

Direct Health (UK) Limited

Direct Health (Kettering)

Inspection report

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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?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This announced inspection took place on 18 and 19 June 2015.

Direct Health (Kettering) provides domiciliary care to people with a range of care needs to continue living independently in their own home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We had received several safeguarding concerns due to people experiencing late or missed calls and the provider had recently investigated the reasons for such incidents

Summary of findings

and an action plan had been put in place to address the shortfalls identified. The provider also told us they had voluntarily agreed not to take on any more clients until the situation was fully resolved.

People that required staff to administer their medicines did not always receive their medicines as prescribed and staff did not always keep robust medicines records to evidence that prescribed medicines were safely administered to people, as prescribed

Documentation was not fully available to demonstrate that the provider had effective and accessible systems in place for identifying, receiving, handling and responding to complaints.

Appropriate recruitment systems were in place to reduce the risk of unsuitable staff being employed. Staff confirmed that full pre employment checks had been undertaken before they were allowed to start working at the service. The staff received appropriate training in order for them to carry out their roles and responsibilities.

Mental Capacity Assessments (MCA) had been carried out to establish whether people had the capacity to make informed decisions about different elements of their care and support needs, such as whether they could safely self manage their prescribed medicines. The care staff sought consent before carrying out any care; they offered people choices and explained what they were doing.

People were provided with assistance with the provision of meals and received sufficient support to ensure their nutritional needs were met.

People were treated with dignity and their privacy was respected, the care staff ensured that people consented to the care they received.

We identified areas where the provider was in breach of Regulations of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 (Part 3). You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 always safe.

People did not always receive their care at the time scheduled within their care plan agreements.

Risk assessments were not always reviewed as scheduled or updated when people's circumstances had changed.

People that required staff assistance to take their prescribed medicines did not always receive their medicines on time. This was mainly due to staff arriving late and in some cases due to missed calls.

The medicine administration records were not sufficiently robust to evidence that medicines were always administered to people as prescribed.

Requires improvement



Is the service effective?

The service was not always effective.

The systems to communicate information between people using the service and agency office were not always effectively utilised.

Staff had received appropriate training to ensure they had the knowledge and skills to meet people's needs.

Staff sought consent from people before carrying out care.

Requires improvement



Is the service caring?

The service was caring.

People said the staff treated them with dignity and their privacy was respected.

People were supported to express their views and involved in how they wanted their care to be delivered.

Good



Is the service responsive?

The service was not always responsive

Pre admission assessments of people's needs had not always been undertaken by the provider, when people had transitioned between care services.

Care plans were not always updated as and when people's needs had changed.

Documentation was not available to demonstrate that the provider always responded to complaints appropriately.

Requires improvement



Summary of findings

Is the service well-led?

The service was not always well - led

The management systems did not fully ensure that people received care at the agreed time.

The management monitoring systems were not fully set in place to consistently ensure effective quality monitoring of the service.

Requires improvement



Direct Health (Kettering)

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.

This inspection took place on 18 and 19 June 2015 and the inspection team comprised of two inspectors. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in when we visited.

In planning for our inspection we contacted commissioners responsible for placing people with the service and

monitoring the quality of care and support people received. We also reviewed information we held about the service that included statutory notifications from the service informing us of important events, such as, accidents and incidents and safeguarding matters.

During our inspection we spoke with four people who used the service and one relative. We also spoke with the registered manager, the area manager, the quality manager and six care staff.

We looked at the care records of 10 people using the service to check whether their care needs were appropriately assessed and being met. We also looked at the recruitment and training records of seven staff and other records in relation to the management of the service.

Is the service safe?

Our findings

People that required the full support to take their prescribed medicines did not always have their medicines safely managed. People told us they did not always receive their medicines on time as prescribed, they said this was mainly due to staff not arriving at the allocated time to provide their care. Staff told us they were provided with medicines training that included how to complete the Medicines Administration Record (MAR) charts. However we found the MAR charts did not always contain sufficient detail to ensure people had received their medicines as prescribed. For example, some of the MAR charts did not have basic information available such as, the strength and dosage, the times to be given, or any special information, such as whether a medicine needed to be given before or with food.

We also found that staff did not always maintain robust medicine administration records as they did not always sign the records to evidence they had given people their medicines. One member of staff said, “It worries me when I see staff don’t sign the records, I know how important it is to keep accurate medicine records, I have raised my concerns about this to the management but it hasn’t improved.”

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014

We saw that a range of risks assessments were carried out, however some risk assessments were overdue their annual reviews and some that had been completed by a previous care provider had not been reviewed upon people transferring to Direct Health (Kettering) as their new care provider several months ago.

We found that some people’s needs had changed and their risk assessments had not been updated to reflect the changes. For example one person’s mobility had significantly decreased following a fall and their risk assessment had not been updated to reflect this. The person’s care plan stated that staff were to escort the person on walks in the park, however the person told us this was no longer valid as they were unable to do this anymore. In addition the mobility aid the person used had changed from a walking stick to a wheeled mobility frame.

During a visit to the person we saw their walking frame was placed beside them and they confirmed the care staff assisted them to safely move around the home using the walking aid.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014

People were appropriately protected from harm arising from poor practice or ill treatment. Safeguarding procedures were in place for care staff to follow in practice. The care staff were familiar with the safeguarding and ‘whistleblowing’ procedures and knew who to raise any concerns if they suspected or witnessed any person receiving ill treatment or poor practice. They understood the role of the safeguarding local authority and their duties to respond to allegations of abuse and protect people.

Staffing levels were adequately maintained to meet people’s needs. However people using the service told us they were not always advised of staff changes or delays in staff arriving to provide their care and support; for some people this impacted on their sense of feeling safe. One person

said “They [staff] are supposed to come around 7:30am but sometimes they don’t turn up until 10:30am or 11:00am.” The agency used an electronic system for staff to log when staff arrived and left people’s homes. A relative told us that two staff were allocated to provide care but on some occasions only one care worker would arrive. They said in such instances the staff put it down to staff deployment difficulties rather than a lack of staff shortages. Staff commented it was common that they had contacted the agency office to cancel their shift well in advance, only to find their name was still listed on the staff rota and alternative plans had not been made to reschedule the rota.

People told us they were not informed in advance by way of a staff rota as to the staff that were allocated to provide their care, although they did say the same staff tended to carrying out the visits. One person said, “I used to get a staff rota, it’s important to know who to expect to knock on your door, I would like it if this was reinstated, it gives peace of mind.” The staff said that frequently planned visits would be changed at very short notice and they found this

Is the service safe?

frustrating as they had already planned their daily schedules. One member of staff said, “It’s not fair when we are told to go to another area as it means the people we usually visit end up having to have their calls put back.”

We had received several safeguarding concerns due to people experiencing late or missed calls and the provider had recently investigated the reasons for such incidents and an action plan had been put in place to address the shortfalls identified. The provider also told us they had voluntarily agreed not to take on any more clients until the situation was fully resolved.

Appropriate recruitment systems were in place to reduce the risk of unsuitable staff being employed. Staff confirmed that full pre-employment checks had been undertaken before they were allowed to start work and this was documented within the staff files seen during the

inspection. We saw the checks included obtaining of references from previous employers and criminal records checks through the government body Disclosure and Barring Service (DBS).

Security arrangements were in place to enable care workers to access people’s homes when poor mobility posed difficulties for people to answer their door. In such instances people had agreed to have a small wall mounted key safe placed outside their home for staff to access in order for them to enter their homes. Precautionary arrangements were also in place to prevent people’s security being compromised by any unauthorised use of the key safe. One person said, “Having the key safe means the staff can let themselves in otherwise it takes me a long time to answer the door and I’m not too steady on my feet anymore.” Another person said, “It’s peace of mind, I once had a fall and thankfully the staff let themselves in and found me, they called an ambulance and were a tremendous help.”

Is the service effective?

Our findings

People received care from staff that had the knowledge and skills need to carry out their roles and responsibilities. The care staff told us they were provided with comprehensive two week induction training when first taking up employment with the agency. They also confirmed that they received on-going training, to enable them to competently meet people's needs. At the time of inspection we saw that updates to medicines management and moving and handling training was being provided for staff.

People using the service and their relatives told us they were very pleased with the support they received from 'regular care workers', saying they were very experienced and competent to do their jobs. However people did not speak so highly of care staff they were unfamiliar with, one person said they had to go into great detail to explain to 'new care workers' the kind of care and support they needed. The person said "Surely they [care staff] should be fully briefed about my needs before they come into my home."

A breakdown in communication with the agency office was a source of frustration for people using the service. Some people commented it was common when they had contacted the agency office that messages were not passed on. This was also echoed by staff who said when they had contacted the office for example, to cancel their shift to find

they had not been taken off the rota. People using the service and staff both commented that it depended on who you spoke with as to whether the message got passed on or relayed to the right person.

Mental Capacity Assessments (MCA) had been carried out to establish whether people had the capacity to make informed decisions about elements of their care and support, such as managing their prescribed medicines. Where people did not have capacity to self-administer their medicines it was recorded in the care plan. The care staff were aware of their roles in assessing people's mental capacity to consent to their care.

People told us that care staff sought consent before carrying out any care and they offered choices and explained what they were doing. Some people required assistance with preparing meals, drinks and snacks. People said the care staff provided assistance with the provision of meals and received support to ensure their nutritional and dietary needs were being met. One person told us they had frozen meals delivered to their home and the staff heated meals up for them in the microwave, they also said the care staff made up sandwiches and snacks for them.

People told us that the care staff were very good at checking that their health needs were met and that they took appropriate action when they were unwell and in need of medical attention. They said they had contacted the GP or called for an ambulance in emergencies. We also saw that the care staff had recorded in people's care plans the on-going care and support people had received.

Is the service caring?

Our findings

People were complimentary of the care and support they received especially from the regular staff that attended their calls. One person said, “They [care staff] are brilliant, I can’t speak highly enough of them.” Although it was noted that people were not so complimentary of care workers unfamiliar to them. For example, people said the non-regular staff did not seem to spend time talking with them, one person said, “The ‘younger ones’ don’t talk to me very much, whereas the ‘older’ ones always spend time talking with me and seem to take a genuine interest.”

People told us that where possible the times they preferred to get up and go to bed were accommodated and understood that sometimes emergencies happened and a compromise had to be made. It was evident from the staff comments they were committed to providing a high standard of care for the people they visited. One member of staff said, “I really do love my job, it’s important to build

trusting relationships with the clients, I feel I have great relationships with the people I visit. They rely on me visiting and they don’t like change, I feel appreciated by the people I visit.”

People told us that the care workers respected their privacy and treated them with dignity. A relative said, “I hear the staff talking to my husband they are respectful and they seem to get on very well together.” Another relative said, “The staff always make sure my [relative] is covered with a towel when giving a bed bath.”

People said that although care workers were there to support them with their assessed needs they still felt encouraged to manage as much as they could for themselves. People told us they felt they were treated as individuals.

The care staff were aware of the sensitive nature of their work and respected people’s confidentiality. During the inspection we heard office based staff respond to telephone queries in a polite, helpful manner.

Is the service responsive?

Our findings

People and their representatives said they had been involved with care plan reviews and documentation that showed where reviews had identified where the care plans required updating. However the updates required had not always been implemented.

The registered manager confirmed that the care plans were reviewed and updated annually or sooner as and when people's circumstances changed. However we found that not all people had care plans put in place that were originated from an assessment being carried out by Direct Health (Kettering) upon transfer to the service several months ago. In such instances the care plans in use had been completed by the previous care agency and had not been fully reviewed upon the person transferring care providers.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014

A complaints policy was in place and the people we spoke with said they were aware of it. We also saw that information on how to raise a complaint was available within the provider's information held within people's homes.

People said they would not hesitate to speak to a member of staff or call the agency directly if they needed to raise a complaint. However they also told us they had experienced difficulties making contact with the agency office particularly at weekends. They said they had little confidence that messages they had left at the office always got through to the right person. One person said, "If I speak to a certain member of staff [staff name] in the office I know my message will be dealt with, however I can't say the same for all of the office staff." One relative spoke of a recent situation when they had contacted the agency office to report an incident regarding their relative's care they were unhappy about. The person said, "I'm still waiting for a response, I doubt if I will hear anything back as I've complained in the past. It really depends who you speak to whether anything gets done about it."

We saw that records of complaints held at the agency office showed that some complaints had been responded to in line with the provider's complaints procedure. However we also found that some complaints had insufficient documentation to demonstrate the complaint had been responded to appropriately. The registered manager told us a new computerised system for logging complaints had been introduced and they were in the process of merging paper and electronic records to ensure there was a clear audit trail on the actions taken in response to complaints.

Is the service well-led?

Our findings

There was a registered manager in post. 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 and associated Regulations about how the service is run.

There had been an escalation in safeguarding concerns received from the people using the service and the provider, regarding late or missed calls. The Local Authority safeguarding team and contract monitoring commissioners had also expressed concerns about people being placed at undue risk through receiving late or missed calls.

The provider had recognised that the quality of the service provided for people had fallen short of their expected standard. They informed us they had undertaken a full review of the management systems and had put in place additional managerial resources to assist the registered manager in implementing more robust quality monitoring

systems. They had carried out a full quality audit and based on the findings and had put in place action plans with set deadlines for improvements to be made. In addition they had voluntarily agreed to stop taking more people into the service.

Systems were in place for staff supervision and team meetings. The care staff told us that staff meetings took place and they had the opportunity to contribute to items to be discussed on the agenda and the minutes of staff meetings were available within the agency office for review.

The staff also confirmed they were provided with regular one to one supervision meetings with their line managers.

People had opportunities to have their say about their experience of using the service at their care plan review meetings and through completing service user satisfaction surveys. We saw the last satisfaction survey was carried out in August 2014; however records were not available to demonstrate the actions the provider had taken at the time in response to comments received from people using the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met:

The provider was not protecting people against the risks associated with the proper and safe administration and management of medicines.

Regulation 12 (1) (2) (g)

Regulated activity

Personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met:

Where the provider had taken on the responsibility for the care and treatment of service users on transfer from another care provider, they had not always assessed the risks to the health and safety of service users of receiving the care or treatment.

Regulation 12 (1) (2) (a)

Regulated activity

Personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met:

Where the provider had taken on the responsibility for the care and treatment of service users on transfer from another care provider, they had not always ensured that timely care planning had taken place to ensure the health, safety and welfare of the service users.

Regulation 12 (1) (2) (i)