inspection report. We also sought information from external agencies such as the local authority. We invited external professionals to share their experience of the service and received feedback from one social care professional. We also asked Healthwatch Nottingham for any information they had about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care

services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with 20 people who used the service and four relatives about their experience of the care provided. We spoke with the registered manager, care service director, a care coordinator, an assessor, a medication compliance coordinator and 11 care workers. We reviewed a range of records. This included twelve people's care records. We looked at ten staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including staff training, audits and checks.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This included how people were supported with their prescribed medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

### Assessing risk, safety monitoring and management

- Staff had detailed guidance of the care and support people required to manage known risks. This also included safety in relation to the environment. Information was updated and reviewed to support staff. Guidance included how to support people to manage risks associated with health conditions, and included guidance on falls and skin care.
- People confirmed risks associated with their needs were met safely. A person said, "They (staff) help me use the stair lift so that I can still get upstairs to the bathroom." Another person told us how staff ensured their living environment was safe from trip hazards.
- Staff told us they read people's support plans and risk assessments to make themselves familiar with how to support people safely. Information was also shared via staff work mobile phones. Care coordinators, told staff about any additional information they needed, especially if staff were providing support to people they were unfamiliar with; such as when covering for other staff who were absent from work.

### Using medicines safely

- Improvements had been made to how people were supported with their medicines. A medicine compliance coordinator had been appointed who liaised with GP's about changes to people's medicines. They also ensured staff had clear written guidance of medicine administration details. Improvements had been made and were ongoing, in the system used to monitor the management of medicines.
- Staff told us about training they received in the safe administration of medicines, including observations and assessments of their competency.
- The provider had a medicines policy and procedure available for staff and this reflected nationally recognised best practice. Where people required their medicines at specific times, the provider ensured that staff knew the person's support was 'time critical'. This was achieved by updating the support plan information that staff were provided with.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm. Staff had received safeguarding training and had access to

the provider's safeguarding and whistle blowing procedures. Staff were aware of their responsibilities and staff told us about examples of action they had taken to alert the registered manager to any safeguarding concerns.

- Where allegations or suspicion of abuse had occurred, the multi-agency safeguarding policy and procedure had been implemented. The registered manager had worked with external agencies to investigate safeguarding incidents and had taken action to protect people where necessary. At the time of our inspection, some safeguarding investigations were ongoing.
- People who used the service told us they felt staff protected them from the risk of abuse and avoidable harm. One person said, "I feel very safe with them (staff), they are all very good with me."

#### Staffing and recruitment

- Staff recruitment was ongoing to ensure there were sufficient staff employed and deployed to meet people's care needs. An electronic system was used to monitor calls. Late and missed calls were flagged to alert the care coordinator. The on-call duty system was managed by a member of the management team and provided staff with any support needs.
- Every effort was made to match staff with people who lived in their geographical area to reduce staff travel time.
- The provider had safe staff recruitment checks in place, to mitigate against the risk of employing unsuitable staff. This included checks on staff identity, employment history and criminal records and references were requested prior to employment. Staff received training in health and safety, including first aid and worked with other agencies such as the fire and rescue service to promote safety in the home.

#### Preventing and controlling infection

- Infection control measures were used by staff when providing care. This included single disposable aprons and gloves to reduce the risk of cross contamination. Staff had completed infection control and food hygiene training.

#### Learning lessons when things go wrong

- The registered manager monitored incidents and considered what lessons could be learnt to reduce further risks. Action taken included support plan and risk assessment amendments, additional staff training, and referrals to external health and social care professionals for an increase in care hours or requests for additional equipment.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received an assessment of their care needs before using the service. The provider's pre-assessment document was completed with the person, and or their relative or representative, and was very detailed. The assessment considered people's diverse needs to ensure they did not experience any discrimination in relation to their protected characteristics under the Equality Act, such as their age, disability, gender, race, religion or belief.
- The provider had up to date policies and procedures that reflected current legislation and nationally recognised guidance and assessment tools. For example, the National Institute for Health and Care Excellence (NICE) guidance - Managing medicines for adults receiving care in the community was used to guide practice.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed a structured and supportive induction, including opportunities to shadow experienced staff. Staff received ongoing training and opportunities to discuss their work, training and development needs. Spot checks were completed by assessors, care coordinators or the registered manager to assess staff's competency, skills and to ensure they were following people's support plans.
- Staff were positive about the support and training they received. This was conducted through face to face sessions, group meetings and the completion of work books. A staff member said, "The trainer we have is very good. My understanding has improved significantly since starting at direct health."
- People overall told us they considered staff to be well trained and knowledgeable about their needs. A person said, "They (staff) are mainly trained and know what they are doing. The more experienced staff talk more and explain everything they are doing, Young or inexperienced staff have to learn." Some people raised concerns about staff's competency in completing domestic type tasks such as making beds. We shared this with the management team who agreed they would consider reviewing the training staff received.

Supporting people to eat and drink enough to maintain a balanced diet

- Where people required support with their food and hydration needs, staff provided effective support. People's nutritional support plans provided staff with guidance on the assistance required. This included making or reheating meals and snacks. Guidance included information about any dietary needs associated with health conditions, religion or cultural needs.
- Staff gave examples of how they supported people with their food and hydration needs. This included

checking use by dates on food and ensuring snacks and drinks were left in reach of people when they left.

- People were positive how staff supported them. A person said, "They (staff) check to make sure I have eaten something and make me a drink when they are here."

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- The provider had implemented an information document for the use of ambulance crews should a person be admitted to hospital. This was to assist in the person's ongoing care.
- People's health conditions had been assessed and staff had guidance about the care needs people had. Staff told us how they monitored people's health needs and took action if concerns were identified. Examples included requesting urgent healthcare assistance such as an ambulance, GP and sharing information with health professionals to assist them in meeting people's healthcare needs.
- People gave examples of how staff had taken action when they were unwell. A person said, "Well, they (staff) saved my life once. I was very ill when they came and called the doctor straight the way."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA

- Where people lacked mental capacity to consent to a specific decision, such as the care they received and their prescribed medicines, an assessment of their needs had been completed and a best interest decision had been made. These showed decisions were in line with legal requirements. For example, other significant people involved in the person's care such as family had been consulted.
- Staff understood the principles of MCA and confirmed they had received training and had a policy and procedure to support them. A staff member said, "We assume people have capacity to consent, that's the first thing. Sometimes we have to make day to best interest decisions. For some decisions there are meetings and involvement with relatives and sometimes professionals."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received care and support from staff who were kind, caring and compassionate. People spoke positively about staff's caring approach. A person said, "They (staff) are kind and caring and have time to sit and chat. They don't leave early which is nice." Another person said, "They (staff) are definitely kind and caring people and always ask if everything is okay for me and anything else I can do."
- Staff spoken with showed a great interest in people's care and welfare needs. They spoke kindly of people and clearly had developed positive relationships with them. A staff member said, "I love my role, I just love caring for people, it gives me a buzz knowing I have made a difference to people's lives."
- We reviewed compliments the service had received in the last 12 months from both people who used the service, relatives and external professionals. These referred to how caring, kind and thoughtful staff had been in the care they had provided. Feedback received from an external professional was equally complimentary about the caring approach of staff. Comments included, "I could name several service users who have nothing but praise for the staff."

Supporting people to express their views and be involved in making decisions about their care

- People received a variety of opportunities to be involved in their care. For example, people received opportunities to discuss their ongoing care in face to face review meetings, discussions via the telephone, surveys and forums which had been introduced as an additional method for people to meet together to share their views and experiences.
- A staff member told us how people were supported with their communication needs to ensure they were fully involved. An example was given about a person whose first language was not English, Staff had been resourceful and used a translation app (translates words and phrases) to support communication. The staff member said, "When we used the app to help us, the person responded with a big smile, it was really positive and made all the difference."
- People told us they felt involved in their care. A person said, "Yes, I'm involved, in my care, I say what I need and they (staff) listen to me."
- Information had been made available for people about how they could access and receive support from an independent advocate to make decisions where needed. This information was in the provider's service user guide. Advocates support and represent people who do not have family or friends to advocate for them, at times when important decisions are being made about their health or social care.
- The management team recognised people's preference was to have the same core staff team to support them. Staff and people confirmed what worked best was when people received care from the same staff team. People also liked to know in advance what staff would be visiting them. The management team was

working well at developing core staff teams in areas to provide consistency and continuity of care. People also received a staff rota that advised which staff would be visiting at what time.

#### Respecting and promoting people's privacy, dignity and independence

- People were positive about how staff respected their privacy and dignity. A person said, "They (staff) are very respectful towards me. They have a laugh which I like, but never too far or cross the line." Another person said, "They (staff) take their time and are very patient with me."
- People's support plans provided staff with guidance about promoting people's privacy, dignity, respect and independence. Staff gave examples of how they supported people. A staff member said, "I enable people to make choices as fully as possible such as what to wear, how they want to be supported, and offer a choice of food and drinks. I think how I would want to be treated."
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely maintaining the confidentiality of the information recorded. The registered manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office. Staff used work mobiles to access their rota and information shared by the office and to log in and out of calls. This was monitored by an internal electronic system.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had not received consistent call times. Whilst some people reported they had not experienced late or missed calls, others told us they had. A person said, "They (staff) are not usually late and never miss me." Another person said, "They (staff) are not on time and can range from 7.45am to them not coming at all."
- Since the last inspection there had been 19 missed calls, these were due to care staff not correctly following their rota or because of a break down in communication with office staff. However, missed calls had reduced since May 2019, with only two missed calls occurring between then and the date of this inspection. The percentage of late calls which fell outside the 45 minute time frame people could expect staff to arrive, was on average seven percent (low rate) per month. From reviewing people's daily calls logs for the month of July 2019 no concerns were identified in call times.
- Staff told us overall the length of calls and traveling time was sufficient, but that difficulties sometimes arose when they were having to pick up additional calls, when traveling distances may be longer.
- People told us they had a preference for male or female care staff. One person told us their request had not always been met. The registered manager told us of the action that had recently been taken to address this. This person's care records confirmed what we were told.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication and sensory needs were assessed and planned for. However, the guidance provided to staff about people's care and support needs were not consistently recorded. For example, guidance included the support required with glasses and hearing aids for some people but not others. Another person had a learning disability and associated communication needs, but guidance for staff lacked detail of what they should consider when communicating. We discussed these issues with the management team and a review of people's care was arranged.
- The management team told us, and records confirmed, information could be provided for people in different formats to support sensory needs. An example was support plans and correspondence provided in large print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- The management team were working well with the local authority, who they had a contract with, in how care was being provided. The service provided to people was outcome focussed. Changes had been made to how care was commissioned and a flexible, personalised service was being developed. This was a change to the traditional model of care and the management team had embraced the change positively. As a result a new staff position had been created, a person centred champion.
- Information about people's life history, interest, hobbies and what was important to them was available for staff (if the person had agreed to share this information). This supported staff to have a person centred and responsive approach.
- Staff told us how they supported people with the risk of self isolation. Some people were supported by staff to attend social community clubs such as luncheon clubs, or go shopping. Staff also provided social calls as part of the care package. Due to the flexible, and outcome focussed approach to care, staff told us how they had started to have discussions with people about how they could be supported with interests and hobbies. An example of this was how a person enjoyed football and wanted to watch their favourite team play. The person centred champion and assessor, told us of their plans to support the person to do this.

#### Improving care quality in response to complaints or concerns

- People had access to the provider's complaint procedure. Whilst some people told us they had not had any reason to complain, others were not so positive. A person said, "I have never needed to make a complaint about anything. I would if necessary." Another person said, "I've given up complaining to them (office staff), I am fed up, they are useless and don't do anything."
- The complaint log showed complaints had been responded to within the provider's timescale. Complaints received, in the main, were regarding call times. It was noted there had been no further recorded complaints of this nature, since people started to receive a copy of the staff rota in May 2019. Complaints had been responded to in line with the provider's complaint procedure and at the time of the inspection there were no ongoing complaints.

#### End of life care and support

- At the time of our inspection one person was at the end stage of their life. We found whilst the person's care plan included information about the person's wishes, it lacked guidance for staff of when, and how, they should contact healthcare professionals if support was required. We discussed this with the management team who agreed this information was important and agreed to have the support plan reviewed and amended.
- Whilst some staff had completed end of life training, the management team told us this was not compulsory. After further discussion they agreed this was a training need for all staff and this would be arranged.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and management team had an open and transparent approach. When things went wrong the management team were honest and learnt from this and made improvements. For example, they investigated and took action when late or missed calls had occurred. They shared learning with the staff via email correspondence, in staff meetings and during staff supervision.
- The management team were working effectively with the local authority in developing new approaches in how care was provided. The management team and staff were positive and committed to providing individualised care that was outcome focussed. An example of this was the recruitment of a person centred champion. They were clear about their role and contribution in supporting people to receive a personalised care package. There was a holistic (taking account of physical, mental and social needs and other factors) approach and staff were aware and supportive of this.
- From feedback we received during the inspection, and from reviewing compliments the provider received, we saw examples of how people had achieved good outcomes due to the support provided. Examples included people with complex care needs being enabled to remain living in the community. An external professional confirmed this by telling us, "The service have maintained some very difficult cases and I know that other care agencies are not as resilient with very challenging service users."
- There was a system to report if staff were running late. Overall people told us they were informed if staff were going to be late. There was also an oncall duty system for people and staff to use outside office hours. Overall this was working well.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- Staff showed a good understanding of their role and responsibilities and a commitment to provide the best care they could. A staff member said, "Our role is to promote independence, give care at the highest quality we can and meet individual needs using a person centred approach."
- There was a clear accountability and oversight of the service. This included, weekly quality compliance manager visits who supported assessors in the development of support plans and risk assessments. They also completed audits and checks on quality and safety. The care services director had regular conference calls with the registered manager and other key staff such as the compliance quality lead. Any areas identified for improvement were added to the ongoing action plan. We found the action plan was detailed and specific with timescales for completion and by whom.

- The provider had met their registration regulatory requirements of notifying CQC of certain events when they happened at the service. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed on the provider's website and at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People received opportunities to share their experience about the service, this included participating in face to face meetings to discuss their care package. In addition, telephone reviews were completed specifically, but not exclusively at the start of the care package to enquire how people were finding their care package.
- 'Snappy questionnaires' were sent to a number of people each month to seek their views. Newsletters were used to exchange information with people about the service, such as, contact details for office staff, the on call service and quality questionnaire results.
- People were invited to attend open forum meetings where they could meet the management team and discuss the service. The registered manager told us this was also a social opportunity to meet others and had arranged coffee mornings and Christmas activities.
- Staff received opportunities to feedback about the service via staff meetings, supervision meetings, staff surveys and could attend the office any time.

Working in partnership with others

- The registered manager told us and the local authority and an external professional confirmed, how they worked together to support people to live independently.
- The registered manager attended regular forum meetings with other providers, to share information and good practice and saw this as a valuable support.
- People's care records confirmed how staff worked with external professionals when support was required. Examples included working with occupational and physiotherapists, social workers and specialist community dementia or mental health teams.