

## Accord Housing Association Limited

# Direct Health (Doncaster)

### Inspection report

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26 November 2020

10 December 2020

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Direct Health – Doncaster is a domiciliary care agency providing support for people in their own homes. At the time of our inspection there were 178 people using the service.

### People's experience of using this service:

The registered manager had worked with the provider in addressing the shortfalls identified at the last inspection and to make further improvements in the service. For instance, improvements had been made in the effectiveness of the quality and safety audits.

People felt safe and happy with the staff who cared for them. For instance, one person said, "They are marvellous, really lovely. I would say they are first class." Staff received daily messages via text and e-mail to make sure they had access to up to date government guidance on Covid-19 infection control. Risks were well managed, and people's medicines were managed safely. Staff had a good understanding of how to safeguard people from abuse and there were enough staff to meet people's needs and keep them safe.

People had regular contact with the care coordinators or members of the management team and most praised the care staff and the care coordinators very highly. People were asked for feedback about the care provided and the provider used this to improve the service. It was also evident the team worked well in partnership with other professionals to provide a person centred service that met people's needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update:

The last rating for this service was good, with requires improvement in the key question of well led. (published March 2018). At this inspection we found improvements had been made.

### Why we inspected

We were made aware of concerns in relation to how some people's care had been provided and managed. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

The concerns we received related to infection control, staff changes and the induction of new staff, medication and the management culture. We used this information when both planning and carrying out our inspection.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not include them in this inspection. Ratings from the previous comprehensive inspection for those key questions were used in calculating the overall rating at this inspection and the overall rating for the service remains good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link 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 Follow up

We will 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?

Good ●

The service was safe.

### Is the service well-led?

Good ●

The service was well-led.

# Direct Health (Doncaster)

## 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 one inspector.

### Service and service type:

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

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 24 hours' notice of the inspection. This was because we were aware management and office staff were working from home where possible, as a result of the Covid-19 pandemic and we wanted to ensure the registered manager would be present for the inspection visit. We also needed to seek information from the provider to enable us to contact people and their relatives to gather their views about the service.

Inspection activity started on 26 November and ended on 10 December 2020. We undertook a site visit to the agency's office on 26 November 2020 and held virtual meetings with three members of the management team on 10 December 2020. We conducted individual telephone interviews with support staff on 2 December 2020. Further inspection activity was completed by telephone and email. This included speaking with people and their relatives and reviewing a range of information sent to us by the service.

### What we did before the inspection

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

from professionals who work with the service, including Doncaster and Barnsley local authorities. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

During the inspection visit to the agency office we spoke with the registered manager, and the care services director, who line manages the registered manager. We reviewed the records for four people who used the service. This included elements of their risk assessments, care plans, the day to day records of the care provided and medicines administered.

Further inspection activity was undertaken by telephone and email. This included speaking with 27 people who used the service and/or their relatives about their experience of the care provided. We conducted interviews with five members of the staff team by telephone and spoke with one person's social worker.

We also reviewed a range of information provided to us by the service. This included records of staff recruitment, training and supervision. We looked at the Covid-19 risk assessment for the service. We saw recent quality assurance and safety audits. These included infection control and medicines audits, and the associated action plans. We also saw records of complaints, annual quality survey feedback and minutes of recent staff meetings.

# 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.

Prior to our inspection, we received information of concern regarding staff changes, the quality of the induction for new staff, the management of people's medicines and infection control. We reviewed these areas during this inspection and did not identify any concerns or shortfalls.

### Preventing and controlling infection

- The provider ensured infection control risks were assessed, including those presented during the Covid-19 pandemic. As a result, appropriate plans had been put in place to mitigate and manage the identified risks.
- Staff confirmed they had access to personal protective equipment (PPE), such as masks, gloves and aprons.
- Most people told us staff wore PPE appropriately and everyone said staff wore their masks. For instance, one person said, "[Staff] wear all PPE, everything; gloves, aprons and masks and I see them washing their hands too. They leave my home clean and tidy and just as they found it. I can't fault them." However, a small number of people told us some staff had not always worn the correct PPE. We discussed this with the registered manager and were provided with evidence that when incorrect use of PPE was identified, this was addressed by the management team in an effective and timely way.
- Staff received training in the control and prevention of infection and additional training and guidance had been provided in response to Covid-19. For instance, staff had received guidance and training hand washing and the correct use of PPE.
- The provider ensured staff had access to up to date government guidance on Covid-19 infection control measures, by use of daily messages sent out to all staff. This included regular reminders about the importance of the correct use of PPE. One staff member said, "The managers have been very good, always there to talk to and sending regular texts and e-mail updates. It was frightening in the beginning, but I was given the correct PPE. I never had to struggle. I had the support."

### Staffing and recruitment

- Enough staff were available to provide care to meet people's needs safely.
- Most people said they consistently received their care from the same care staff, or team of care staff. Where people told us there were sometimes staff changes, they also said they did not mind, as all the staff were nice. Everyone said they were happy with the way the staff looked after them. For instance, one person said, "[Staff] talk to me nice and nothing is too much trouble. They arrive on time unless they get delayed, but they always ring up if they are going to be late."
- The majority of people praised the care staff for their punctuality. One relative said, "Excellent time keeping. You can set a watch by them [staff]." They explained their family member was prescribed medicine at a particular time and the care staff were, "on the ball with this."
- One person told us staff were sometimes late. We discussed this with the registered manager and were

assured staff visit timings were monitored and, any unexplained or unreasonable lateness was addressed appropriately with staff.

- Staff were recruited safely. Appropriate pre employment checks were carried out to protect people from the risk of unsuitable staff working in the service.

#### Using medicines safely

- People received their medicines safely and were happy with the support they received in this area. For instance, one relative told us care staff worked well in partnership with them, to make sure their family member received the correct dose of their medicine. Another relative said, "The carers see to the medicines, it's all in a nomad and they record everything.[Person] is in safe hands."
- People had clear plans in place, with guidance for staff on how people liked to take their medicines.
- Staff received medication training and had their competence assessed to ensure people's medicines were given safely.
- Regular medicines audits were undertaken. These showed action was taken to address any issues or shortfalls identified. Records in staff files showed any concerns or shortfalls were discussed with individual staff members, and additional guidance and training provided.

#### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People said they felt safe with the staff. For instance, one person told us, "[Staff] are marvellous. They are really lovely. I would say they are first class. They are very respectful. I feel very safe in their company."

People's relatives also felt the service was safe

- People told us they felt confident to speak with staff if they had any concerns.
- Appropriate safeguarding systems were in place. Staff demonstrated an understanding of safeguarding and told us they received training. Staff were clear about the processes they would follow and who they would report concerns to.
- The provider ensured safeguarding allegations were reported appropriately to the local authority and CQC.
- The management team monitored all safeguarding concerns, accidents and incidents. The provider's quality assurance system helped the management team to make sure any learning was shared effectively across the service and improvement were maintained.

#### Assessing risk, safety monitoring and management

- Overall, the provider managed risks to people using the service well.
- People had risk assessments in place about the risks that were relevant to them. These included their mobility, moving and handling, and nutrition and hydration.
- Staff received training in safe moving and handling, as well as guidance for assisting people individually with specialist aids and equipment used to help people maintain their mobility and independence. Staffs' competency was assessed, to ensure they used correct moving and handling techniques.



# 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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection the registered manager was addressing issues in the continuity and quality of care provided in a particular geographical area, due to a high turnover of staff. A small number of scheduled calls had also been missed. At this inspection we found these shortfalls had been addressed.

- A large majority of people praised the service and spoke very highly of the care and support provided by the staff. For instance, one relative said, "Excellent, I couldn't manage without the carers. They are a God send. They have been fantastic. They are really supportive to me as well. They always wear PPE. I have not had any concerns, but I would call the office if I had. [Person] is in safe hands, all the carers are lovely and [person] loves them all.
- People told us they usually received care from staff who knew them. Some people said when their regular care workers were not available, they usually received care from members of their local team, so the staff were not unknown to them.
- Most feedback about the management and organisation of the service was positive. For instance, one relative told us, "If I had a concern, I would ring the office staff, they seem very helpful."
- One person said their care coordinator was, "Very good." However, they added that since the Covid-19 pandemic they had found it more difficult to contact the office. We discussed this with the management team who undertook to improve the access for people, by phone.
- We saw evidence that, if people expressed dissatisfaction with any aspect of the service the management team had addressed their concerns on an individual basis. Where people had ongoing concerns, necessitating the involvement of senior managers, this was approached in a thorough, balanced and open way.

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

- The registered manager was clear about their roles and responsibilities and was well supported by their line manager.
- The care staff we spoke with were clear about their roles.
- Regular quality and safety audits took place and the outcome of these audits were fed into the provider's quality improvement process. The audits had been further strengthened since the last inspection and identified areas of improvement more effectively. Where shortfalls were identified, action plans were devised to ensure issues were addressed. We also noted improvements in the format of people's risk assessments

and care plans.

- All staff said working in the service was a positive experience and communication was good. They told us they were part of small, local care teams that worked well together. Staff we spoke with said they felt very well supported, particularly in relation to the Covid-19 pandemic. For instance, one staff member said, "My line manager is fantastic, always available for support and advice. It's very rare they don't pick up the phone, even on their days off."

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

- People and their relatives told us they understood the service might face challenges due to the pandemic, and said it had been managed well. Most people told us they received a weekly call from their care coordinator. For instance, one relative said, "The office ring me every week to ask if the care staff are wearing their PPE and to check that I am happy with the care."

We saw annual surveys were carried out to gain people's, relatives' and staffs' views. The registered manager and provider used this feedback to improve the service, both locally and nationally.

- Where people said they had less contact with care coordinators, it was evident that other members of the management team had maintained contact.
- Staff meetings were held regularly, and the minutes were made available to staff who had not been able to attend.

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 registered manager understood the requirement of the regulations to comply with duty of candour responsibilities when things had gone wrong. The provider also informed CQC of significant events, as required by the regulations.

Working in partnership with others

- Where relevant, the service helped people to maintain links in their local community, in line with Covid-19 guidelines.
- The service worked with others to ensure people received consistent and timely care. This included family members and health and social care professionals such as social workers, nurses and GPs.
- One relative told us, "The only concern I had was the care package wasn't right, it wasn't Direct Health, but they worked with the Council to get things sorted out. They were really good."