Direct Health (UK) Limited

Direct Health (Warrington)

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection was announced and took place on 6, 7, 8 July 2016.

The service was last inspected on 27 November 2013 where it was found to be compliant in all the areas that we looked at.

Direct Health (Warrington) has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Direct Health (Warrington) is an agency providing personal care and support to people in their own homes. It predominantly provides the service in the Warrington and Salford areas. At the time of our inspection, they were providing services to 60 people in Warrington and 87 in Salford who all experienced various care needs from social support to maintaining their independence with full personal care needs. Visits ranged from fifteen minutes for up to six hours to give respite to family carers.

During this inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were ineffective systems in place for the safe management of medicines. You can see the action we told the provider to take at the back of the full version of this report.

The people who used the service and their relatives told us that they were treated with respect and kindness by the staff. Comments included, "The lady who comes here is the most wonderful caring person I could hope for" and "Nothing is too much trouble for the staff, they are all wonderful".

People told us they felt safe with the staff and that they assisted them to maintain their independence wherever possible. We saw that there were systems in place to manage risks to people. For example we saw that staff had made referrals to the local health and social care agencies for equipment to keep people safe. This demonstrated that they continually assessed people's changing needs to ensure they were safe.

Records showed that staff were trained to undertake risk assessment which meant they could identify issues in both the home environment or risks to people's safety.

Arrangements were in place to protect people from the risk of abuse. We spoke to staff about their understanding of safeguarding and they knew what to do if they suspected that someone was at risk of abuse or they saw signs of abuse. Relatives of the people who used the service told us that they felt that their relatives were safe and supported by the staff of Direct Health (Warrington).

The service actively involved people in their assessment which enabled them to make choices about the

support they needed. People told us that they were able to make changes to times of visits if they had doctor or hospital appointment or if they had a social engagement.

We looked at recruitment files for the most recently appointed staff members to check that effective recruitment procedures had been completed. We found that appropriate checks had been made to ensure that staff were suitable to work with vulnerable adults.

People's care and support was planned in partnership with them and their relatives and they told us they generally received support from a regular team of care staff who understood their needs. The care files that we looked at contained the relevant information that staff needed to care for the person in a manner of their choice.

People were supported to take their medicines however the medicines records were inconsistent. People had support plans in place but they did not identify clear details of medicines required and the medicine administration records (MAR) contained conflicting information. The registered manager was aware of this and was in the process of updating the systems to ensure they fully detailed the medicines prescribed and the dates and times they were to be administered.

Discussions with staff members identified that they felt happy and supported in their roles. They told us that the registered manager was supportive and she was easy to talk to. Comments included, "We are supported and not afraid to ask her (manager) anything", and "We get training and supervision and can ask for training in anything we need and it will be provided".

The service promoted an open and honest culture and the managers and care co-ordinator were transparent in their discussions with us. The registered manager was committed to continuous improvement and welcomed feedback as an opportunity to monitor and evaluate the services provided. There was a quality assurance system in place which used various checks and audit tools such as questionnaires and direct observations to monitor and review the practices within the service.

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

The service was not always safe.

The prescribed medicines and the support people needed with medication was not always well documented.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safe guard people from abuse.

There were sufficient numbers of staff who had the knowledge and skills to provide care for people in a safe and consistent manner. There were safe recruitment procedures to help ensure that people received their care and support from staff of suitable character.

Is the service effective?

Good

The service was effective.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity were respected.

Staff received training to enable them to meet the assessed needs of the people who received the service.

Staff were supported in their role and regular meetings, spot checks and supervision meant that staff worked to the values and expectations of the service.

Is the service caring?

Good

The service was caring.

People told us they were happy with the care and support they received.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People's care and support needs were assessed and individual choices and preferences were discussed with people who used the service.

People's support plans were updated regularly to ensure changing needs were identified and met.

People had access to the service's complaint procedure and people told us that any concerns raised were swiftly dealt with.

Is the service well-led?

Good

The service was well led.

Systems for monitoring the service were effective. Where changes were needed they were addressed and followed up to ensure continuous improvement.

Staff were motivated and knew what was expected of them.

The registered manager was respected and admired by staff for her management skills.

Direct Health (Warrington)

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 6,7,8 July 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector. A second inspector made telephone calls to people who used the service to gain their perception of the staff and services delivered.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. We also checked information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information held about the service prior to our visit.

The registered manager was available throughout the inspection to provide documentation and information.

During the first day of our visit we spoke with the registered manager, regional manager, nominated individual for the service, a care coordinator, a care assessor and five care staff. We contacted a contract compliance officer who had responsibility for monitoring the service and spoke with twenty nine people who used the service on the telephone. On the second day we spoke with four staff and with their permission visited four people in their homes. We also used observational methods to check that staff were arriving and leaving their calls at the agreed time.

We reviewed a range of records about people's care and how the agency was managed. These included six care files, six staff files, staff training records, outcomes of a local authority action plan, quality assurance audits and minutes of staff meetings. We also looked at the findings from questionnaires and incident and accident reports.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they had received a good service from the agency. Comments included "They stay the right time", "They know what I need and they do what they are supposed to do", "They know how I like things", "I depend on them", "They check my house to make sure everything is ok, they have a good name in this area, they are reliable" and "I have the same carers, they all know me well, the care is good and consistent".

We asked people if they felt safe at home. People said they did feel safe and comments included "Staff call when they are supposed to so I know who is coming and when", "They use this special equipment to move me so I am kept safe from harm" and "They do their very best to help me to maintain my life in a safe way".

During the inspection we checked to see how the service managed and administered medicines safely. We visited two people in their own homes and looked at how the medicine administration was recorded, including when and by whom medication was administered. We looked at a further five care plans and we found that 'as required' medicines were not recorded consistently in people's support plans. Medicine administration records (MAR) were unclear and did not hold detail of the medicines prescribed or their function. Some MAR records were undated so we were unable to check if they had been given at the correct time. A person had been identified as requiring help to manage their pain but there were no clear details indicating how this should be managed in their support plan. Recording this information would provide consistency between staff and provide a clear audit trail, which would assist in the assessment and management of pain.

We saw that policies and procedures were in place to help ensure that people's medicines would be managed appropriately however we noted that they did not provide correct details of how to record the administration or prompting of medicines. Staff members confirmed that they had received medicine training but they were unsure of the correct methods to use to record the process. We found that the registered manager had not protected people against the risk associated with the unsafe management of medication.

This was a breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. The registered provider had not ensured that medicines were managed safely.

We informed the registered manager of the discrepancy and they assured us they would review the medicines administration sheet and update information regarding how medicines should be managed. The registered manager told us that the service was in the process of updating their medicines policy to ensure that it was in line with current guidelines; however they said they had been unsure where to get advice on managing medicines in a domiciliary care setting. They told us that they had approached a local pharmacy and had checked with guidance provided by the Care Quality Commission to gain knowledge and understanding of the correct way to record medicines which had been administered. They showed us the information they had sourced as to how they would record medicines in the future with the use of an

updated medication recording sheet.

We spoke with staff about their understanding of protecting vulnerable adults from abuse. They told us that they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents they felt should be reported. They said they would report anything straight away to their care co-ordinator or registered manager. Staff had a good understanding about the whistle blowing procedures and felt that their identity would be kept safe when using these procedures. We saw that staff had received training in this subject.

The registered manager told us that they had policies and procedures in place to manage risks. Staff understood the importance of balancing safety while supporting people to make choices so they had control of their lives. Risk assessments were undertaken to assess any risks to people who received a service and to the care staff who supported them. For example people's care plans contained a risk assessment which considered a range of environmental matters. The risk assessments included information such as the safety of electrical equipment, water temperatures, wheelchair function and lifting equipment. People had moving and handling risk assessments which contained information about how staff should support people when helping them to transfer in and out of chairs and their bed. We saw that the service regularly reviewed the assessments and made necessary adjustments where required.

We found that the recruitment of staff was robust and thorough. This ensured only suitable people with the right skills were employed by the service. The registered manager was fully aware of her accountability if a member of staff was not performing appropriately. We looked at six staff files and found appropriate checks had been undertaken before staff began working for the service. These included two written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring checks on individuals who intend to work with children and vulnerable adults to help employers make safer recruitment decisions.

We looked at the staffing rota and found there were sufficient skilled and competent staff to ensure they could safely support people who used the service. Staff were divided into geographical areas each led by a care co-ordinator who held responsibility to ensure staff were deployed to meet the needs of people who used the service in a timely manner. One person said; "Some of them are very good, (name) is very good – she's 5, no 10 star. She makes my toast and tea and chats away, but they are all good, I have no need to complain. They stay the right time and they know what I need and they do what they are supposed to do, they know how I like things."

We saw that there were natural gaps within each rota to pick up emergencies, for instance where someone may need to be discharged from hospital at short notice. We checked the staffing rotas and noted that the pattern of staffing was consistent throughout the week and that the visits had a travel time built in, in order that staff were not rushing between calls.

The service utilised a call monitoring system to ensure that visits to people's homes were recorded as to when staff arrived and left. Staff were provided with mobile phones and a phone disc was placed in people's homes to allow staff to sign in and out. This system alerted staff in the main office if a call had been missed and they were able to check on the staff member and ensure all calls were honoured. We looked at the system and noted that an alert about a missed call had occurred during our visit. This enabled the co-ordinator to quickly allocate an on call staff member to undertake the visit. One person told us that they had not received their visit on the day we spoke to them. We checked this with the service who showed us the staff rota and the person's care plan which identified that the person's visit was at a later time then they had quoted. However staff contacted the person to reassure them.

We saw that the service had emergency planning in place in case of hardware or software failure and systems were in place to use remote desktops via the central servers to ensure people's home visits were fully monitored.

We saw that emergency contact numbers were in place in respect of critical functions such as emergency services, NHS direct and gas and water. Staff told us that this ensured they had full information to hand if they encountered any emergencies.

Good

Is the service effective?

Our findings

People told us that the service was effective and consistently delivered. Comments included; "I am happy with the service", "I mostly get the same people at the same time", "Very satisfied and very pleased with the service", "They turn up on time and stay their time", "They are very busy, they turn up on time but don't have much time for you to stop and chat", "The carers know you, they are fantastic and very pleasant", "I'm very happy with the carers – they are very good and they come on time".

We spoke with the registered manager about gaining consent to care and treatment. They told us that staff had received training in the Mental Capacity Act 2005. However they told us that most people they supported had capacity to say how they wanted their care delivered in their own homes. 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 Deprivation of Liberty Safeguards (DoLS) do not currently apply in settings such as domiciliary care where people are resident in their own homes and so any deprivation of liberty may only be undertaken with the authorisation of the Court of Protection.

The staff we spoke with had a good working knowledge of the Mental Capacity Act 2005, in protecting people and the importance of involving people in making decisions. They told us they had received training in the principles of the Act. The training records we saw confirmed this.

We saw that there was a care record file in each person's home. We saw that staff entered information about what had occurred at each visit to ensure that information was passed between staff to promote continuity of care. Care records demonstrated that people gave their consent to any treatment before it was provided. Where people lacked capacity there was evidence of family and staff involvement in 'best interest' decisions in partnership with other health and social care professionals.

Staff told us that during the first visit to the person they read through the care plan with the person and ensured all care and support recorded was what the person had agreed to.

People were confident that care staff would arrange the appropriate support for them from a health professional such as a doctor if they required this. People told us that staff contacted the doctor if they were unwell. We saw that records contained details of where carers had referred people to a health or social care professional to meet a person's needs. For example requesting a GP or district nurse or contacting a social worker to discuss a person's change of needs.

One care plan viewed held details of how staff had supported a person who used the service who had become agoraphobic to gain confidence to leave their home and enjoy some time in the community. They supported the person to go out of their house and gain confidence in their ability to meet other people and socialise.

All care plans viewed showed that the level of care and support had been agreed and signed for by the person who used the service or their representative.

When a new staff member commenced work at Direct Health they undertook an induction in their new workplace; this was for a minimum of three days during which time they were a supernumerary member of staff and shadowed existing staff members. They were then enrolled to undertake the Care Certificate that could take up to three months to complete. The Care Certificate Framework is a nationally recognised and accredited system for inducting new staff. The induction programme was designed to ensure any new staff members had the skills they needed to do their jobs effectively and competently.

Records showed that all staff had annual updates that covered areas such as medication, equality and diversity, moving and handling, fire safety, food safety, safeguarding, person centred values, cross infection and hygiene. Other areas such as the Mental Capacity Act and dementia awareness were also included in the training. We were able to confirm this content when we looked at the work books staff members completed during their training. Discussions with staff demonstrated they had received ongoing training to ensure they were competent in their role. However it was noted that although staff had received training in medication management, the training provided did not provide correct details of how to record the administration or prompting of medicines. This has been addressed in the safe section of this report.

People we spoke with told us there were suitable arrangements to ensure they had sufficient food and drink to meet their nutritional needs. This ranged from support from staff to reheat meals in the microwave or to provide a sandwich and drinks. One person told us "They (staff) always make sure I have plenty of drinks to last me between visits and know just how I like them".

Staff we spoke with told us that they enjoyed working for Direct Health and felt supported in their role. They said they were provided with a good quality training and regular formal and informal supervision.

We looked at formal supervision and appraisals which were undertaken at the office. They were well structured and completed to a good standard. Observations of work practice also took place in people's own homes. We looked at a number of records of observations undertaken and found they were detailed and confirmed that staff were working to expected standards.

We saw that staff meetings were held three monthly with agenda items such as fluid and nutrition, medication, CQC inspection, staff morale and evaluation of staff training. The registered manager told us that information from these meetings was cascaded to all staff; however she was trying to arrange future meetings at more flexible times to enable more staff to attend.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. Comments included; "They are very nice and very helpful and they treat me nicely" and "I can't complain about any of them, they have a good attitude and are friendly".

The registered manager told us that the people were at the heart of the service and they were always treated with dignity and respect. She said that the service aimed to provide people with choice and enable them to have control of their daily lives.

Recruitment processes identified that each applicant was assessed in respect of their kindness, positive attitude, patience, understanding and empathy. The registered manager told us that applicants were also assessed on their genuine interest and passion for quality care. She told us that all the above were essential qualities to enable the service to provide excellent care and support to vulnerable people.

Staff communicated effectively with people who used the service. Any specific communication needs and people's individual methods of communication were addressed in their care plans. Staff told us that because of the consistency and continuity of care they were able to develop understanding of the people who used the service and quickly recognise and respond to non- verbal communication.

People were encouraged to manage their own personal care and staff told us they only helped with aspects the person could not manage. They said that this assisted people to retain their dignity and maximise their independence. One person told us that they had improved a lot since the service began because staff had assisted them to gain confidence. They said "The staff are very respectful when assisting me with my personal care. They make sure my dignity is maintained so I never feel embarrassed". Another person said "The staff are very caring, they never rush me and they know just how I like things done".

People told us that their care plans were written in a way they could understand. They described just how people wished their support to be provided, who was important to them and the things they liked to do.

Staff were able to describe in detail how they supported people who used the service. They gave examples of how they approached people to ensure they respected the person's wishes. They said they always asked for the person's permission before undertaking any personal care and maintained the person's dignity. They said they were able to gain information about people's hobbies and interests so were able to chat with them about things they liked.

Staff spoke about people with affection and could quote several examples of how people's wellbeing had improved since they started to use the service. Staff spoke about people positively and focused on their strengths and the importance of people being able to stay in their own homes for as long as they wished and it was safe to do so. Staff also recognised that support could also impact upon the family and friends of people who used the service.

Care co-ordinators carried out observations of staff working with people in their own homes. Some were

unannounced and focused on the person's experience. They judged how staff maintained people's dignity and respected people's wishes and gained people's feedback about the way the services were delivered. Staff told us that the outcome of these visits was discussed with them to ensure the care provided included feedback from each person who used the service and to ensure that staff were 'getting it right'.

With their permission we visited four people in their homes. We saw that staff knocked on people's doors and waited for permission before entering the premises. We observed staff interacting with people who used the service in a friendly and caring manner. Staff demonstrated in discussion that they knew the care needs of each individual and had clear knowledge of their likes, dislikes and capacity. Staff told us that they had worked with individual people for quite a long time and were therefore able to get to know them and be consistent with their care. Staff demonstrated clear knowledge of people's needs and of how they wished their care to be provided in a dignified and respectful manner.

Staff were aware of the need to remember they were working in people's own homes and were mindful of the use and storage of documentation to ensure people's records were kept safely and their confidentiality maintained. They demonstrated an understanding of how to protect people's confidentiality by not volunteering information to third parties without people's consent.

Good

Is the service responsive?

Our findings

People told us that the service was responsive to their needs. Comments included "The girls (staff) do what I want them to do. I know when they are calling. We have meetings sometimes so if I need anything different I can tell them" and" They understand my routine and habits. They are so helpful".

We found that people who used the service received care and support that met their needs, choices and preferences. Care staff understood the support that people needed and were allocated sufficient time to provide it. Staff told us that if an emergency arose and a person needed extra care or attention there were always extra staff who could be called upon to respond and provide assistance. For example, they told us that a staff member had rung in to say they were unwell. They were able to call on other staff members to assist and ensure that other people who used the service got their visits at the time requested.

Staff said that when people's needs changed, this was quickly identified and prompt appropriate action was taken to ensure people's wellbeing was protected.

Records showed that a care plan was written from the information gathered at the commencement of the service. We looked at six care plans in detail and saw that they had been written to give guidance to staff to enable them to support people in their care. Care plan reviews were in place so staff would know if any changes were needed. We saw that the plans were written from the point of view of the person concerned and detailed their choices, aspirations and capabilities.

Plans were well maintained and up to date and held all need to know information including visits and actions from other professionals who may be involved in people's care. It was clear that the plans were person centred and reviewed as needs changed. We spoke with the co-ordinator who told us that care plans were reviewed if any changes to people's circumstances occurred and at regular intervals so they were sure they were meeting the person's needs.

People told us that their care and support was planned proactively in partnership with them. They said that when the care was being planned at the start of the service staff spent a lot of time with them finding out their preferences, the support needed and how they wished their care to be delivered. We found people who used the service received personalised care and support. The service put the person at the centre of everything they did.

Staff told us as they got to know the person they were supporting they became more aware of their preferences and interests as well as their health and support needs. This enabled them to provide a personalised and responsive service.

People could make complaints or comments about the service. We saw that there was a service user guide that explained about the service and how and who to complain to if a person was unhappy with the staff or services provided. This included named people within the service as well as the Care Quality Commission (CQC). We noted that one complaint had been registered with Direct Health from a person who used the

service. We saw that actions had been taken by the service in line with their complaints policy. No complaints had been received by CQC and none of the people we spoke with said that they had any complaints about the service. People told us that the service was fine and if there was an issue it was dealt with straight away. One person said ""I am happy with the service. They turn up on time, staff treat me OK. I have not had to complain. I contact the office if staff have not arrived on time but this is not very often" and "I am not sure how to complain but the information is here if I need it and my daughter would help".

Good

Is the service well-led?

Our findings

The registered manager demonstrated in discussion that she actively sought and acted upon the views of the people who used the service. She told us that the service had developed a positive culture and she was supported by the regional manager and nominated individual to sustain this culture.

Discussion with staff identified they shared the same principles and values in their approach to the care provided. These included choice, involvement, dignity, respect, equality and independence.

Staff told us and records showed that the organisation held a voice forum. This was a meeting where nominated representatives of the service met in a forum of carers, managers and operational staff to discuss quality issues, including any issues raised via surveys which were regularly sent to people who used the service and their families.

We saw that the registered manager had sent 156 questionnaires to people who used the service and their families in the last year to gain their perception of the service. We saw that 48 of them had been returned and held positive remarks about their involvement with their care and the services provided. They were happy with the timing and quality of services they received.

There were effective and robust systems in place to monitor and improve the quality of the service provided. We saw records of attendance at visits and spot checks carried out by co-ordinators. We saw that issues such as staff not using a black pen to record information and not signing full names in daily records had been noted and addressed.

There were clear management structures in place with staff being aware of their roles and responsibilities. On-call management cover was available out of hours and enabled staff and people who used the service to obtain immediate support and advice throughout evenings and weekends.

We saw and were told by staff that the management team had an open door policy where all staff were encouraged to contact them at any time. Staff said there was an open and honest culture where learning and sharing of knowledge was encouraged amongst staff.

Staff told us that daily visits were recorded by care staff and senior staff audited these records monthly. They said this audit checked that they were an accurate reflection of the time of the visit and ensured the care and support recorded was an accurate reflection of what was recorded on the care plan. Staff told us that they checked the daily records when they visited people's homes so they had information about changes or actions taken. They said that if the record had not been updated by the previous staff who had visited they would contact the office to let them know. The registered manager told us that this daily audit ensured that any shortfalls in the recording of information would be quickly dealt with.

People told us their experiences of having regular care reviews. They said that they were asked if they were happy with their care and support and the staff who visited their homes. They told us that they were also

asked if they wished any changes to be made to the care package. People said it made them feel valued that they had been asked for their opinions and could give them knowing that changes would be made if they were requested.

We saw that the registered manager sent quarterly quality assurance reports to the regional manager who monitored and reviewed the staffing, training and service provision.

Information gathered in relation to accidents and incidents that had occurred in people's homes was personally reviewed by the registered manager and used to develop plans to reduce the risks or likelihood of reoccurrence. Staff forged positive and effective working relationships with health and social care professionals to improve and enhance the quality of care and support provided.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had not ensured that medicines were managed safely.