Accord Housing Association Limited

Direct Health (Hessle)

Inspection report

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Hessle
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Tel: 01482427800

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01 November 2017

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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 24 October and 1 November 2017. The provider was given 6 days' notice because the location provides a domiciliary care service and we wanted to make sure there was someone at the agency office to assist us with the inspection. We also asked the registered manager to arrange a customer forum where we could meet people who used the service. This is the first inspection since Accord Housing Association Limited was registered as the provider.

This service provides personal care to people living in their own home in the community. It provides a service to older adults, younger disabled adults and families. At the time of the inspection there were 365 people receiving a service and 145 care workers employed by the service. In addition to this, care coordinators, auditors, administrators, a trainer and the registered manager were based at the agency office.

The service has a manager in place who is registered with the Care Quality Commission (CQC). 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.

We found that the service had followed their policies and procedures when recruiting new staff and this had resulted in people receiving support from staff who were considered suitable to work with people who might be vulnerable.

We saw there were sufficient numbers of care workers employed to meet people's individual needs, and that people received the level of support they required to meet their agreed support package.

People were protected from the risk of harm or abuse because the provider had effective systems in place to manage any safeguarding issues. Staff received training on safeguarding adults from abuse and understood their responsibilities in respect of protecting people from the risk of harm. Staff also understood their responsibilities under the Mental Capacity Act.

People expressed satisfaction with the support they received from care workers. The feedback we received confirmed that people had positive relationships with care workers and felt care workers genuinely cared about them.

Care workers told us they were well supported by care coordinators and managers. They received an in-depth induction programme when they were new in post and regular refresher training. This included training on the administration of medicines.

There was a record of any accidents or incidents involving both people who received a service and staff. This

allowed the provider to monitor whether any patterns were emerging or if any improvements to staff practice were required.

There was a complaints policy and procedure and this had been made available to people who received a service and their relatives. Complaints records showed that any complaints received had been investigated and people had been informed of the outcome.

The service had various ways of seeking feedback from people who received a service, including a customer forum. We saw that most of this feedback was positive, and action was taken to address any less than positive comments.

Further information is in the detailed findings below.

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.

There were robust medicine procedures in place and staff had completed appropriate training.

Staff were recruited safely, and there were adequate numbers of staff employed to ensure people received the service they required.

Accidents and incidents were monitored to identify any patterns that were emerging or improvements that needed to be made.

Is the service effective?

Good

The service was effective.

Staff had received appropriate training to enable them to carry out their roles and were supported through supervision and appraisal.

Staff understood their responsibilities under the Mental Capacity Act and told us they supported people to make decisions about their care and support.

People were supported with meal preparation and to maintain good health.

Is the service caring?

Good

The service was caring.

People were treated in a kind and compassionate way by staff.

Staff knew people well and supported them to maintain their independence.

People told us that care workers respected their privacy and dignity.

Is the service responsive?

Good

The service was responsive to people's needs.

People's needs had been assessed and care plans had been developed. These included information to assist staff in providing person-centred care.

People we spoke with were aware of how to make a complaint or raise a concern. There were systems in place to deal with any complaints made to the service.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post and people told us the service was well managed.

Quality audits were being carried out to monitor the effectiveness of the service and any improvements that were required.

People were given the opportunity to give feedback on the service provided by the agency.

Direct Health (Hessle)

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 checked 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 was announced. We gave the service 6 days' notice because we requested that the provider arrange a focus group so we could speak with people who used the service.

Before the inspection we reviewed the information we held about the service, such as information we had received from the local authority and notifications we had received from the registered provider. Notifications are documents that the registered provider submits to the Care Quality Commission (CQC) to inform us of important events that happen in the service. The registered provider was asked to submit a provider information return (PIR) before this inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was submitted within the required timescale.

Inspection site visit activity started on 24 October 2017 and ended on 1 November 2017. The inspection was carried out by one adult social care inspector who visited the agency office on 24 October and 1 November 2017 to check documentation such as care records and policies and procedures. On day one of the inspection we spoke with the registered manager and took part in a customer forum. On day two we spoke with five care workers, three care coordinators and the registered manager. During the inspection period we also spoke with another care worker.

On 27 October 2017 two experts by experience telephoned people who received a service and some relatives to gain their views of the service provided to them. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In total they spoke with 12 people who used the service and eight relatives.

Good

Is the service safe?

Our findings

People told us they felt safe when care workers were in their home. Comments included, "Oh definitely, they are all lovely girls", "They are terrific. They use the hoist and equipment safely as well" and "Definitely, I know they are legitimate." A relative told us, "Yes, definitely 100% safe. I am in contact with them all the time. They alert us if there is a problem."

We were told that staff received training on the medicines policies and procedures of both local authorities who commissioned with the service, as well as the agencies own policies and procedures. This was confirmed by the staff who we spoke with. People told us they were happy with the support they received with the administration of medicines, although a small number of concerns were expressed about staff being late for these calls which meant there was occasionally not enough time between administration times (some medicines have to be given at four hourly intervals). Medication administration records (MARs) were checked when they were returned to the office to monitor that recording was accurate, and any anomalies were addressed.

We looked at the recruitment records for four new members of staff. These records evidenced that an application form had been completed, references had been obtained and checks had been made with the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with children and vulnerable adults.

There were sufficient numbers of staff employed to ensure people received the level of support that had been agreed with them. Most people who we spoke with told us that care workers arrived on time and stayed for the right length of time. People told us, "They arrive on time – only ten minutes late. They stay for the right time and we chat a lot", "I may have slightly more extra time. She (the care worker) sits and chats while she is doing things" and "It has taken a lot of pressure off us and it helps. The little things they do mean a lot to me." A relative said, "[Staff] can be five or 15 minutes late. If they are very late they will let me know. The carers stay for the right amount of time." Care workers told us they had enough time to carry out the tasks needed but some care workers said they would like more time just to chat with people. We fed this back to the registered manager at the end of the inspection.

Training records showed that staff received training on safeguarding adults from abuse during their induction training. The care workers who we spoke with were able to describe different types of abuse and were clear about the action they would take if they had any concerns. They told us that they would report any concerns to managers, and were certain the information would be shared with the relevant professionals. A care worker said, "We have a regular client group so would notice if something was wrong." Staff also told us they would not hesitate to use the organisation's whistle blowing policy. A whistle-blower is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. We saw a notice displayed on the notice board advertising a 'whistle blowing friend' within the organisation. Staff were invited to ring this person confidentially if they had any concerns. We checked the folder that contained copies of safeguarding alerts; five alerts had been submitted to the

safeguarding adult's team for consideration, and notifications had also been submitted to CQC.

Care plans included risk assessments that were specific to the person whilst they were in receipt of support, such as nutrition and hydration, anaemia, use of a key safe, slips/trips/falls, pressure care positioning, in-dwelling catheters and medication overdose/underdose. The risk assessments recorded how the identified risks could be minimised. In addition to this, there was a risk assessment that recorded any identified risks with the person's environment and how these could be minimised to protect the person concerned and any staff who visited their home.

We saw that equipment used in the service's training room had been serviced to ensure it was safe, including a hoist and slings. Fire safety systems were adhered to and portable appliances had been tested. Any mobility equipment used by people in their own home was maintained by the company that supplied it.

Accidents and incident s were monitored to ensure staff were following the service's policies and procedures, and to identify any patterns that might be emerging or improvements that needed to be made. Staff were required to produce a report about the accident or incident as part of this process.

Details of staff's car documents such as insurance and MOT were held at the agency office. This checked that people's vehicles were safe and insured to use for work purposes.

There was a business continuity plan in place that advised staff about the action to take in the event of an emergency, such as loss of key documents, loss of IT equipment, severe weather conditions, a major incident or utility failure.

Good

Is the service effective?

Our findings

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 MCA 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. For people living in their own home, this would be authorised via an application to the Court of Protection.

We checked whether the service was working within the principles of the MCA, and found that people using the service did not have any restrictions in place at the time of this inspection and that no applications had been made to the Court of Protection. If people had a lasting power of attorney (LPOA) in place this was recorded in their care plan, including whether this was for health and welfare and/or property and finances. A LPOA is a legal document that lets people appoint one or more people to help them make decisions on their behalf.

Care plans included a section to record whether people had capacity to make decisions and any best interest decisions that needed to be made. We saw best interest decisions in respect of staff administering creams to prevent sores and the use of equipment to prevent the development of pressure sores. Training records showed that staff attended training on the MCA and our discussions with staff indicated they had a basic understanding of the principles of this legislation.

Staff described how they helped people make decisions and choices. Comments included, "I would offer different meals but I would limit this so it wasn't confusing" and "I would show them the ready meals but I'd also check what they had at previous mealtimes so it wasn't repetitive." A relative told us, "Staff know their likes and dislikes, but always give them a choice. They will ask, 'Do you want a shower today or just a strip wash. You choose'."

People told us that support workers had the skills they needed to carry out their roles. One person said, "I am sure they do. I am completely satisfied with what they do." A relative told us, "There is nothing I have a problem with – they do everything I want. The odd time I have a new care worker who comes with an experienced care worker to show them what to do. If a new girl is coming who needs training, they will tell me the day before to say there is someone new coming and they introduce them to me." Staff training was discussed at the customer forum. At a previous forum people had commented that staff did not seem to be well trained. They were invited to sit in on staff training and some people did take part. They reported they were impressed with what they had observed.

Staff had thorough induction training prior to starting to work unsupervised. This included the topics of medication, equality and diversity, safeguarding adults from abuse, handling information, moving and handling, dementia, first aid, food and nutrition, privacy and dignity, working in a person-centred way and health and safety. Some care workers had been trained to observe new staff and give feedback on their

practice. New care workers shadowed these experienced care workers during their induction period. One care worker suggested it would be appreciated if these experienced staff received "Some kind of bonus" for having new staff shadow them and we fed this back to the registered manager at the end of the inspection. One care worker said, "Induction gave us a lot of information but shadowing makes it seem different – more real – even more learning."

One day had been added to the induction programme to allow staff to cross reference their training to the Care Certificate. The Care Certificate is a set of standards that health and social care workers stick to in their daily working life.

There was a clear system to indicate when refresher training was due. Topics included those covered at induction plus diabetes, stroke, tissue viability, infection control and dignity. A member of staff said, "If we haven't received the training, we are taken off the rota and can't work." Care workers had been issued with a staff handbook that contained information about their employment, the standards they were expected to adhere to and a job description. This meant that staff were aware of what the service expected of them.

The service aimed to ensure staff had two spot checks, a one to one supervision meeting and an appraisal each year, plus a medicines competency check. Records showed they were on track to meet this commitment. Care workers told us they felt well supported by care coordinators and the registered manager, and care coordinators told us they felt they were well supported by the registered manager.

We saw the newsletter that was due to be sent out and noted it included information about difficulties with the current telephone system. This was to reassure people that agency staff did not 'put the phone down' on callers, but there was a line fault that meant people were sometimes cut off whilst in the queue, and that this was being addressed. The newsletter also included feedback about the customer forum and email contact numbers for the care coordinators.

Most people we spoke with had support with the preparation of meals and drinks, and told us they were satisfied with the support they received. People told us, "The carers make my meals. They give me a choice – everything is fine. I am happy with them" and "Yes, they get lunch ready for me. I choose whatever I fancy." Relatives also reported satisfaction with the support people received with meals, although one relative said they did not always know what time care workers would be attending, which made things difficult for them. We saw that care plans recorded the assistance people required with the preparation of meals and any special diets that were required. One care worker told us they prepared meals for someone with diabetes. They said, "If I had any concerns I would speak to the nurses. They would arrange for them to see a dietician."

Care plans included information about people's medical history and general health, as well as any known allergies, and this information was readily available for staff. There was evidence that care workers liaised with health care professionals who were involved in people's care when this was appropriate. Care workers told us they would make sure people received medical attention if they were unwell, and that they would not hesitate to ring the emergency services if needed.

Good

Is the service caring?

Our findings

People told us they felt care workers genuinely cared about them. Comments included, "They care about both of us, and are interested in our lives", "They are like family to me now – they all like coming here" and "Yes, I am sure they do. Yes, they are interested. They listen to me." Comments from relatives included, "I feel comfortable with [care workers]. I was concerned about doing this at the beginning. Now I can have a little time to myself when the carers come" and "I believe some of them are caring – we have a very good rapport. The carers care about me as well." Care workers told us, "We definitely care – we are a good team of staff."

People told us that care workers respected their privacy and dignity. One person said, "They make me feel at ease. They respect my dignity and privacy. The first day when someone was coming I felt sick – you are not sure who you are letting into your home, and a nice young girl put me at ease and was chatty. When she left I felt she was really nice." Another person told us, "They really see everything – your whole life. It is on show to them and the way they react is wonderful."
One person said they had told agency staff they preferred to be supported by female care workers and this had always been respected. Another person preferred to have a male care worker and, again, this had been respected.

Staff told us they encouraged people to be independent. They said, "We just help with what they can't do" and "I have bought large sponges so people who have arthritis in their hands can still hold them and wash themselves."

Most people told us they could always get through to the agency office if they needed to speak to someone. One person said, "It is not often I contact them, but they are always polite and helpful." Just one person said that staff did not always ring them back when they said they would. A care worker suggested it would be helpful if there was a separate line for staff to use and another for people who used the service, to ensure they were always able to contact the office quickly.

Staff signed a confidentiality statement when they were new in post. We saw that written and electronic information about people who lived at the home and staff was stored securely. This protected people's confidentiality.

Most people told us they usually received a service from the same group of staff. Comments included, "I have a group of four or five regular ones" and "I have the same small team of carers." Some people said they were informed if a different care worker would be attending whereas other people said they were not always informed. This was also raised in the customer forum and the registered manager acknowledged that this was an area that required improvement.

Care plans recorded whether a person had an advocate to act on their behalf. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them.

Good

Is the service responsive?

Our findings

People had a person-centred care plan in place and most people who we spoke with confirmed they had a copy at their home. Care plans contained a document called 'All About Me' that included information about the person's life history, their family relationships and their hobbies and interests. We noted that this document invited people to share information about their relationships rather than whether they had a husband or wife. This allowed people to record special people in their life without feeling they had to record this person's status. We also saw that people could state that they did not wish to share this information with the agency. Information about communication and sensory needs, medicines, consent, continence, pressure care/skin integrity, nutrition/meal preparation/food purchase and moving and handling was included in people's care plans. Very specific details of the tasks staff needed to carry out to support people each time of day they attended were also included. This document helped staff get to know about the person.

Care workers told us the information in care plans helped them get to know people and their individual support needs and lifestyles. One care worker said, "I like to know what to chat to people about." People told us that care workers knew them well and were aware of their likes and dislikes. One person told us, "Yes, they know my hobbies and we talk about them. We can chat, it is the same with most of the carers." Another person said, "They know how I like things done now." Advice was included for staff about how to deal with any behaviours that might challenge the service.

Care plans included evidence of care plan reviews, and these reviews were signed by the person concerned when they had the capacity to understand the discussions held. One relative said, "Yes, [my relative] does have a care plan. It was reviewed in the summer with Social Services and a coordinator who came from the company. There was a full discussion with me and they included [my relative] in it."

All care workers had been issued with a mobile phone and this allowed information to be sent directly to them from the agency office. This included their work rota for the week, the details of the support each person required and other important information about the person that would assist staff to get to know their individual support needs. If anything about the person's care package had changed, staff received a notification to alert them there had been an update.

These systems also enabled office staff to monitor that people were receiving the service that had been agreed with them, and the potential for 'missed' calls. One member of agency staff had responsibility for monitoring this throughout the day and they demonstrated the systems to us. However, all office staff knew how to monitor these systems so, even out of hours, calls were being monitored.

People told us that care workers made notes in the care plan at the end of their visit so that the next care worker was aware of the current situation. One person said, "Yes, they do record and they read the notes." A relative told us, "They record the time they got here and what they do like chatting with [name of relative] and the tasks they have done." We saw examples of these log books and noted that staff recorded detailed information about the tasks they had carried out, and that care workers' recording was respectful.

There were effective policies and procedures in place informing people how to make a complaint or express concerns. People told us they were aware of how to make a complaint but they had not needed to. Care workers told us they would encourage people or their relatives to make a complaint if they were dissatisfied with any aspect of the service, and would pass on the information to their line manager. We checked the complaints log and saw there was a record of any complaints received, the action taken and the outcome. When appropriate, a letter of apology was sent to the complainant.

There had also been three compliments received since April 2017. One was about a new member of staff and, as a result, they had been put forward for a 'best new carer' award.

People told us they received a service from a fairly consistent group of staff. Some people said they were informed if a different care worker would be attending whereas other people said they were not always informed. This was fed back to the manager at the end of the inspection and they acknowledged that this was an area requiring improvement that they were already addressing.

Good

Is the service well-led?

Our findings

There was a manager in post who was registered with the CQC to manage the service. They had also been in post under predecessor organisations and this provided some consistency for people who used the service and staff.

People told us that the service was well managed. One person said, "Yes, it is well managed. If I have any issues I ring the office and they sort it out." Relatives told us, "The service is well managed. They told me if I am not happy with anything I could ring and discuss this with them, and I would feel comfortable to do this" and "The management are always helpful. They will help as much as they can." Comments from care workers included, "The service is well-managed. It's a good company to work for" and "The registered manager is super. They look after us well. They will do calls if we are short staffed." A person who used the service mentioned this at the customer forum. They said, "It's unusual for managers to carry out calls but [name of registered manager] does, and we really appreciate that."

The manager told us they had attended an internal conference where the new CQC key lines of enquiry (KLOEs) were discussed and how the agency would evidence compliance. In addition to this, a new quality assurance system had been introduced to monitor the service's compliance with the new KLOEs.

Care coordinators told us they were well supported by the registered manager and that they worked well together as a team. They reported that their role was very busy and they sometimes had to work additional hours over weekends to cover for staff absences. They said they were offered a day off during the week to compensate them for this. In addition to this, they were 'on call' one weekend in four. We discussed with the registered manager that the recruitment of bank staff might reduce the need for care coordinators to work additional hours over the weekend and they told us they were happy to suggest this to the organisation.

We observed that staff working in the office had a positive attitude and they were helpful in providing information for us on the day of the inspection. People who used the service told us that they had contact numbers for the office, both within and outside of office hours. They said this meant they were always able to contact someone for advice or to pass on information. However, one person said office staff did not always ring them back when they requested this and another said that some office staff were not always helpful. We discussed with the registered manager that communication between care coordinators and people who used the service had room for improvement, for example, in respect of informing people when their care worker had changed or was going to be late. The registered manager was aware of this concern and the situation was already being addressed.

An error and near miss report was completed each month. This included a check on a selection of log books (including medication administration records and financial transaction logs) and positional change charts from each 'patch'. One audit noted that a page had been torn out of a log book and staff received a memo. reminding them that log books were a legal document and it was essential that this did not occur again.

The service used a variety of ways to gain people's feedback. Satisfaction surveys were distributed,

'surgeries' were held where people were invited to visit the office to discuss concerns and there was a customer forum. We took part in the customer forum on the first day of the inspection. At the forum people were asked to share any concerns they had. One concern was that care workers answered their mobile phone whilst assisting people with personal care. Another was that staff were sometimes late for calls, even 'time critical' calls. The registered manager agreed that this was an area that required improvement and said that this was already being addressed. There were numerous positive comments about staff, such as, "The carers are angels", "I've been with Direct Health for years – they are brilliant", "We work together as a team" and "[Name of care worker] is full of information and makes us laugh." The relative present said, "It gives me peace of mind that mum is up safely and then in an evening mum is in bed, with the door locked and safe." People fed back that they felt the customer forum was a really useful way of sharing information; they felt they were listened to and said they would attend future forums.

Although most people we spoke with could not remember being asked if they were satisfied with the service they received, records in the office showed a satisfaction survey had been carried out at the end of 2016. The registered manager told us that 151 of 428 surveys sent out were returned. We saw the responses were mainly positive. A new satisfaction survey had been developed as it was felt that the original one was too long; this was due to be sent out at Christmas 2017. People at the customer forum were given a copy and asked to read it. They were told the quality manager would contact them to request their feedback about any improvements that were needed. This showed that people were involved in how the agency was operated.

A 'snappy' questionnaire had also been introduced. These were telephone surveys undertaken with a smaller number of people who used the service. Questions included 'How well do you feel you are involved in planning your care?' and 'When you contact the office, are staff helpful?' and 'What more can we do to brighten up your day?' Most responses were positive and people commented that the service would be improved if care workers had time to take them on outings, shopping and to coffee mornings.

A branch action plan had been produced in response to an internal quality audit in May 2017 and the previous CQC report in 2016. This had been carried out by the organisations quality manager and listed any improvements that had been identified. The action plan included information about complaints, safeguarding, accidents and incidents, risk assessments, medicines and health and safety. The registered manager had a monthly teleconference with the quality manager when identified actions were followed up.

People had been sent a form to ask them if they would be interested in attending a 'surgery' with the registered manager. Four people attended the first surgery and another 11 people requested a home visit; the registered manager confirmed that these were carried out. The registered manager told people about the 'surgery' again at the customer forum. They said the surgery would enable people to discuss any concerns that had not been resolved by their care coordinator.

We asked staff to describe the culture of the service. One care worker said, "Good team work and loyal staff" and "Very professional." Other comments from care workers included, "I've always been happy working for the company" and "I would recommend the service."

Staff told us that if there had been an incident or concerns had been received, these would be discussed with staff to reduce the risk of reoccurrence. One member of staff said, "We receive a lot of information in memos" and another told us, "We would receive a memo about any improvements that were needed." One memo was in respect of a complaint that had been received from district nurses about the pressure area care for one person. The memo recorded, "If you do have any concerns or you feel that certain staff are not following the procedure, please follow the company's whistle blowing policy. It is essential that we see an

immediate improvement." We saw additional information that demonstrated this situation had improved greatly.