Direct Health (UK) Limited

Direct Health (Nottingham)

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 28 November 2016. Direct Health Nottingham is a domiciliary care service which provides personal care and support to people in their own home in Eastwood, Beeston, Stapleford and Kimberley in Nottinghamshire. There were 170 people using the service at the time of the inspection.

There is a registered manager and she was available during the inspection. 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.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of avoidable harm. Risks to people's health and safety were managed and plans were in place to enable staff to support people safely. Missed calls had greatly improved since our last inspection and where these had occurred; appropriate action had been taken to reduce further risks.

People were not routinely informed in advance of the staff that would be visiting them and this was important to them. Not all people were informed if calls were going to be late but people said communication with the office had much improved since our last inspection.

There were sufficient numbers of staff to meet people's care needs and safe recruitment practices meant as far as possible only staff suitable to work for the service were employed. People received the level of support they required to safely manage their medicines.

Staff received appropriate induction, training and supervision. People's rights were protected under the Mental Capacity Act 2005. People received the assistance they required to have enough to eat and drink. External professionals were involved in people's care as appropriate.

Positive and caring relationships had been developed between staff and people who used the service. People were involved in the planning of their care and making decisions about what care they wanted. People were treated with dignity and respect by staff who understood the importance of this.

People received the care they needed and staff were aware of people's support needs. Care records had improved and information for staff was easy to follow. Support plans showed personalised care was provided but the level of detail and quality of information recorded was dependent on what care coordinator had completed the record. People felt able to make a complaint and knew how to do so.

The provider had checks in place that monitored the quality and safety of the service. This included opportunities for people who used the service to share their experience of the service they received. The provider had notified us of important events registered providers are required to do.

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.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of harm. Risks to people's health and safety were managed and plans were in place to enable staff to support people safely.

There were sufficient numbers of staff to meet people's care needs and staff were recruited safely.

People received the level of support they required to safely manage their medicines.

Is the service effective?

Good

The service was effective.

Staff received appropriate induction, training and supervision.

People's rights were protected under the Mental Capacity Act 2005.

People received the assistance they required to have enough to eat and drink. External professionals were involved in people's care as appropriate.

Is the service caring?

Good

The service was caring.

Positive and caring relationships had been developed between staff and people who used the service.

People were involved in the planning of their care and making decisions about what care they wanted.

People were treated with dignity and respect by staff who understood the importance of this.

People had access to independent advocacy information should they have required this support.

Is the service responsive?

Good

The service was responsive.

People received the care they needed and staff were aware of people's support needs. Care records had improved but the level of person centred information was variable.

People felt able to make a complaint and knew how to do so.

Is the service well-led?

Good

The service was well-led.

People received opportunities to share their views and experience about the service.

Staff were confident raising any concerns with the management team and that the registered manager would take action.

There were systems in place to monitor and improve the quality of the service provided.

Direct Health (Nottingham)

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.

We visited the service on 28 November 2016, this was an announced inspection. We gave notice of the inspection because we needed to be sure that the registered manager would be available. The inspection team consisted of an 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, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information the provider had sent us including statutory notifications. These are made for serious incidents which the provider must inform us about. We also contacted the commissioners of the service, health and social care professionals to obtain their views about the service provided.

During our inspection we tried to contact 29 people by telephone who used the service to gain their views about the service they received. We got to speak with 15 people and took into consideration feedback we had received from people over the last 12 months. We also spoke with the registered manager, the acting head of branch operations, the provider's chief executive, two care-coordinators and five care staff. We looked at 10 people's care records, six staff files, as well as a range of records relating to the running of the service. This included policies and procedures, staff training, systems used to manage the service and audits and checks used to monitor quality and safety.

We gave all care staff the opportunity to contact us to share their experience about working for Direct Health Nottingham. Three care staff contacted us and gave us feedback.

Good

Is the service safe?

Our findings

Feedback received from people about how they received a safe service was positive. One person told us, "I feel safe with all the care staff." Another person said, "My care staff encourage me to do what I can for myself and they make sure I am safe."

Staff demonstrated they were aware of their role and responsibilities with regard to protecting people. They knew the different categories of abuse and the action required if they suspected abuse. Staff gave examples of action they had taken when they had concerns of a safeguarding nature. They said that the care-coordinators and the registered manager had been supportive and responsive. Staff confirmed they had received safeguarding training and records viewed confirmed this.

The provider is required by law to report any safeguarding incidents to us. This includes missed calls. From the information we had received prior to our inspection we were aware that during the last 12 months there had been a high number of missed calls. We were aware of the action taken by the registered manager. This included working with the local authority safeguarding team to investigate safeguarding incidents. We were satisfied that the registered manager had taken immediate action and effectively used the provider's staff disciplinary procedure when required.

People told us that they had been involved in discussions and decisions about how risks were managed. Staff said that they felt they had sufficient information available to them about how to manage and reduce known risks. They said they received information and alerts of any risks that they needed to be aware of and how to manage these. One staff member said, "We receive information before visiting people and further details are in the person's care records kept in their home." Another staff member told us, "If I'm unsure or need any further information, I call the office and discuss it with the care coordinator." An additional comment included, "We risk assess every time we walk through a person's door. Anything of a concern has to be dealt with for the person's safety and our own."

We found people's care records included a range of risk assessments for people's health and well-being. These included risks related to skin damage, mobility including the risk of falls and health related needs. Risk plans provided staff with the required information about how these risks should be managed to protect the person. People's risk plans were reviewed on a regular basis to ensure they reflected people's current needs. We found that accidents and incidents had been minimal but where there had been any concerns identified, appropriate action had been taken in response to these. For example external health or social care professionals had been contacted and risk plans and care records amended.

The provider had a contingency plan, including an emergency on call system should an adverse situation affect the safe running of the service or staff required guidance and support. This meant that people would not be left without support in such an emergency.

Seven out of eight care staff were positive that improvements had been made since our last inspection about providing people's care package as required. Staff told us about 'time critical' call's and how these

were when people required some assistance with their medicines and that these calls were a priority.

The registered manager had reviewed communication systems and processes to reduce further risks. Seven out of eight care staff told us that communication between the office staff and themselves had improved. Staff showed us their mobile phone provided to them that alerted them to any changes to peoples' needs including amendments to visits. This was a good way of informing staff of any risks or changes to a person's needs.

There were sufficient staff employed and deployed appropriately to meet people's individual needs and to provide a safe service. No person we spoke with had received a missed call and all confirmed that staff stayed for the duration of the call. People also felt staff had sufficient time to support them effectively.

On the whole staff were positive about the length of time they had allocated to support people. One staff member said, "The time is fine, I sometimes feel rushed to get to places but not rushed when I'm with people." The registered manager showed us the system used to calculate staff travel time between calls. Staff said that on the whole this worked well but if they had any concerns they contacted the care coordinator who amended the times. All staff were positive that if they felt sufficient time was not provided to support people with their needs they could raise this with the care coordinators. Several staff gave examples of when they had identified problems with the length of calls being insufficient. They told us of the action they had taken to ensure a positive outcome for the person.

The registered manager said that they were constantly recruiting additional staff. They said they worked closely with the provider's recruitment officer where they targeted particular geographical areas where there was a shortfall of available staff. The registered manager told us that there had been a high through put of staff and said they had concluded the reason for this was inexperienced staff not fully understanding what the role involved.

The provider had safe staff recruitment and selection processes in place. We looked at six staff files which confirmed the recruitment process ensured all the required checks were completed before staff began work. This included checks on criminal records, references, employment history and proof of ID. This process was to make sure, as far as possible, new staff were safe to work with vulnerable adults.

Some people received support to safely manage their medicines. No person we spoke with raised any concerns about how staff provided this support.

Staff knew how to safely support people to manage their medicines and clearly described the different levels of support people needed. Staff completed medication administration records to confirm whether or not people had taken their medicines and we saw records which had been completed correctly. The registered manager told us about the training provided to staff to ensure they were competent to support people safely with their medicines. Records viewed confirmed this. The registered manager also told us what systems were in place to check people had been appropriately supported with their prescribed medicines. These audits were found to be completed monthly and where issues had been identified appropriate action had been taken. For example, additional staff training had been provided or people's care records had been reviewed.

Good

Is the service effective?

Our findings

On the whole people were positive about staff's skills and competency in meeting their needs effectively. One person told us, "The care staff who come to see me are all trained to do the job." Another person said, "All my care staff really know how to look after me." Whilst a third person said, "I couldn't have better girls [care staff]."

Staff told us of the induction they had received when they commenced their employment and said that they were positive about their experience. Some staff however, felt the induction for inexperienced staff should be more detailed and that they would benefit from a longer period of shadowing more experienced staff. We discussed this with the registered manager who said they would discuss making improvements with the provider's training team.

We saw records that confirmed new staff had received an induction that included the Skills for Care Certificate. This is a recognised induction and training programme for social care staff. This told us that staff received a detailed induction programme that promoted good practice and was supportive to staff.

Staff told us they found the training opportunities to be good. One staff member said, "The training is pretty good and the trainers are supportive." Another staff member told us, "The training is very thorough and we have work books to complete. When we need to complete training it's put on to our rota." Staff told us of the training they had received. This included, catheter care, palliative care, dementia awareness, moving and handling and health and safety.

We looked at the staff training plan and found staff had received opportunities to refresher their training in a range of appropriate topics. This told us that staff received opportunities to keep their skills and knowledge up to date in best practice guidance.

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

People told us that they felt involved and consulted in decisions and we found examples where people had signed their support plans to indicate they had been involved and had given consent.

Staff were aware of the principles of the MCA. One staff member said, "The people I support have mental capacity but I know support plans include information if a best interest decision has had to be made on behalf of the person." Staff were clear that sometimes they made day to day basic best interest decisions if a person lacked mental capacity. However, for more important decisions this involved an assessment and involvement with others such as relatives and health and social care professionals.

We found care records included consideration to people's mental capacity to consent to their care and support. Where people were unable to consent to specific decisions MCA assessments and best interest decisions had been made appropriately and in line with legislation requirements.

Some people required support with their food and drinks. One person told us, "We [care staff and person] choose at breakfast what I am having for lunch and then whoever comes cooks it."
Staff gave examples of how they supported people to eat and drink sufficient amounts and that they were aware of people's dietary needs. Staff said that care plans provided information they needed about people's dietary needs. One staff member said, "I label food with the open dates and wrap it up. I always make sure that people have snacks and drinks available when I leave. This is really important in the hotter months." Another staff member said, "Some people are diabetic, lactose intolerance and we are aware of what food they should have."

We found examples from care records we looked at that people's nutritional and dietary needs had been assessed and planned for. Important information or recommendations made by healthcare professionals were included in people's support plans.

People were supported to maintain good health. People felt that staff took appropriate action when they were unwell. Staff gave examples of the action they had taken when they found a person was not well. This included contacting the GP or district nurse and in some instances, the emergency services. One staff member said, "In an emergency or if a person becomes ill, I always contact the relative or GP and I'll stay with the person until help arrives."

Good

Is the service caring?

Our findings

People spoke highly of the care and support they received from the staff that supported them. One person said, "I couldn't get better care anywhere." Another person told us, "I get first class care." A third person added, "Top class care from top class girls [staff]." These positive comments reflected what other people who used the service told us.

People told us that they had developed positive relationships with the staff that supported them. One person said, "[Name of staff member] is my favourite we really get on well." Another person however, told us, "The attitude is better with some of the staff but everyone is different." Whilst a third person added, "All the staff treat me very well."

We received a mix response from people about their experience of receiving care from regular staff. Some people told us they did receive regular staff and that this was important to them. Other people said their biggest frustration was receiving care and support from different staff.

The registered manager told us they acknowledged that people preferred to have the same staff or a core group of regular staff to support them. They said, "We work hard at trying to provide the same staff as much as possible, consistency is very important but we have staff sickness to continually balance."

We found staff could clearly tell us about people's preferences and what was important to them. Some staff gave examples where they went the extra mile for the people they supported. This included providing some people with a Christmas dinner. Staff showed great empathy for the people they supported and said that if people needed extra time they gave it. Staff said that a part of their role and responsibility was to enable people to live as independently as possible in the community. Staff gave examples of how they promoted people's independence and were clear that they were visitors in people's homes. One staff member said, "We encourage people to do as much as they can for themselves and never assume anything, we give people choices and respect their decisions."

Staff told us that they were very aware that for some people they supported they were their only social contact. One staff member said, "Some people are isolated and perhaps their only contact with people on a daily basis is us. I like to try and brighten someone's day up with a smile, and will chat to people about how they are and things that I know are important to them." Another staff member said, "I have a regular group of people I support, I've got to know them really well and know when they're not themselves. I always make sure I chat to people and ask how they are if there is anything else I can do for them before I leave."

People told us that they felt privacy and dignity were well respected by staff. One person said, "I am always treated with respect." Another person told us, "I couldn't be treated with more respect by anyone who visits me." A third person added, "If the staff wasn't respectful I wouldn't have them in my house."

One person said that on occasions staff talked in front of them about other people they supported and whilst names were not mention said they found this inappropriate. We shared this with the registered

manager who said they would speak with staff about being respectful at all times and maintaining confidentiality.

People told us that they were involved in making decisions about the care and support they received. Some people told us that they had recently had a visit from the office staff to discuss and review their care package. One person said, "We [staff and person] plan care together."

Staff described how they involved people in day to day decisions relating to their care and gave people choices. Staff were aware of the information in people's support plans regarding the preferences people had about their care.

From viewing people's care records we saw examples where people had been involved in face to face meetings to review their care package. This told us that people received opportunities to be involved discussions and decisions about their care and support.

Where people had communication difficulties their support plan identified how staff should identify their preferences and a staff member explained how they effectively communicated with a person who had difficulties in this area. Advocacy information was available for people if they required support or advice from an independent person.

Good

Is the service responsive?

Our findings

People told us how they received a visit from office staff to assess their needs before receiving any care and support. We found examples in people's care records of completed pre-assessments. This information was then used to develop support plans to advice staff of what people's needs were and how to support these needs. Support plans were kept in people's homes and information was also shared with staff via other means such as telephone. Support plans were regularly reviewed to ensure they were up to date and correctly reflected people's current needs.

Since our last inspection improvements had been made with the documentation used to record people's needs and support required. Support plans were easier to follow and provided a degree of personalised information. However, we found this depended on which care coordinator had developed the support plan. The registered manager agreed and said that this was being addressed to ensure consistency.

The registered manager told us how people received a telephone call at different intervals to enquire if they were happy with the service they received. One person said, "The office staff never used to contact me but now they ring quite often to just to see I am ok." We saw records that confirmed what we were told.

The people we spoke with told us they received support the way they wanted it. One person said, "If I have an early appointment they [office staff] change the time of the staff to help me get ready early to go." Another person said, "I had to go to the hospital and my staff came early so I was ready for the ambulance." These examples show how the service tried to be flexible and responsive to people's needs. However, some people told us that times of calls were not always regular and more than one person felt that this was a problem as it was difficult to plan anything in advance.

People told us that they did not feel staff were rushed or spent insufficient time with them. Not all people who used the service knew who would be visiting them and they said they would like to know. We discussed this with the registered manager who told us where people had requested this information it was provided. The registered manager said they would inform people if they required this information it would be provided.

Staff told us that most people they supported they provided either personal care, prompts with medicines or support with eating and drinking. However, staff also said they provided, "social calls" to check on people's welfare needs. Staff gave examples of the action they had taken in response to concerns about people. This included sharing information with health and social care professionals and recording in the daily handover notes for other staff to be aware. From viewing people's care records we found this to be correct.

Support plans showed if people had a preference to either male or female staff. Care staff spoken with confirmed this to be correct and gave examples of how this was managed if people required two staff and if one was male and the other female.

The provider enabled people to share their experiences, concerns and complaints and acted upon information shared. People who used the service said they would not hesitate to speak with staff or contact the registered manager if necessary. One person said, "Yes I complained it was ages ago and it was sorted and I was happy with the outcome."

Staff knew how to respond to complaints. A staff member said that they would follow the complaints procedure which was in each person's home. They told us that they would support people to make a complaint and then inform the registered manager. There was a clear procedure for staff to follow should a concern be raised.

Prior to our inspection we were aware of several complaints people had made over the last 12 months and the action the registered manager had taken. This involved home visits and joint meetings with health and social care professionals with people, to discuss and agree ways to resolve concerns and make improvements. This told us that complaints were listened to and acted upon.

We looked at the complaints log and saw complaints related to late calls, incomplete tasks and communication. Action had been taken by the registered manager to respond to the complaints received.

Good

Is the service well-led?

Our findings

People told us that they received opportunities to share their views about the service they received. People told us about telephone calls they received asking about their views and experience, they also said they used review meetings and received surveys and questionnaires to share their feedback. We saw records that confirmed what we were told.

We saw a mini questionnaire was sent to people who used the service in September 2016 asking people about their call times and communication. The feedback received from 66 people was positive about their experience of the service. The registered manager said that annual questionnaires are also sent to people and these were currently being developed to send out. The registered manager told us that feedback would be analysed and an action plan developed to address any shortfalls. The registered manager also told us, and we saw copies of three monthly newsletters they had recently introduced as a method of sharing information about the service. They said they would use the newsletter to share the results of feedback received and any actions. This told us that people received a variety of methods to share their experience of the service they received.

The service had quality assurance systems in place that monitored quality and safety. Staff told us about spot checks that were carried out on staff. This was to check that staff were wearing the correct uniform, providing care and support in line with people's individual needs and that people were treated with dignity and respect. We saw records that confirmed what we were told and the registered manager said with the recent appointment of additional staff assessor's spot checks would be more frequent.

Severn out of eight staff told us that there had been positive improvements since our last inspection. They said that communication was the greatest area and that office staff were more supportive and organised. Staff told us about the out of office duty system and most staff were positive that this system worked and if they required support or guidance it was provided by the on-call person.

A whistleblowing policy was in place and staff told us they would be prepared to use the policy to raise issues if they needed to.

The guide for people who used the service described the values of the service and staff were able to explain how they worked in line with those values.

People felt the service was well-led and those who had used the service for more than 12 months felt it had improved. People said that it was easier to contact office staff and that they found them more responsive. People were clear that they would like to see further improvements of calls being provided at the agreed time, to be informed in advance what staff would be supporting them and better consistency in being told if staff were running late.

The service had a registered manager and they understood their regulatory responsibilities.
We saw that all conditions of registration with the CQC were being met. We saw staff meetings had taken

place and the management team had clearly set out their expectations of staff.

There was a clear staff structure and staff were aware of their role and responsibilities. The registered manager also had support and resources from the provider's senior management this included weekly telephone meetings and regular visits from the provider's representative. The registered manager was positive and complementary of the support they received and felt this had helped them make continuous improvements to the service.

The registered manager completed daily, weekly and monthly audits and checks and the provider had additional systems that audited how the service was provided. This included staffing information such as training completed and required, staff supervisions and meetings, support plans, risk assessments and complaints. We saw these audits were up to date. This told us that there were good systems and process in place to check quality and safety and that the service was closely monitored to continually make improvements.

The service had received external audits from the local authority and the registered manager showed commitment to make any required improvements that were identified. For example, documentation had been reviewed to ensure it was more effective and responsive to people's needs.