

Accord Housing Association Limited

# Direct Health (Preston)

## Inspection report

2A Moor Park Avenue  
Preston  
Lancashire  
PR1 6AS

Date of publication:  
04 December 2020

Tel: 01772883822

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the provider.

### About the service

Direct Health Preston is a domiciliary care agency providing personal care and support to 91 people aged 18 and over at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of using this service and what we found

People described staff as kind and caring and their support as good. They felt involved in their care and support. Care was personalised and people's differing needs were responded to.

People felt safe with staff members, who had been trained to protect people from the risks of abuse. The provider had systems in place to check the suitability of staff, who were trained, and checks were undertaken on their skills and competencies.

There was consistency in which staff supported people. Risk management plans were included in people's care plan which staff could refer to. People were supported with their prescribed medicines as needed by trained care staff.

Staff understood infection prevention and control measures and actions they should follow in line with COVID-19 pandemic guidance.

Staff followed professional healthcare guidance where this had been given. People were supported to access healthcare services if required.

Staff worked within the principles of the Mental Capacity Act 2005 and understood the importance of gaining consent from people. People were supported to have maximum control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

There were quality assurance systems in place to check the safety and quality of the services. Compliance checks were made by the provider and had identified where improvements were needed and these had been acted on.

### Rating at last inspection

The last rating for this service was Good (report published 7 June 2018).

### Why we inspected

This was a planned pilot virtual inspection. The report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the provider.

The pilot inspection considered the key questions of safe and well-led and provide a rating for those key questions. Only parts of the effective, caring and responsive key questions were considered, and therefore the ratings for these key questions are those awarded at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Direct Health (Preston) on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.  
Details are in our safe findings below.

Good ●

### Is the service effective?

At our last inspection we rated this key question as Good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to effective.

Inspected but not rated

### Is the service caring?

At our last inspection we rated this key question Good We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to caring.

Inspected but not rated

### Is the service responsive?

At our last inspection we rated this key question Good We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to caring.

Inspected but not rated

### Is the service well-led?

The service was well-led.  
Details are in our well-Led findings below.

Good ●

# Direct Health (Preston)

## Detailed findings

### Background to this inspection

#### The inspection

As part of a pilot into virtual inspections of domiciliary and extra-care housing services, the Care Quality Commission (CQC) conducted an inspection of this provider between the 4 November 2020 and 19 November 2020. The inspection was carried out with the consent of the provider and was part of a pilot to gather information to inform CQC whether it might be possible to conduct inspections in a different way in the future. We completed this inspection using virtual methods and online tools such as electronic file sharing, video calls and phone calls to gather the information we rely on to form a judgement on the care and support provided. At no time did we visit the provider's or location's office as we usually would when conducting an inspection.

#### Inspection team

The inspection team comprised of two inspectors, one of them being a medicines inspector. They were supported by CQC support services 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

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period notice of the inspection because the office was closed due to the COVID -19 pandemic and the registered manager needed to access the building to provide the relevant information.

Inspection activity started on 4 November 2020 with calls to people who used the service and ended on 19 November 2020.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection.

We sought feedback from the local authority and professionals who work with the service.

During the inspection

We spoke with 28 people who used the service and nine relatives, about their experience of the care provided. We spoke with five members of staff including the registered manager and care workers.

We reviewed a range of records. This included 12 people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality audits, surveys, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes to prevent the risk of abuse were effective.
- Safeguarding concerns were recognised by staff and reported appropriately for investigation.
- Several people referred to the 'clocking in' system in place as it assured, they were "Not taken advantage of." One person said "They can't short-change you – other agencies have been in and out in two minutes, but this company come in and zap the phone and they have to stay that time. It's a safeguard to me as a customer but also a safeguard to the company that they are there and staying for the right amount of time."

Assessing risk, safety monitoring and management

- Staff minimised any known risks to a person's their health and safety.
- Risk assessments and management plans were completed to address the risks associated with the physical, emotional and health needs of people who used the service. These were updated with any changes in a person's needs. People were supported to access health care services.
- Any risks to staff associated with the safe delivery of care were identified and control measures in place. An assessment was undertaken of the environment in which they worked, the products or equipment used and the tasks to be undertaken.
  - Feedback was overwhelmingly positive about how staff kept people safe. Comments included "[Named] is very safe in their care. They watch him like a hawk when they are doing something for him," "I always feel quite safe when they use the hoist. Several times a day very safely" and "To be honest she's only young but I feel as safe with [name] as I do with our own family."

Staffing and recruitment

- Staff had been recruited safely to ensure their suitability to work within social care.
- Staff were punctual and reliable. They always let people know if they were going to be delayed for any reason.
- Staff stayed for the full duration of the planned call and made effective use of their time. Comments included "Staff are always patient with me and they never rush," "Staff will look for jobs to do, even if it's not in the care plan but they know it would be helpful and they have time left" and "They are very patient, I don't feel rushed at all. They will say to me to take my time."

Using medicines safely

- People's care plans and other supporting documents contained comprehensive information about their medicines which ensured staff were able to support each person with their medicines safely.

- People were supported to take their medicines and use their creams safely as prescribed.
- When people needed to take medicines at specific times the records showed arrangements had been made to ensure they were supported to take them at the correct times ensuring their health was protected.

#### Preventing and controlling infection

- Appropriate control measures were in place in regard to infection control. The provider followed national guidance regarding the COVID-19 pandemic and communicated this to staff.
- Staff were aware of shielding and social distancing rules and this was reflected in the individual risk assessments for people. The risks to individual staff members from COVID-19 were considered and control measures put in place.
- The provider ensured that staff used personal protective equipment effectively and safely.

#### Learning lessons when things go wrong

- The registered manager kept a log of incidents that had occurred. Alongside this was a summary of the occurrence, the outcome and any lessons learnt. If required updates were made to care plans or additional training recommended for staff.
- The complaints log contained a clear record of the issues raised, the time taken to resolve, the outcome, next steps and lessons learnt.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection, this key question was rated as Good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Ensuring consent to care and treatment in line with law and 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisation to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were involved and included in decisions making. Care records indicated that consent had been obtained. Comments from people confirmed this: "The carers always ask consent before referring on to other agencies such as GP or a nurse" and "The staff respect my privacy and don't go around the house without asking me."
- The provider had appropriate policies and procedures which outlined the principles of the mental capacity act and its code of practice for staff.
- The registered manager ensured that care plans reflected where someone had been legally appointed to make decisions on behalf of someone in receipt of support.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection, this key question was rated as Good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with dignity and respect. People's comments included "Most of the girls really care about me, and they are lovely. I do appreciate them," "If I'm feeling down, they always encourage me and they don't talk above me," "Staff treat me like a king, they're unreal," "They treat me with dignity and respect, they are all bright stars really and" They're top of the pops!"
- Staff were empathic to people' situations. For example, a person described how staff had taken time to watch a video relating to their health condition in order to better understand what it meant for them.
- Families were reassured that their loved ones were being cared for kindly. One relative joked, "I was getting water ready for carer coming and [ my relative] was making a joke with me saying I was sacked because I hadn't got it ready like the carer did because she knew how she liked it." Another told us, "When you're getting old, a lot of people talk down to you but [ carer name] doesn't, they talk to [name] as an equal and talks to us both with great respect. Right from the start they asked how we would like to be addressed and we told them to talk to us with our first names, we don't want to stand on ceremony."

Supporting people to express their views and be involved in making decisions about their care

- People had flexibility in how their support was delivered. People confirmed that and that "It was no problem at all to change the care plan."
- People had been asked if they would prefer a specific gender of carer and this was respected.
- In a survey 25% of people had expressed a desire to have different carers whilst 75% wanted continuity. This was addressed and the rota reviewed in the light of this. One person told us, "I like having different people. I think I've got to know the different carers now but it's good to know the different personalities otherwise I don't see anyone else".

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection, this key question was rated as Good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their families were involved in the planning and delivery of their care. They told us, "Before I used them, they came, and we discussed what they would be doing which was good and then they wrote it down in the instruction book so the carer would know. It gives them exactly what I require every visit" and "They came to the house before we started with them and they explained everything to us, and we agreed it all."
- Staff encouraged people to be as independent as possible. Feedback included "(Named) carers encourage her to do things for herself that she may not have done otherwise. They absolutely empower her to be as independent as possible" and "They do try to encourage her and involve her to do things and can recognise her good days and bad."
- Care plans were personalised, and staff confirmed that they contained all the information they required to support a person.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager had ensured that communication needs were addressed in care plans and the AIS was referenced in this documentation.
- Where people had specific needs, these were considered. A person with visual loss told us how they received a regular group of care staff. They told us "I have consistent carers and I know who they are by their voice. They are really good with me and understand my needs."
- Consideration had been given to the challenges of staff wearing face masks. One person told us "It is harder with the masks because [ name] is quite deaf but [ staff member] will raise her voice and has adapted to communicate with [ name] well." People did say they missed seeing a smile or the member of staff's face, however, it was compensated with what staff said to people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to continue with relationships and activities that were important to them.
- Engagement with the care staff had made a positive difference in people's lives. One person commented "Staff have supported [name] who had been low in confidence and would not come downstairs but now

due to the support [name] has gained in confidence and is now coming down to spend quality time with the family."

- People were supported to maintain their independence and community relationships. There were supported to go out shopping or to attend community events.

#### End of life care and support

- The service did not currently support people who were considered to be at the 'end of life' but staff had received training in regard to this.

- Where a person had a 'Do Not Resuscitate' document in place, staff were made aware of this and the implications for a person's future care needs.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The support provided was person-centred and encouraged people to reach their full potential.
- People and their families had a positive experience of the service. One comment summarised people's thoughts "All I can say is that the carers really care, this is the reason the service stands out. The management do as well and that is why the service is so good. They aren't just in it for the money, they are doing it because they want to and care and want to be there for people like me."
- Feedback from a professional had complimented the agency for "Going over and above to develop positive relationships with people and another said, "Without this support, [name] would have been highly likely to have gone into care. But with the influence of Direct Health, [name] is addressing their needs and achieving the goal of living in their own home."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider gathered feedback from people by way of an annual survey and care plan reviews. During the COVID-19 pandemic, regular 'Keeping in Touch' phone calls had been introduced in order to seek feedback on the standard of support received.
- The 'Keeping in Touch' calls were extended to staff and supplemented virtual supervision sessions during this pandemic. Records and staff confirmed that there was regular contact, the frequency of which was dependent upon how staff were feeling, or the level of support required.
- Survey results were published along with details of lessons learnt and improvements for the future. Any concerns raised via the survey were followed up with a call from the registered manager to the person to address the issue and to agree a resolution.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team were open and honest if something had fallen short of the expected standard. People were quick to point out, that this was a rare occurrence. At the last survey 96% of people said they were very comfortable in raising a concern.
- The registered manager responded quickly to any concerns, Comments made during the inspection included "Yes, the management team are absolutely brilliant. Every time I've phoned, they've dealt with an issue straight away" and "The managers are spot on. Manager deals with anything I have an issue with."
- Staff appreciated the registered manager raising any concerns with them. One said, "If you don't know you

are doing something wrong then how can you put it right".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had a number of systems in place to oversee the quality and safety of the service provided. CQC received notification of reportable occurrences.

- Audits and checks were carried out on several service areas such as staff punctuality, length of calls, training, performance and medicines management. Where issues were identified, an action plan was put in place and this was revised at the next review.

- The provider shared "Learning outcomes" across the service sector and not just within the branch. This meant managers could learn from each other and were effective in improving practice.

Working in partnership with others

- The provider worked collaboratively with other professionals in order to achieve good outcomes for people.

- Local authority commissioners were positive about the service and reported that it was above the required target for timeliness of calls.

- The registered manager worked with health professionals such as district nurses, to ensure that staff had the right skills and competence to carry out specific tasks or to monitor health conditions effectively

- One person told us how the staff worked with their physiotherapist. They explained "My [condition] can change from time to time, and recently a physio took pictures of how my legs need to be exercised, so that the carers know how to do it properly. They've done exactly what the physio asked them to do."