

Accord Housing Association Limited

Direct Health (Crewe)

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 18 October 2018 and was announced.

This was the first inspection since Direct Health (Crewe) was registered with the Care Quality Commission (CQC).

Direct Health (Crewe) is a domiciliary care agency. The registered provider is Accord Housing Association Limited. This service provides care and support to people living in their own homes and supports them to live as independently as possible.

Direct Health (Crewe) provides a service to young and older adults who are living with a range of different support needs such as learning disabilities, autism, physical disabilities and sensory impairments. At the time of the inspection the registered provider was supporting 41 people.

There was no 'registered manager' at the time of the inspection however a newly recruited manager had been in post for approximately three weeks; they had submitted the relevant registered manager applications to CQC. A registered manager is a person who has registered with CQC 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.

Care plans and risk assessments were in place for people who were receiving support. Records contained up to date and relevant information. Staff were familiar with people's individual support needs and the risks which needed to be mitigated.

Medication management systems were safely in place. Staff received the relevant medication training and regularly had their competency assessed. Routine medication audits were completed and any medication errors which occurred were thoroughly explored.

Recruitment was safely managed. Staff were appropriately vetted, suitable references were obtained and Disclosure and Barring System (DBS) checks were in place.

There were sufficient numbers of staff to provide the support that people required. Staff confirmed that from 'time to time' staffing levels did decrease but this was an area that was well managed. People still received the support they needed; the management team and staff team worked together to support this.

Accidents and incidents were appropriately recorded and analysed. The manager explained that there was very little activity in relation to accident/incidents but staff were aware of the reporting procedures.

People were protected from avoidable harm and risk of abuse. Safeguarding and whistleblowing policies

were in place, staff received the necessary safeguarding training and were familiar with reporting procedures.

Infection prevention control procedures were in place and staff were provided with the relevant personal protective equipment (PPE).

The registered provider was complying with the principles of the Mental Capacity Act, 2005. People's capacity had been assessed; consent to care had been obtained by people who had the capacity to make decisions.

Staff told us that they were fully supported by the registered provider and had developed the correct skills and competencies to provide the level of support that was expected. Staff were regularly supported with training, learning and development opportunities.

The overall health and well-being needs of people who received support was effectively managed. Appropriate referrals were taking place to external healthcare professionals (when needed) and the relevant guidance and advice which was provided was routinely followed.

Nutrition and hydration needs were effectively assessed. People were supported with a 'choice' of food and drink and support needs were well managed.

Staff received dignified, respectful and compassionate care. We received positive feedback about the level of care that was provided and how staff always ensured that care was delivered to a high standard.

People's sensitive and private information was stored at the registered address and was not unnecessarily shared with others. Confidential information was protected and securely stored in line with General Data Protection Regulation (GDPR).

People and relatives received a 'service user guide' from the outset. This contained essential information about the expected level of care and support people would receive from Direct Health (Crewe).

People received person-centred care. Records contained information in relation to a person's wishes, choices and preferences. We received positive feedback about the level of responsive care people received.

The registered provider had a clear complaints policy in place. People and relatives knew how to make a complaint and told us that they would feel confident making a complaint if they needed to. At the time of the inspection, no complaints were being responded to.

The registered provider had a variety of different processes in place to monitor and assess the quality and safety of the care people received. Audits, checks and observations were in place which helped to establish areas of strength as well as areas of improvement.

Measures were in place to gather the thoughts, views and suggestions of the people who received support. Questionnaires were circulated, surveys were conducted and reviews took place. Feedback received helped to prompt positive change and supported with continued development.

We received positive feedback about the leadership and management at Direct Health (Crewe). Staff told us there was a supportive, responsive and transparent culture. Relatives also confirmed that they felt Direct Health (Crewe) was a safe, effective and well-led service.

The registered provider had a range of different policies and procedures in place. Policies we reviewed included safeguarding, whistleblowing and medication administration.

The manager was aware of their regulatory responsibilities and understood that CQC needed to be notified of events and incidents that occurred in accordance with the CQC's statutory notifications procedures. The necessary notifications were submitted to CQC in timely manner.

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.

Care plans and risk assessment were in place. Records were well-maintained, contained the relevant information and were regularly reviewed.

Medication administration procedures were safely in place. Staff received appropriate training; staff competency levels were also routinely assessed.

Accidents and incidents were recorded and trends were established to identify further risk which needed to be managed.

Safe recruitment practices were in place. Staff were appropriately vetted and the necessary DBS checks were conducted.

Is the service effective?

Good ●

The service was effective.

Principles of the Mental Capacity Act, 2005 were effectively followed.

Staff received regular support; training, learning and developmental opportunities were in place.

Nutrition and hydration support needs were established from the outset. People received the necessary support required.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

Staff were familiar with the needs, preferences and wishes of the people they supported.

Confidential and sensitive information was protected in line with General Data Protection Regulation (GDPR).

A 'Service User' guide was provided from the outset; this contained essential information about the provision of care that people could expect.

Is the service responsive?

The service was responsive.

Care records contained person-centred information; people received tailored support in relation to their support needs.

We received positive feedback about the level of responsive care that was delivered.

There was a formal complaints process in place. People and relatives were familiar with the complaints procedure and how to raise any concerns.

Good ●

Is the service well-led?

The service was well-led.

There was no registered manager in post at the time of the inspection; however the necessary applications had been submitted to CQC.

Effective quality assurance systems were in place. Routine audits and checks were completed to ensure the quality and safety of care was regularly assessed and monitored.

There were systems in place to gather feedback in relation to the quality and safety of care provided.

Staff were familiar with a variety of different policies the register provider had in place.

Good ●

Direct Health (Crewe)

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 18 October and was announced. The provider was given 48 hours' notice prior to the inspection visit. Prior notice was provided because the location provides a domiciliary care service and we needed to be sure that staff would be available on the day to speak with us

The inspection team consisted of one adult social care inspector and an 'Expert by Experience'. An 'expert by experience' is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit we reviewed the information which was held about Direct Health (Crewe). This included notifications we had received from the registered provider such as incidents which had occurred in relation to the people who were being supported. A notification is information about important events which the service is required to send to us by law.

A Provider Information Return (PIR) was received prior to the inspection. This is the form that asks the registered provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We also contacted commissioners and the local authority prior to the inspection. We used all of this information to formulate a 'planning tool', this helped us to identify key areas that we needed to focus on during the inspection.

During the inspection we spoke with the supporting manager, one 'Care Services Director', four members of staff, one person receiving support and six relatives who agreed to speak to us over the phone.

We also spent time reviewing specific records and documents, including five care records of people who received support, five staff personnel files, staff training records, medication administration records and audits, complaints, accidents and incidents and other records relating to the management of the service.

Is the service safe?

Our findings

We received positive comments about the level of safe care and treatment people received. Comments received included, "[Relative] has amazing support, they [staff] keep [relative] safe, especially in the shower, it has made a world of difference", "I cannot fault them [staff]", "There is an exceptional staff member, she goes above and beyond, she really does, she really helps us, takes the strain off" and "Staff are very nice they are very helpful."

We reviewed five care records of people who received support from Direct Health (Crewe). Care plans and risk assessments were in place; they contained tailored information in relation to the support people required and the level of risk that needed to be managed.

Records we reviewed contained risk assessments in relation to continence management, pressure care, food and nutrition, falls, mobility, bed rails, communication and personal care. Records contained relevant and up to date information and any changes to people support needs and risks were recorded.

Staff were provided with detailed information in relation to the support measures which needed to be implemented and followed. For example, one person had a malnutrition and risk of choking risk assessment in place. The necessary guidance was followed by the speech and language therapist team (SALT), staff were supported with food, nutrition, hydration and health and safety training and staff were familiar with the persons soft, textured diet. This meant that records contained the correct amount of information in relation to the area of risk management which needed to be followed.

Medication management procedures were reviewed during the inspection. There was an up to date medication policy in place and people only received support with their medication from staff who had received the relevant medication training. Staff also had their competency levels routinely assessed to ensure they were complying with policies and procedures in place. Medication administration records (MARs) were appropriately completed by staff.

People who were receiving support with their medication had the relevant risk assessments in place and staff were familiar with the support people required. MARs we reviewed identified that people received their medication at the prescribed times. Staff used the relevant codes to identify when the medication had not been administered and the reasons why. Medication audits and checks were completed, any errors or medication incidents were thoroughly explored and actions were taken to mitigate further risk.

Safe recruitment processes were in place. We checked five personnel files; records included application forms complete with employment and education history, suitable references, identification as well as the appropriate Disclosure and Barring Service (DBS) checks. DBS checks are carried out to ensure candidates are suitable to work with vulnerable people in health and social care settings. This enabled the registered manager to assess their suitability for working with vulnerable adults.

Staffing levels were reviewed to ensure the registered provider employed appropriate numbers of staff to

deliver the care that was needed. Managers demonstrated how staffing rotas were completed in conjunction with the level of dependency and support people required. Rotas were prepared in a timely manner which meant that people received the care and support they needed. An on-line rota system helped to configure the ratio of staff in comparison to the support required in what location, on what day and at what time.

We discussed the procedure for Electronic Call Monitoring (ECM) with the registered manager. ECM is a technology where carers 'sign in' to their support visits using a smartphone or the person's home telephone. This then alerted the office staff or 'out of hours' on-call managers if a carer had attended the call or not. The registered manager used the data collected from the ECM system to check when staff were late, or had not signed in at all. This meant that measures were in place to manage the support visits people were expecting as well as the attendance and punctuality of staff providing support.

We reviewed the registered providers 'Accident and incident' recording and reporting procedures. Accidents/incidents were routinely recorded and a monthly/quarterly analysis was completed. This enabled the registered provider to safely monitor any trends and to ensure risks were safely and effectively managed.

Individual environmental risk assessments were in place for each person who received support. This risk assessment outlined areas of risk that needed to be managed in relation to the 'home environment' such as property access, exit points, animals and smoking risks. This meant that staff were familiar with the different levels of risk which needed to be risk assessed and managed in each person's home.

Health and safety procedures were reviewed. Staff were provided with personal protective equipment (PPE) and encouraged to comply with infection control procedures. It is essential that there are robust systems in place to ensure people are protected from avoidable and preventable infections and there are measures in place to ensure environments are safe and hygienic. There was an up to date infection control policy in place.

People told us they felt safe and received a safe level of support. People were protected from harm and abuse. Staff explained how they would raise any concerns and the importance of protecting people from harm. There was an up to date adult safeguarding policy in place and staff received the necessary training in relation to the protection of vulnerable adults.

Is the service effective?

Our findings

Relatives and people we spoke with during the inspection said the care provided was effective. Comments we received included, "Staff are well trained, they are very good", "They [staff] are very good with [relative]", "Everyone [staff] without exception are amazing, we don't mind who comes they are all very good" and "They manage [relative] well."

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications must be made to the Court of Protection. The service was not supporting anyone where an application had been made to the Court of Protection. Staff received training regarding people's mental capacity to consent to care during their induction.

The Mental Capacity Act 2005 is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. Records indicated that people's consent to care and treatment had been obtained and people were involved in the decisions which needed to be made in relation to the day-to-day support that was required. At the time of the inspection, each person receiving care from Direct Health (Crewe) provided consent.

Staff felt supported in their roles and were provided with different training, learning and development opportunities. Staff received regular supervision, annual appraisals as well as receiving support through group supervision and observations. Supervisions are regular meetings between the staff member and their manager to discuss any issues which need to be addressed in a one to one setting. Appraisals are used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role.

Training staff received included, health and safety, moving and handling, infection control, tissue viability (skin care), medication administration, safeguarding and dementia, cognitive issues and mental capacity. Other specialist training which staff received as a measure of providing effective and responsive care included, basic life support, diabetes, equality and inclusion, fluids and nutrition, Huntington's Disease, stroke and Parkinson's awareness training.

Staff were enrolled on to The Care Certificate. The Care Certificate was introduced by the Government in 2015. This is a set of standards that social care and health workers comply with in their daily working life. The Care Certificate is a new set of minimum standards that should be covered as part of induction training of new care workers. We were informed that this was an area of learning and development that was currently being reviewed.

People received effective support from external health care professionals. People received support from SALT, occupational therapists, district nurses, social workers and GPs. Guidance and instructions were incorporated within care plans and support measures were routinely followed by staff. One relative told us, "They [staff] support [relative] to be independent and they provide support under the guidance of the physiotherapist."

People's nutrition and hydration support needs were assessed from the outset. Staff provided tailored support and respected the persons wishes, choices and preferences in relation to their dietary needs. Records indicated that people were 'prompted' and 'assisted' to make healthy choices but were also supported to remain independent as possible. For example, one person who had mobility issues wanted to remain as independent as possible in relation to meal-times. The person was assisted with specialist cutlery and staff were guided to place cutlery on the left-hand side when meals were prepared.

Is the service caring?

Our findings

We received positive comments about the level of care Direct Health (Crewe) staff provided. Comments included, "I have no concerns, they [staff] are all very nice and friendly, they are very helpful", "It's the way they talk to [relative] and take their time, they [staff] keep [relative] covered when getting ready for a shower, they are really good with [relative]", "Staff are caring and kind, they support [relative] to be independent", "Yes, we are very happy with them, they have made a world of difference", "They are fantastic" and "They are very caring and kind, they give me time to do things myself, but they are there if I need help"

People received care and support from regular care staff. This meant people received consistent care and support from staff who were familiar with their support needs. Relatives told us that staff were familiar with people's needs and provided care in a dignified and respectful way.

People's privacy, dignity and rights were protected. One person told us that they felt that their dignity was maintained and staff treated them with respect. One staff member explained how they would always make sure doors were closed over when providing personal care, curtains were drawn, reassurance was provided and consent was always gained from the person.

Care records described how staff were encouraged to provide dignified and respectful care. One care record we checked stated, 'On arrival carers, are to knock on the bedroom door and announce their arrival' and another record contained information such as, 'At all times treat me with dignity, listen to me, talk to me in my preferred manner, encourage my independence, and respect my confidentiality.'

Annual questionnaires which were circulated to people who received support from Direct Health (Crewe) asked relevant questions around the dignity and respect. This meant that the manager could review, assess and identify any areas of concern in relation to the level, quality and standard of care people received. Feedback in relation to quality of care was positive and overall people felt their support needs were well supported in a dignified manner.

For people who did not have any family or friends to represent them, contact details for a local advocacy service was provided upon request. An advocate is someone who can support a person to make important decisions in relation to their health and well-being. At the time of the inspection there was nobody being supported by a local advocate.

Confidential information was stored securely at the registered address and sensitive information was protected in line with General Data Protection Regulation (GDPR). The registered address is the address which has been registered with the CQC to deliver the regulated activity. This meant that sensitive and protected information was not unnecessarily shared with others.

People received a 'Guide to your service' and a 'welcome' newsletter. The guide contained essential information such as the principles of care, confidentiality, equality and diversity, complaints process, quality assurance, dignity and key contact information. The Welcome newsletter provided people and relatives with

information relating to the friendly, professional, tailored support people could expect to receive. This meant that Direct Health (Crewe) were committed to providing essential information and welcoming people from the outset.

Is the service responsive?

Our findings

We received positive comments about the level of responsive care people received. Comments included, "Staff are always chatting with [relative], discussing the day, what [relative] is going to wear etc", "They [staff] speak normally to [relative] they don't speak in an infantile manner, they will do anything for [relative]", "They support [relative] well, has a very good relationship with the staff", "They are lovely a wonderful team" and "The staff have a good relationship with [relative], they are very consistent."

Care records were individually tailored, contained up to date information and were person-centred. 'Person centred' means the care and support which is delivered is in line with people's individual needs and not the needs of the registered provider. Care records provided staff with detailed information in relation to individual support needs and risks which needed to be safely managed.

Staff told us that the records contained relevant information which enabled them to establish people's likes, dislikes, preferences and wishes. For example, records we checked contained information such as, 'I like a full body wash or shower each morning', 'I enjoy reading my weekly magazines, watching my soaps on television and master chef' and 'On arrival carers, are to knock on the bedroom door and announce their arrival'.

People were supported to remain as independent as possible. Records contained phrases such as, 'Please allow me to do as much as I can do for myself', 'Please ask me if I am ready to go to bed', 'Please encourage me to walk upstairs', 'Please assist me with a full wash or shower' and 'allow me to make my own choices.'

Equality and diversity support needs were assessed from the outset. Protected characteristics (characteristics which are protected from discrimination) were considered at the assessment stage. This meant that the registered provider was assessing areas of care such as age, religion, gender, disability, culture, which needed to be appropriately supported from the outset.

We saw evidence of tailored support that was specifically provided to one person. Direct Health (Crewe) appropriately assessed the person's diversity needs, established the level of support the person required and identified a particular member of staff who could provide the care and support that was needed. Care records also contained tailored information and guidance for staff to follow. This meant, following the assessment people received the level of care that was right for them.

The registered provider had a formal complaints policy in place. The policy contained relevant information about the process that needed to be followed. The procedure for making a complaint was clear and people/relatives we spoke with were familiar with the complaints process and who to complain to. At the of the inspection there were no formal complaints being investigated. All complaints were 'logged' as a measure of assessing and monitoring the quality and safety of care people received and how improvements could be made. Relative said, "No complaints, maybe at the very beginning but it was resolved quickly" and "The issue over the carers that [relative] disliked was sorted quickly."

During the inspection we asked the registered manager if anybody was receiving 'End of Life' care. 'End of life' care is provided to people who need specific support when they have been assessed as being at the end stages of life. At the time of the inspection nobody was receiving this level of support. Staff received 'end of life' care training and familiarised themselves with the principles of end of life care support.

Is the service well-led?

Our findings

At the time of the inspection there was no registered manager in post. The registered manager had voluntarily de-registered with CQC in September 2018 and the newly appointed manager had submitted the relevant registered manager application.

No recent statutory notifications had been submitted to CQC but the manager was aware of their responsibilities to submit notifications in accordance with regulatory requirements.

As of April 2015, providers were legally required to display their CQC rating. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided. The ratings inform the public whether a service is outstanding, good, requires improvement or inadequate. As this inspection was the first inspection since the provider registered with CQC there were no ratings to display. Following the receipt of the final inspection report the registered provider will be required to display their ratings at the registered address as well as on the registered provider's website.

We checked the processes and systems in place to monitor and review the quality and safety of care people received. During the inspection we saw a variety of different audits and checks that were completed. Audits and checks were in place to ensure people received safe, effective, compassionate and high-quality care. These included, medication audits, complaints, safeguarding, care plan, risk assessments, health and safety monitoring, accidents and incidents and practical staff observations.

We asked the manager how they gathered the thoughts, views and opinions of people they supported. We were informed that reviews were conducted, satisfaction surveys/questionnaires were circulated and telephone reviews were taking place. We found that there wasn't a consistent approach to telephone reviews which should have been taking place. We raised this with the manager at the time of the inspection who was responsive to the feedback we provided.

Annual Questionnaires were circulated to people who received support. The questionnaires concentrated on a number of different care provisions people received from Direct Health (Crewe). For instance, people were asked their thoughts and views on care staff, care planning processes, support visits received, privacy and dignity, independence, complaints and quality of the service received. Responses were reviewed and analysed and people were contacted directly to establish how further improvements could be made. This meant that there was a consistent approach to monitoring the delivery of care provided as well as ensuring that areas of improvement were highlighted and addressed.

Staff told us that they were supported in their roles and found the management team to be approachable, supportive and responsive. The newly appointed manager was open and transparent with us during the inspection and was knowledgeable around aspects of their regulatory requirements. We received positive feedback from the staff we spoke with during the inspection. Comments we received included, "Oh yes, I'm listened to and responded to, I have raised concerns in the past and they've been dealt with", "Overall it's very very good" and "Very supported, managers lead by example, they're approachable and we're definitely

listened to."

The manager informed us that surveys were circulated to establish the thoughts, views and suggestion of the staff team. We reviewed the staff surveys which had recently been completed and the feedback was positive. 100 per cent of staff enjoyed working for Direct Health (Crewe), 80 per cent were happy with the training provided, 100 per cent believed their knowledge and confidence had developed and 100 per cent felt they would receive the necessary support from their manager.

We received positive feedback from people and relatives we spoke with during the inspection. Comments included, "Yes, there are checks to see if we are happy with the service, we receive a questionnaire and an annual visit", "The staff are really very good", "Yes I would recommend the service to others, definitely", "They [staff] never put a foot wrong, I already have recommended the service to others, the whole package is great, there is nothing I do not like" and "Yes, I would recommend the service, they are very caring but also they just get on with job."

Staff meetings, group supervision and regional and senior management meetings were taking place. Meetings enabled staff and managers to discuss different areas of care people received and areas of improvement that needed to be addressed. Discussions that were held during staff meetings included on-call systems, medication administration, staff ID badges, policies and procedures, spot checks and observations.' Senior and regional management meeting discussions included safeguarding incidents and lessons learnt, medication administration and polices, assessment processes and health and safety. We received positive feedback about the level of effective communication. Staff told us that they felt well informed and involved in the day to day care people received.

The registered provider had a range of different policies and procedures in place. Policies were up to date, contained relevant information and were accessible to staff. Policies we reviewed included medication administration, controlled drugs administration, confidentiality, safeguarding, infection control, health and safety, equal opportunities and mental capacity. Staff were familiar with different policies we discussed with them and explained the importance of complying with them.

The registered provider had an up to date 'Business Continuity Plan'(BCP) in place. This contained the most relevant information in relation to 'continuity planning' in the event of an emergency. This meant that robust plans were in place to keep people and staff safe in any given emergency situation.