

Accord Housing Association Limited

Direct Health (Telford)

Inspection report

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Tel: 01952245331

Date of inspection visit:
06 February 2019

Date of publication:
01 April 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Direct Health (Telford) is a domiciliary care service. At the time of our inspection 111 people received care from the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

- Significant improvements had been made in all areas of the service. However, further work was needed to ensure these improvements were sustained. Despite staff completing training, their learning was not always put into practice. They had failed to follow the provider's policies and procedures in making office staff aware of changes in people's care needs. Improvements were needed to ensure people's care records were updated in a timely manner.
- Staff had received training in and understood how to protect people from any harm and abuse.
- People were supported by safely recruited staff and felt safe with them in their homes.
- Staff skills were kept up to date through regular training and staff were also supported in their roles by their line managers and their colleagues.
- Staff asked people's permission before they helped them with any care or support.
- People's right to make their own decisions about their own care and treatment were supported by staff.
- People were supported to eat and drink sufficient amounts in line with their assessed needs.
- People's diverse needs had been planned for, which ensured people received individualised care.
- People were supported by staff who were kind and caring. People were involved in their own care and treated with dignity and respect.
- Complaints systems were in place, which people and relatives knew how to use.
- Feedback was encouraged from people who used the service and was used to help improve the delivery of care.
- People praised the staff who supported them. Improvements made to the service had had a positive impact on the care they received.

Rating at last inspection:

At the last inspection the service was rated requires improvement (report published 28 February 2018).

The service has been rated requires improvement for the past two inspections.

Why we inspected:

This was a planned inspection to check the provider had made improvements since our previous inspection.

At our previous comprehensive inspection in January 2018, we found two breaches in regulation because the provider did not have sufficient staff to meet people's needs at the times they needed it. Also, the providers systems for checking the quality of the service were not effective. After the inspection, the provider

wrote to us with an action plan, to say what they would do to meet the legal requirements in relation to their staffing arrangements and governance practices.

At this inspection, improvements had been made and the regulations were met. However, some further improvements were still needed in the key questions of Safe and Well Led.

Follow up:

We will continue to monitor the service through the information we receive and will inspect within 12 months of this report being published.

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 not consistently safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not consistently well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Direct Health (Telford)

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by two inspectors and two 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 to people living in their own homes. It provides a service to children and adults, people who may have dementia, learning disabilities or autistic spectrum disorder, physical disability, sensory impairment or mental health conditions.

Not everyone using Direct Health (Telford) receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks relating to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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 the service 48 hours' notice of the inspection visit because we wanted to be sure a manager would be available.

Inspection site visit activity started on 4 February 2019 and ended on 8 February 2019. We visited the office location on 6 February 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:

Before our inspection visit, the provider completed a Provider Information Return (PIR). We used this as part of our planning. The (PIR) 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 also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

We spoke with 23 people who used the service and 13 relatives. We spoke with 10 staff, which included care and support workers, the registered manager, care coordinators and the care director. We viewed care records for seven people, including medicine records. We confirmed the safe recruitment of five staff members and reviewed records relating to the providers quality monitoring, health and safety, compliments and complaints and other records relating to how the service was managed.

Is the service safe?

Our findings

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

At our previous inspection, the provider had not met the requirements for Regulation 18 because people did not receive their care calls when they needed them. At this inspection, the provider was no longer in breach of Regulation 18, but some improvements were still needed within this key question of safe.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Some people told us they had recently experienced late calls. The registered manager confirmed they had a higher than usual staff absence recently. This had impacted on some people not having their regular care staff and calls being slightly later than planned. The registered manager told us they had recently ended a contract, with the local authority, to provide care at short notice. This was because they recognised the service did not have enough staff to safely staff this. The provider now just had one care contract with the local authority which they could safely manage. The registered manager said, "We have a stable core team, we are a nice cohesive staff team now."
- Since our previous inspection, improvement had been made to the system the provider used to monitor people's care calls. This system relied on care staff logging in at a person's home. An alert was generated if they failed to do this. At our previous inspection, these alerts were not always followed up by office staff, which resulted in people having late and missed calls without care coordinators and managers being aware. At this inspection, the system was used more effectively and care coordinators had responsibility for monitoring and following up on these alerts. Care staff were contacted and people informed if their care call would be significantly late.
- Since our previous inspection, the provider had employed a new registered manager and strengthened staffing within the service. The registered manager told us this had helped with making sure people got a better consistency of care because they saw the same care staff.

Using medicines safely

- At our previous inspection, improvement was needed because staff did not always sign medicine records to say they had administered people's medicines. At this inspection improvement had been made.
- However, one person's care records did not give instruction to staff on where to apply a prescribed cream or spray, or what these were. Providers have a responsibility to ensure they have robust processes for recording a person's current medicines, which includes prescribed topical medicines. Because no records were in place for staff to follow, this placed the person at risk of harm. Following our inspection, the registered manager sent us evidence to confirm this had been actioned and the correct medicine records were now in place.
- People were supported to manage their own medicines where they could.
- Staff were only allowed to administer and manage people's medicines once they had completed training.

Assessing risk, safety monitoring and management

- The risks to people were not always identified as staff had not report changes in some people's care needs. Staff had been using moving and handling equipment with one person, despite this not being identified in their care plan or the risks assessed. This had placed this person at risk of harm.
- Where people had pressure mattresses and cushions to help reduce the risk of developing pressure sores, staff were instructed to check these. However, no instruction was given to tell staff what they needed to check or the correct settings equipment should be at.
- The registered manager worked with family members to make sure care provided by staff was safe. However, some people and relatives we spoke with told us changes to care staff had an impact on the quality of care they received and the timeliness of care calls. This was because unfamiliar care staff were not fully aware of the risks to people.
- The provider had systems in place to address any staff behaviour which was unsafe or not following policies, including disciplinary processes and re-training if needed.
- Following our inspection, the registered manager sent us evidence to confirm the issues we had identified during our inspection had been addressed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who came to their homes and told us staff kept their home secure.
- Information was available to people on how to report any concerns.
- Staff knew how to recognise abuse and protect people from the risk of abuse.
- The provider had systems in place to protect, respond to and report concerns about people's safety.

Preventing and controlling infection

- People confirmed staff put gloves and aprons on when needed.
- The provider issued staff with sufficient gloves, aprons and hand sanitiser to use to help prevent the spread of infection. Stocks were also kept at people's homes.

Learning lessons when things go wrong

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence. Learning was shared with staff to help reduce any future risks.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff did not always put their learning into practice. Staff had received training and supervision in how to administer medicines safely and how to report changes in people's care needs. However, some staff had not followed their training and had not reported changes in one person's needs. The registered manager had already identified some issues around the recording of medicines. Staff had and continued to receive extra training, one to one supervision and observation of their practice where necessary to help them improve their practice.
- People and relatives told us the care provided by staff was effective. One relative told us, "The care is excellent and we could not do without it. They (staff) know my family member and they are like extra eyes and ears for me."
- New staff completed structured induction training to give them skills and knowledge to meet people's needs. This included completion of induction training, for example, adult safeguarding, fire awareness and dementia. New staff members then worked alongside experienced staff members until they felt confident to support people safely and effectively.
- Staff had meetings with their line managers, which helped to ensure staff were up to date with best practice and their performance and training needs were discussed and areas of improvement identified.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- At our previous inspection, improvement was needed because people's care plans did not contain the information staff needed to meet people's needs effectively. At this inspection, improvement had been made. The registered manager told us all but six care plans had been rewritten and all care plans had been reviewed.
- People's care needs were assessed, discussed with them and a care plan created prior to them receiving care. One person said, "At the start they (staff) went through it all and set it (the care plan) up while I was still in hospital. They checked I had the right equipment as well. I was involved and agreed with it. Yes, they've kept to it."
- People's holistic needs were identified and discussed as part of planning their care. This included finding out if people had, for example, any specific cultural, religious or social needs.
- People's healthcare needs were monitored and discussed with the person or relatives as part of the care planning process.
- Staff members we spoke with understood people's healthcare needs and knew how to support them.
- People were supported to access healthcare services when they needed it. Care records showed that advice was sought from health care professionals when concerns about a person's health were identified.

- Where needed, staff worked with other agencies to ensure people's needs could be met.

Supporting people to eat and drink enough to maintain a balanced diet

- People's eating and drinking needs were monitored and any risks were managed to ensure they received adequate food and drink. People told us staff prepared their food and supported them in a way that met their individual needs.
- Staff understood the support people needed and any specific dietary needs such as, needing soft foods or thickened fluids.

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 with appropriate legal authority.
- People told us staff asked for their consent before supporting them with anything.
- Staff understood how they needed to support people to make decisions which were in their best interests. One staff member said, "It's their choice, we're here to support them make that choice. If that's what they want and they have capacity then it's up to them."
- The provider was working within the requirements of the MCA. Where needed, people had capacity assessments in place, to ensure staff were aware of people's ability to consent to their care and treatment.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- At our previous inspection, improvement was needed because people were not told when staff would be late for their care call. At this inspection, improvement had been made and people were informed if their care call would be late.
- People told us staff were kind and considerate when they supported them. One person said, "They are absolutely wonderful, I can't praise them enough. They are very kind and nice, I don't have a single complaint."
- Some people told us they had built good relationships with the care staff they saw the most and this was important to them. One person said, "I look forward to them (staff) calling. I need (staff) to have compassion in my home, they are coming into my home so I need to like them. My main carer and I get on and we relate, we have a good laugh."

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

- At our previous inspection, some people told us they were not able to choose the time they received their care calls. At this inspection, improvement had been made.
- People told us they were involved in all decisions about their care. One person told us about the staff member who reviewed their care with them, saying they listened to them and took on board what they said.

Respecting and promoting people's privacy, dignity and independence

- Everyone we spoke with told us staff respected their dignity and privacy. One person said, "We have some banter, but they stay respectful and the care is provided with dignity."
- People's independence was respected and encouraged. One staff member said, "I don't ever assume, I ask what help they want. I don't take over and do it for them, just assist."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- At our previous inspection, improvement was needed in how people's complaints and concerns were dealt with. At this inspection, improvements had been made.
- People told us their complaints and concerns were dealt with and resolved. One person told us, "They listen if I've problems. I've no complaints." Other people told us if they did not get on with certain staff, they let the office staff know and they made sure they did not visit them again.
- Systems were established to respond to, investigate and resolve any complaints received.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care was reviewed with them to make sure it responded to any changing needs. However, not every person's care plan had been reviewed, although these was updated once we made the registered manager aware.
- Staff knew people well and supported people in line with their preferences. One relative told us the support staff provided enabled their family member to stay at the family home. They said, "The carers do a good job when they come. I don't want [person's name] to go in a care home and the carers help me keep them at home."
- People received care which was personal to them and respected their preferences and needs. People's care plans gave staff information on people as an individual. One person's care plan stated, "Wake me up gently and tell me your name as I struggle to see".
- People's information and communication needs were identified and recorded in their care plans. This enabled information to be presented in a way they found accessible and in a format they could understand. The 'service user guide' which was given to people, was available in an easy read format. Information was presented in large print when needed.

End of life care and support

- The registered manager confirmed the service does not provide end of life care.

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 our previous inspection the provider had not met the requirements for Regulation 17. At this inspection the provider was no longer in breach of Regulation 17, but some improvements were still needed.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider had improved the systems in place to monitor the quality of the service that they provided. Despite these improvements, changes in one person's care needs had not been communicated back to office staff. Audits, care reviews and spot checks had not identified staff were not following the most up to date risk assessment and care record. As a result, staff were using a hoist to move the person without any assessment or plan in place. A care review had identified their medicines record needed to be updated, but this had not been actioned. This placed the person at risk of harm because plans were not in place to mitigate any risk.
- When people were prescribed topical creams, information provided did not always state where to apply the creams. Staff knew where to apply and how to use these but this was not identified in their care records.
- The registered manager told us they felt improvements had been made since the last inspection, but they still needed to ensure the systems they had put in place were followed by all staff and embedded in practice.
- People told us the service had improved since our previous inspection. One person said, "It was not so good, but now it's better." People felt the service was more open and the office staff, including the registered manager were approachable and personable.
- The registered manager understood their duty of candour. When responding to complaints or completing investigations, they acknowledged when the service or staff were at fault and were honest in identifying what the service was doing to ensure it would not happen again.
- Following our inspection, the registered manager sent us evidence to confirm the issues we had identified during our inspection had been addressed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since our previous inspection, the provider had made changes to the staffing structure at the service and a new registered manager was in post. The registered manager told us they had been and continued to be supported by the provider to make the improvements needed. They told us, "I know there are things we still need to get right. I'm pleased with what staff have done to pull everything together."
- The registered manager understood the responsibilities of their registration, including keeping us up to date with what happened at the service. The rating of the last inspection was on display at the office.

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

- People's views of the service were actively sought. One person said, "I call them up and they have told me they like feedback, they like to hear the good or bad." The registered manager completed telephone surveys with people to get feedback and discuss any issues they had raised.
- People were given feedback about questionnaires they had completed and improvements which had been made because of their opinions.
- The provider had a staff recognition scheme in place where staff were awarded the "carer of the month". One staff member told us, "It's nice to be appreciated and recognised that you're doing well."

Continuous learning and improving care

- The registered manager responded to feedback we gave them during our inspection in respect of the issues we identified and what people told us. This helped to show the registered manager listened and could recognise where improvement was needed and take the required action to drive these improvements.

Working in partnership with others

- Staff worked with other healthcare professionals to ensure their advice was followed and concerns reported to them.
- The registered manager had established and maintained good links with the local community and local authority to implement improvement throughout the service.
- Two staff had recently completed a 'Dementia Care Leadership Programme'. Tactile activity mats had been created to provide sensory stimulus to people with dementia, who used the service. The staff were liaising with a local dementia charity to make these mats to give to others with dementia within the local community.