Direct Health (UK) Limited

Direct Health (Leicester)

Inspection report

Unit 10, Barshaw Park, Leycroft
Beaumont Leys, Leicester, LE4 41ET
Tel: 0116 2347880
Website: www.direct-health.co.uk

Date of inspection visit: 29 July and 1 August 2014
Date of publication: 06/02/2015

Ratings

Overall rating for this service	**Inadequate**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Inadequate**
Is the service well-led?	**Inadequate**

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This inspection was announced. This meant staff at the agency knew we were coming a few days before our visit.

Direct Health (Leicester) provides a domiciliary care service to people living in Leicester and Leicestershire. When we visited there were 140 people using the service.

Direct Health (Leicester) is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. At the time of our inspection a registered manager was not employed at the service.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report on what we find. Staff at the agency understood their responsibilities under this legislation.

Care workers knew how to look after people safely and what to do if they had any concerns about their

Summary of findings

well-being. There were systems in place to protect people from the risk of harm. These covered staff recruitment, health and safety, and the environment. Some risk assessments were in need of improvement. Some people expressed concerns about the high turnover of care workers at the agency and the effect it had on their care.

Prior to our inspection some people raised concerns with us about how the agency managed medication. They told us medication had been delayed because people's calls had not always been on time, and on one occasion wrongly administered. When we visited the agency had taken action in response to these concerns including auditing records and re-training care workers.

Care workers were caring and knowledgeable about the people they supported. They treated them with dignity and respected their privacy. People's health care needs were assessed and care workers made aware of these in plans of care. They supported people to be healthy, and alerted health care professionals if they had any concerns.

The agency was not responsive to people's needs because people told us, and records showed that calls were often over 15 minutes late or early. This had a negative effect on some people's care as it meant their needs weren't met in a timely fashion. This is a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People had access to the agency's complaints procedure and knew how to make complaints. However these had not always been recorded or responded to properly. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Some people had concerns about how the agency was being managed although a few people thought there had been recent improvements.

Records showed that although there were arrangements in place to assess and monitor the quality of the service the results had not always been acted on. This was a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We found a total of three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe. The majority of the people we spoke with told us they felt safe using the agency and comfortable with the care workers.

Some risk assessments were in need of improvement to ensure care workers had the information they needed to keep people safe.

Staff knew how to recognise and respond to abuse and what to do if they had concerns about the well-being of any of the people they supported.

Is the service effective?

Good

The service was effective. Care workers were well-trained and had a good understanding of the needs and preferences of the people they supported.

When the agency provided assistance with eating and drinking this was identified in people's plans of care.

People's health care needs were documented so care workers could help ensure these were met.

Is the service caring?

Good

The service was caring. People got on well with the care workers who were interested in, and knowledgeable about, the people they supported.

People or their representatives had signed to say they were in agreement with their plans of care.

Care workers treated the people who used the service with dignity and respected their privacy.

Is the service responsive?

Inadequate

The service was not responsive. People told us a significant number of calls were either early or late and records confirmed this.

The planning and delivery of care was not meeting people's individual needs, as set out in their plans of care, nor ensuring their welfare and safety.

People knew how to use the agency's complaints procedure but some people said they had made complaints that had not been responded to or resolved in a satisfactory way.

Is the service well-led?

Inadequate

The service was not well-led. Records showed there were arrangements in place to regularly assess and monitor the quality of the service, but these had not always been effective.

Summary of findings

In response to these concerns, and others they had received, the agency's management team had created an action plan which they were following to bring about improvements.

The agency did not have a registered manager in post, although the acting manager told us one was in the process of being appointed.

Direct Health (Leicester)

Detailed findings

Background to this inspection

The inspection team consisted of one inspector and an expert by experience who had experience of supporting older people. An expert by experience is a person who has personal experience of using services or supporting someone who requires this type of service.

Prior to the inspection we reviewed the provider's information return. This is information we have asked the provider to send us about how they are meeting the requirements of the five key questions. We also reviewed the agency's statement of purpose and the notifications we had been sent. Notifications are changes, events or incidents that providers must tell us about.

Over two days we spoke on the telephone with 23 service users and four relatives. At people's request, we followed-up three of these calls to gather further information. Two of these calls led to us making safeguarding referrals to the local authority. This was due to concerns about the welfare people who used the service. These concerns were being investigated by the local authority at the time this report was written.

We spoke with the acting manager, a transitional branch manager, a project co-ordinator, and three care workers. We also spoke with a total of four staff employed by two local authorities responsible for contracting with Direct Health (Leicester) to get their views on the service.

We visited the agency office and checked records relating to all aspects of the service including care, staffing, and quality assurance. We looked in detail at the records and care of five people using the service. We also looked at how people's medicines were managed as we had received concerns about this prior to our inspection.

Requires Improvement

Is the service safe?

Our findings

Most people who used the service told us they felt safe using the agency and comfortable with the care workers. One person said, "They [the care workers] are very good and I feel very safe with them." One person told us they had not got on with a particular care worker so they rang the agency to let them know. As a result this care worker was not sent to them again.

Another person told us they had concerns about a current care worker so, at their request, we reported this to local authority who will work with the agency to address their concerns.

The provider's safeguarding policy told staff what to do if they had concerns about the welfare of any of the people who used the service. Care workers were trained in safeguarding as part of their induction so they knew how to protect people as soon as they began working with them unsupervised.

The three care workers we spoke with all knew how to report concerns. One told us, "We have all had safeguarding training and it is always discussed in meetings and supervisions. I had to report something once and the agency took it to social services so they did the right thing."

Staff also understood their responsibilities under the Mental Capacity Act (MCA) 2005. Records showed they had had training in this.

Records showed that consideration had been given to people's mental capacity when they were assessed. If the person lacked capacity to make a particular decision the arrangements in place to protect them were noted. This helped to ensure care workers were informed about areas in which the people who used the service might be vulnerable.

We looked at how risks to the people who used the service, staff, and others were managed. Staff records showed care workers were trained in first aid, health and safety, risk assessment, fire safety, medication administration, infection control, and moving and handling. This helped to ensure they could identify and minimise risk. Areas of risk were noted in people's plans of care. For example, one person had environmental issues that posed a risk so care workers were told to avoid certain parts of the home. By being made aware of such issues staff were able to take action to keep themselves and other people safe.

Some risk assessments were in need of improvement. One person's care records stated they had been reported at being of risk of self-harm. However there was no risk assessment in place for this. Another person was identified as being 'increasingly anxious' at a particular time of day, and care workers were told to 'give reassurance'. However there were no instructions for care workers on what form this reassurance should take. We discussed these with the acting manager who agreed to review these risk assessments and add more detail where necessary, to enable care workers to protect the people in question.

Some people said they were concerned about a high staff turnover at the agency. One person told us, "My usual carer is fantastic but the agency keeps sending me carers I don't know. This is embarrassing as I have to have personal care from complete strangers." Another commented, "I never know whose coming, it changes so often."

One relative said, "There is such a high turnover of staff that it's a wonder the company is still running." However another relative told us there had been a recent improvement in staff turnover. They commented, "The turnover of staff has been atrocious, historically, but recently my [family member] has had more regular carers."

We discussed staff turnover with the agency's acting manager. They acknowledged this had been high over the last year and said they were working to improve it. They said the agency was focusing on 'staff retention' and had put in place a number of incentives for care workers, including monthly carer's awards to acknowledge good practice. One worker we spoke with said they had recently won one of these awards and this had boosted their morale.

The agency followed a recruitment procedure to help ensure the staff employed were suitable to work with vulnerable people. The two recruitment files we sampled showed a thorough process being followed to check the applicants' suitability. This included references, criminal records checks, health checks, and an interview.

Two relatives raised concerns with us about medication being late (due to calls being late) or, on one occasion, wrongly administered. One relative said, "I have had

Requires Improvement

Is the service safe?

serious problems with this agency with medication. At one point staff didn't seem to know what they were doing and I don't think they even understood the medication sheets. However in the last few weeks things have started to improve."

If people needed medication at a particular time their calls were classed a 'time critical', but records showed these calls had not always been on time. This meant people's medication had been delayed which could have put them at risk. The local authority had informed us of this, and also of the situation where a care worker had administered a dose of medication at the wrong time.

When we visited the agency we found action had been taken in response to these concerns. The provider had sent an auditor to check medication records and make improvements where necessary. A care worker had been re-trained and records showed the acting manager had arranged a meeting with all staff who administered medication to go over the relevant policies and procedures with them.

Care records showed there was information about medication in place for care workers to follow, for example, where it was kept, how the person liked to take it, and what records need to be completed when they had done this.

Records showed care workers were trained in medication administration and were regularly assessed to help ensure they supported people with their medication in the right way, and in line with the provider's policies and procedures. If people were prescribed medication that was more complex to administer, for example eye drops, care workers were trained and 'signed off' by a district nurse to ensure they were competent to administer this.

Good

Is the service effective?

Our findings

Most people we spoke with were satisfied with their care workers. One person told us, “The carers are very good when they arrive. They do know what they’re doing.” A relative said, “Our main carer is fantastic and can be trusted to look after my [family member] in the right way.”

We looked at how care workers were trained to provide effective care for the people who used the service. Records showed all care workers had a two week induction which included training sessions and ‘shadowing’, which means observing and learning from experienced staff. Once they understood the basics of delivering care they were assessed for each task they had to do by a senior member of staff.

To help ensure they were competent in their work senior members of staff monitored their performance. They were formally assessed after six weeks and then every three months and also underwent ‘spot checks’ to evaluate their competence when they were working in the community.

Records showed ‘spot checks’ covered timekeeping, appearance, conduct, communication skills, team working, health and safety, policies and procedures, and infection control. If any concerns arose about the care worker’s performance records showed these were promptly addressed and further training and supervision sessions arranged as necessary.

The carer workers we spoke with all said they were satisfied with their training and felt it prepared them for their caring roles. One care worker said, “I wasn’t new to care when I came here but they went over everything again which was good as it brought me up to date. I would say the training’s comparatively good here.”

Records showed the people who used the service had nutritional assessments to identify what support they needed. Care workers were trained in nutrition and food hygiene. Plans of care set out the support people needed which helped to ensure people’s nutritional needs were met.

If people had particular needs relating to nutrition these were recorded. For example, some people had cultural needs that meant food had to be prepared in a certain way. Others had swallowing difficulties so care workers were instructed to give them food of a particular consistency.

Records showed people’s health care needs were assessed when they began using the service. Care workers were made aware of these in plans of care. This meant they could support people to be healthy, and alert health care professionals if they had any concerns.

People’s records included an ‘ambulance crew summary sheet’ designed to accompany them if they needed to go to hospital. The summary sheet included key information about them, for example their next of kin, GP, social workers, medical conditions, allergies, special dietary needs, and manual handling and communication needs.

If people had particular health conditions information about these was included in their plans of care. This helped to ensure care workers were knowledgeable about all the needs of the people they were supporting.

Good

Is the service caring?

Our findings

People said the care workers were caring and they got on well with them. One person told us, "My carer and I have a great chat and a lovely laugh together, we are on the same wavelength." Another person commented, "All the carers are lovely and very easy to talk to. I look forward to them coming."

People said the care workers were flexible in their tasks, and helpful if extra assistance was needed with something. For example, people said their care workers would go out of their way to bring them shopping and this was appreciated. People also told us their care workers stayed for their allotted time and did not rush them.

Plans of care included a section called 'A Little of My Life History'. This recorded important events and relationships in people's lives and other information to help care workers get to know them. Other information included 'What makes a good day for me' and 'What makes a bad day for me' so care workers could be sensitive to people's ups and downs and provide reassurance if necessary.

The care workers we spoke with were caring people who were interested in, and knowledgeable about, the people they supported. One care worker told us, "My clients are all fantastic and I love working with them. They have all done such interesting things in their lives and it is a privilege to care for them."

Another care worker commented, "There is a big emphasis here [at Direct Health] on building up a good relationship with the people we support. Although we don't usually have set times to chat we can usually fit it in while we're doing other things. Our clients really seem to appreciate the company we provide, even if it's just for a short time."

Care workers told us people's plans of care were essential in helping them get to know about the people who used the service and their care needs. They said they never provided care without checking them first. One care worker commented, "We always read them because not only did they tell us the jobs we need to do, but also a little bit about the person which helps to get a conversation going when we go out on calls."

Most people we spoke with said they had plans of care and had been consulted on what were in these. A few people were not sure what plans of care were, but said they had books which care workers wrote in and signed when they visited. One relative told us they had previously been dissatisfied with their family member's plan of care, but it had recently been updated and improved. They said, "My [family member's] care plan has just been re-done and it's really good now – at last."

Care records showed that people had mostly signed to say they were in agreement with their plans of care. If they had lacked capacity to do this relatives had signed for them. We looked at records of review meetings held with the people who used the service and their relatives. These showed they were encouraged to express their views and opinions and these were taken into account when changes were made.

Most people told us their care workers treated them with dignity and respected their privacy. One relative said, "The carers are always polite and respectful to my family member and sensitive to their feelings when giving personal care." Records showed care workers were trained on how to promote people's privacy and dignity and respect their diverse needs. Plans of care reflected people's wishes and preferences and set out how they wanted care workers to support them.

Inadequate

Is the service responsive?

Our findings

Most people we spoke with said they had experienced care workers being late or early for calls. Some of the many comments we received about this issue included, "It's nearly dinner time when my first call comes and then an hour later my dinner time call comes - that's no good to me", "The carers are usually late and I often don't know whose coming", and, "Excellent carers, but the calls need to be on time!"

One person said they were changing care agencies because of late calls. Two people said they thought the problem was organisational, rather than with the care workers themselves. One of them told us, "The girls are always late but it's not their fault, they [the agency] don't have enough staff." The other commented, "My carer is run ragged trying to get to me and to everyone else. I am worried they will leave as they are really good."

One relative said, "The carers are so persistently late that we've come to expect it. Sometimes it's because they get taken off at short notice to go somewhere else, and sometimes it's because they simply can't get from A to B in time. Their schedules need sorting out." Another relative told us, "On one occasion my [family member] had to wait two hours for the carer to come and help them to bed."

When we visited the agency we looked at the five people's records to see if their calls had been on time. We looked at records for June 2014. We found that of the 295 calls calls scheduled for these five people only 112 had been within 15 minutes of their designated start time. The rest (183) had been over 15 minutes late or early. This meant the planning and delivery of care was not meeting people's individual needs, as set out in their plans of care, nor ensuring their welfare and safety.

This is a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. People had been assessed as needing their calls at specific times in order to meet their individual needs. Because the majority of their calls were late or early the agency had not ensured people's individual needs were met in a timely manner.

We discussed this with the acting manager. They agreed that the situation was unacceptable and said they were working to address it. They told us they were in the process of recruiting new care workers. They said they had put a senior member of staff in charge of rotas which they were making more 'permanent' so people had regular care workers they could get to know. They also said they were reviewing people's care and giving them assurances that future calls would be on time.

We looked at five people's care records in detail to see if their care was personalised. Records showed their needs had been assessed before they received a service from the agency and their plans of care reflected the assessment information.

People's preferences as to how they wanted their care given were made clear to care workers. For example, one person liked 'a chat and reassurance' while care was being provided, but did not like 'people moving my things away from me'. Another person expressed pain in a certain way and care workers were made aware of this.

People's cultural needs were been identified and met. For example if people needed culturally-appropriate personal care and nutrition this was stated in their support plans. The staff team were multicultural and where possible people were matched with care workers who shared their first language. One of the agency's trainers spoke a community language other than English and the acting manager told us this was useful when training care workers who also spoke that language.

Two people we spoke with said they sometimes had difficulty communicating with their care workers due to having different first languages to them. A third person said they had asked for a care worker of a particular gender but this had not always been provided. We reported these issues to the acting manager who said they would address them.

Most people we spoke with said they knew how to make a complaint. Four people said they had made complaints about their care that had not been resolved and no-one from the agency had got back to them. One person said, "I complained because they kept sending me carers I didn't know. I complained to the Leicester office and when I didn't get anywhere I complained to the Nottingham office but no-one ever got back to me." Another person told us they had been promised a written report and apology following their complaint but had never received this.

When we visited the agency offices we asked to see their complaints records. We were told that complaints should have been logged on the agency's computerised 'incident management system'. However when this was checked

Inadequate

Is the service responsive?

none had been recorded since November 2013. The acting manager accepted that complaints had been made since then, and apologised that they had not been recorded as they should have been. This meant we were unable to find out what action had been taken in response to complaints.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider had not kept proper records with regard to complaints.

Inadequate

Is the service well-led?

Our findings

Some people told us they had had concerns about how the agency was being managed. Comments included, "Organisation is very poor", "This agency's gone to pot", and "Accounting in the office is not very good."

One relative felt there had been recent improvements in how the agency was managed. They told us, "In the last fortnight the agency has really pulled their finger out – calls have been on time and medication sorted. It's taken a long time to get to this point." A person who used the service commented, "This agency used to be brilliant, then it went downhill, now it's getting a bit better. I hope this trend continues."

The carer workers we spoke with also some expressed concerns about the management of the agency. They all said they were sometimes late or early for calls due to their rotas being, on occasions, unworkable. One told us, "The agency doesn't always give you long enough between calls and if the traffic is bad that makes you late." Another care worker commented, "I feel guilty being late for people but I can't always avoid it because my rota is so full."

However care workers said they had seen recent signs that the agency was improving. One care worker told us, "We've not had a staff meeting for a while due to management problems but now one's been planned and that's good as it is needed." Another commented, "It's been a difficult time due to the lack of a permanent manager but now we've been told we're getting more staff and regular calls."

When we visited the agency did not have a registered manager. However the acting manager told us one was in the process of being appointed. In the interim period the agency was being managed by the acting manager (also the agency's area manager), supported by a transitional branch manager and a project co-ordinator. This management team acknowledged there had been problems with the agency over the last six months and said they were working to improve it.

In order to get a 'snapshot' of how the agency was functioning, the management team had facilitated a telephone monitoring exercise in the week prior to our visit. Records showed Direct Health staff spoke with 28 people who used the service and asked them to comment on it. The results showed that some people had a number of concerns. These included calls being too early or too late, poor communications from the agency (including telephone calls not being returned), a lack of regular carers, and care schedules not always being sent out. However most people said their care workers treated them with respect.

In response to these concerns, and others they had received, the management team had created an action plan which they were following. They were being assisted by staff from a local authority quality improvement team who had been sent in to provide them with support and guidance.

Records showed there were arrangements in place to regularly assess and monitor the quality of the service, but these had not always been effective. For example the agency's most recent (2013) 'service user questionnaire', identified that only a minority of respondents said their care workers arrived on time. This showed that effective action had not been taken to address this issue as records, the people who used the service and relatives, and the local authority told us this this was still an issue.

The acting manager told us the agency's action plan was addressing this issue and they had already taken steps to improve the situation. They had begun an initiative called 'Project Permanence' which aimed to ensure people had regular care workers at regular times for at least 95% of the time. People's individual care packages were also being reviewed, and care workers' monitoring, training and supervision had been improved.

The agency also used a corporate quality assurance system to check all aspects of the service. This included a range of weekly, monthly, and annual audits carried out by local and regional managers. We discussed why these audits hadn't always identified problems with the agency. The acting manager said they had been, but only recently, which was why the current management team had been sent to the agency.

This was a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider's quality assurance system was not effective.

We looked at how the people who used the service were involved in the running of the agency. Records showed they were asked for their views when they were first assessed, during the planning of their care, and when their care was reviewed. In addition they were sent an annual

Inadequate

Is the service well-led?

questionnaire to complete. They also received copies of the provider's annual newsletter which included information on how to raise concerns and comment on the quality of the service.

Care workers were involved in the running of the agency through meetings, training events, and one-to-one supervision and appraisal sessions. The care workers we spoke with all said they felt supported by managers at all times, including during out of hours, and could always speak to a senior member of staff if they needed to.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services **The registered person did not take proper steps to ensure the planning and delivery of care met the individual needs of the people who used the service.**

Regulated activity	Regulation
Personal care	Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints **The registered person did not have effective systems in place to for receiving, handling and responding appropriately to complaints.**

Regulated activity	Regulation
Personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers **The registered person did not have effective systems in place to monitor the quality of the service delivery.**