

Direct Health (UK) Limited

Direct Health (Stockton on Tees)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook an announced inspection of Direct Health Stockton on 23 February 2017. We told the registered provider two days before our visit that we would be inspecting, this was to ensure the manager would be available during our visit.

In September 2015 we completed an inspection and found that the provider was continuing to fail to ensure people received safe care and treatment; to operate and establish effective systems or processes and to assess, monitor and improve the quality and safety of services provided and to ensure that staff receive appropriate training as is necessary to enable them to fulfil the requirements of their role. We issued a formal warning telling the registered provider that by 1 February and 1 March 2016 they must rectify these breaches of regulation.

At our next inspection in March 2016 and April 2016 we found that the registered provider had not rectified the breaches of condition and identified more breaches of regulation so we rated the service as inadequate. The service was placed in special measures. We took enforcement action to impose registration conditions, which required the registered provider not to take on or extend any care packages without our agreement and to supply each week information about the management of the care packages and how they dealt with missed calls.

The breaches of regulations we identified were:

- ☐ Continued breach of Regulation 12: we found the registered provider was failing to provide safe care and treatment. The staff management of medicines was not safe, risk assessments provided limited or no guidance about the ways to meet people's needs and minimise the risks. Accidents and incidents were not recorded and acted upon.
- ☐ Continued breached of Regulation 18: We found the registered provider was not employing enough staff to cover calls safely and consistently, there was a high turnover of staff and extra calls were added onto to a care workers rota without their knowledge. Staff supervision and appraisals were not taking place and training was not up to date.
- ☐ Continued breached of Regulation 17: We found the registered provider had no system to accurately monitor care calls, rotas were not completed, there was no effective system for maintaining an accurate list of people who used the service and the monitoring the quality of the services performance was wholly inadequate.
- ☐ Breached of Regulation 11. We found the registered provider's capacity assessments were confusing and contained typographical errors.
- ☐ Breached Regulation 9: the registered provider failed to do everything reasonably practicable to ensure people received person centred care which reflected their needs and personal preference.
- ☐ Breached Regulation 16: We found their complaints process to be confusing, there was no clear record as to whether the registered provider had acted on a complaint or an outcome to the complaint.

We inspected on the 27 September and 3 October 2016 to review the action the registered provider had taken in response to our concerns and to ensure they were compliant with the regulations. During that inspection we found improvements were still needed to be made. These improvements were related to medicines management; care files needed more person centred information and to contain information not relevant to staff for example how to clean a Percutaneous endoscopic gastrostomy (PEG) when this was not the staff members responsibility; and monitoring and assurance tools had been allocated but were yet to be implemented.

Direct Health (Stockton) provides personal care for people in their own homes in Stockton, Eaglescliffe and Yarm. It is a large service and at the time our inspection in February 2017 it was providing care to approximately 400 people and employing approximately 200 staff. Direct Health was providing a personal care service to 310 people in their own homes.

Following the last inspection in September and October 2016 we reviewed the conditions imposed on the registered provider's registration and as improvement was seen we removed the condition requiring that no new packages or increased packages were accepted without our permission. Since then we found the registered provider had only accepted or extended packages when they could do this safely.

The service has not had a registered manager for over two years and this is a breach of their conditions of registration. 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. At the time of our inspection the service had a new manager who started in November 2016. This manager had started the process to register with the CQC.

During this inspection we found

Systems were in place for the management of medicines so that people received their medicines safely. However, records for the application of creams for one person were incomplete and details of the strengths and dosages of some medicines were not accurately recorded.

Care files we looked at were person centred and contained information that reflected people's current and changing needs. We found the repetition of people's needs had been reduced and care staff's responsibilities were much clearer. The care records no longer discussed tasks the staff were not contracted to undertake.

We found improvements had been made around risk assessments and they were more person specific.

The manager and staff had an understanding of the Mental Capacity Act 2005 and had received training in this area to meet people's care needs. The service was now using an updated capacity assessment form. Only people who they thought lacked capacity were now being assessed and best interest decisions were appropriately completed around aspects of care the registered provider needed to deliver. We saw evidence of consent.

Quality assurance audits were now taking place, missed and late calls were being monitored and audits of each person's record book was taking place monthly. The manager had a good system in place to control the collection of people's record books. Any concerns from these audits and staff would be asked to attend training workshops.

The manager had recently sent a survey out to gain feedback from people and their relatives. The response was positive.

Staff had a good understanding of safeguarding processes and followed these in practice. All staff we spoke with felt confident to raise any concerns they had in order to keep people safe. The service monitored accidents and incidents. Staff we spoke with said they had access to plenty of personal protective equipment (PPE).

There was enough staff and there was sufficient capacity to deliver people's care. Management of staff rotas took place and unallocated calls had reduced significantly from approximately 78% to 2%.

Training was well organised and staff were knowledgeable about the needs of the people they worked with to support them as individuals. We saw that training was up to date. Supervisions and appraisals were taking place regularly as well as spot checks. Staff we spoke with found the supervisions to be useful.

The majority of staff felt they were supported by management. Some staff said they did not know the new manager as yet.

We found there was more consistency with people being supported by the same staff. Staff confirmed they mainly had the same clients.

We looked at the complaints file and found that complaints were documented with a full outcome. The complaints had reduced substantially since August 2016.

Recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers and we saw evidence that a Disclosure and Barring Service (DBS) check had been completed before they started work at the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. To help employers make safer recruiting decisions and also to minimise the risk of unsuitable people working with children and vulnerable adults.

Staff we spoke with felt the culture of the service was now open and honest, less pressurised and the service had strengthened their values so now were providing the best care possible for people.

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 ●

There were safe systems in place for managing medicines safely.

Risks were identified and action was taken to reduce risks while supporting people.

There were enough suitably qualified, skilled and experienced staff to support the number of clients.

People were protected by the registered provider's approach and staffs understanding to safeguarding and whistle blowing.

Is the service effective?

Good ●

The service was effective.

Staff received on-going training and support to ensure they carried out their role effectively.

Staff supported through supervisions and appraisals.

People's capacity to make decisions and best interest decisions were completed in line with the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good ●

People confirmed staff helped them to lead independent lives and that they were treated with respect and dignity.

Staff knew how to maintain people's privacy and dignity.

Staff spoke positively about their work and they were respectful when talking about the people they supported.

We received positive feedback from people and their relatives.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and detailed care and

support plans were in place. Care plans were less repetitive and only contained information relevant to what the care staff should know.

People knew how to make a complaint. Complaints were investigated with a full outcome for the complainant. Complaints had reduced dramatically

Is the service well-led?

Good ●

The manager was in the process of becoming registered with the Care Quality Commission.

Effective management systems were now in place to safeguard people and to monitor and improve the quality of the service provided.

The culture of the service had improved and staff felt supported by the manager. However some staff felt they did not know the manager yet.

People had now been asked their views of the service and the feedback was positive.

Direct Health (Stockton on Tees)

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.

The inspection of Direct Health Stockton took place on 23 February 2017 and was announced. Two adult social care inspectors and one pharmacy inspector undertook the inspection. Three experts by experience telephoned people in their own homes to gain their views of the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses a service, on this occasion a domiciliary care service.

The provider was asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. During the inspection the manager and the area manager was asked to provide information on achievements made with the service and plans for improvement.

Before the inspection we reviewed all the information we held about the home. The information included reports from local authority contract monitoring visits, enquires and notifications and any concerns, complaints and safeguarding information we had received.

During our inspection we went to the registered provider's office and spoke to the area manager, manager, three care coordinators, medication assessor and eight care staff. We reviewed the care records of nine people that used the service and reviewed the records for five staff and records relating to the management of the service. We also looked at the medicine records of five people who used the service and visited three people in their homes to see if appropriate arrangements were in place for medicines and discussed medication with staff.

During and after the inspection visit we undertook phone calls to 30 people that used the service and 11 relatives of people that used the service. We emailed staff a set of questions to respond to and we received one back. We spoke with three staff members over the phone.

Is the service safe?

Our findings

At the September and October 2016 inspection we found a continuing breach of regulation 12 (1) (Safe care and treatment) Of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At that inspection we found the management of medicines remained unsafe as information contained within care plans regarding the level and nature of support was inconsistent and lacked details. Staff had not accurately documented the level of support that individual people needed in their care plan. Care workers did not always ensure that the administration of people's prescribed medicines was accurately recorded. The interval between time critical medicines was not the required time, for example four hours between the administrations of Paracetamol.

Risk assessments did not match people's needs and abilities. Information in care plans documented tasks that care staff had no input in, for example one care plan stated that the PEG tube was to be removed and rinsed and re inserted. We were concerned that care staff may not have this level of training. On investigation we found that Direct Health care staff never touched the PEG and the individual's personal assistant dealt with this equipment.

Some risk assessments were still missing. For example one person's care plan noted that they were a high falls risk, yet there was no risk assessment. Not everyone who used a key safe had a risk assessment in place.

During this inspection we asked people if they felt safe when Direct Health care staff came to their home to provide care. People we spoke with told us, "Oh yes, no concerns about safety. Once I tipped out of my chair and had to call them out to pick me up. When the carer came she sat with me until I was feeling ok as I was a bit shook up." "They're gentle, I've never been hurt in any way and I always feel safe." "There's never been any problem with trust and safety," and "Yes I feel safe."

The registered provider had a detailed medication policy in place that stated the different levels of medication support that was provided for individual people. We saw that the provider had recently updated their medication policy so that the level of support stated in the medication risk assessments match the level of support listed in the medication policy. The level of support identified in the risk assessment matched the level of support given for all three people we visited. This was also the same level of support recorded on the Medicine Administration Chart (MAR) by staff.

The registered provider had been recently introduced a new system to reduce the number of errors on handwritten MARs, however we still found a some entries that included spelling mistakes or had the strength or dose missing. Management had identified this during audit and they told us that these were being addressed. Management and staff carried out other checks of medicines records to make sure that care staff returned them to the office in a timely manner and that they were completed properly. These checks should help identify any issues quickly in order to learn and prevent the errors happening again.

Several people were prescribed creams and ointments that were applied by care staff. Since our last visit, guidance on where these preparations would be applied and the frequency of application had been updated and reviewed. We saw examples of these records however; when we visited one person, the chart had not been updated to incorporate a recent change in dose. These records help to ensure that people's prescribed creams and ointments were used appropriately. Staff told us they were still working on improving these records and ensuring they were always completed.

We found that two people whose records we looked at that were prescribed regular Paracetamol tablets for the relief of pain. Staff had now changed their support visits to time critical calls. This meant that there was a minimum of four hours between visits to reduce the risk of Paracetamol toxicity.

We looked at the current medicines administration record for one person prescribed a medicine with a variable dose, depending on regular blood tests. Staff had written confirmation from the person's doctor of the current dose and next test date and this was clearly documented in the care plan. There was also a risk assessment in place for this medicine. This meant that arrangements were now in place for the safe administration of this medicine.

We looked at the arrangements that were now in place to manage risk, so that people were protected, supported and respected. We saw risk assessments had been generated following an assessment of people's needs. Risk assessments were personalised and linked to people's current support needs, together with guidance for staff on keeping people safe while also supporting their independence. Risk assessments were now becoming more person specific and only contained information that was relevant to the care Direct Health provided. This meant that the registered provider had removed the risk of staff carrying out duties Direct Health were not employed to do or that staff had not received training for.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. We found that these were all being recorded and analysed for any trends.

Environmental risk assessment for people's property was completed and information relating to the mobility support equipment such as ceiling track hoists, profiling beds, slings and wheelchairs. We saw a record of supplier, serial numbers and when the items had last been serviced.

The registered provider had a business continuity plan, which provided information about how they would continue to meet people's needs in the event of an emergency, such as flooding or a fire forced the closure of the service. This showed us that contingencies were in place to keep people safe in the event of an emergency.

People we spoke with said there was more consistency with the same carers attending to the calls. Comments included "We usually have the same carer's each time." "They usually send the same carer, they know me well" and "We have one regular carer, who is excellent"

We were provided with information on unallocated on a weekly basis. Unallocated means that they are not allocated to specific staff members each week. The unallocated hours had reduced from approximately 78% to 2%. This meant the registered provider was providing a more consistent service.

We found the service employed enough staff to cover all the calls. Staff we spoke with told us that the rotas had improved and they had time to get from one call to another. However two staff members said they felt there was too many staff now and they struggled to get hours. The manager explained that as the service took on more people the hours would improve, however they needed some flexibility to cover sickness and holidays.

Robust recruitment processes were followed. The staff recruitment process included completion of an

application form, a formal interview, previous employer references and a Disclosure and Barring Service check [DBS] which was carried out before staff started work at the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions.

Policies and procedures for safeguarding adults and whistleblowing [telling someone] were in place and these were accessible to members of staff. Records showed that staff received safeguarding training and staff confirmed they had refresher training on a regular basis. This helped to ensure staff had the necessary knowledge and information to protect people from harm. The staff we spoke with were aware of how to raise safeguarding alerts.

We found marked improvements had been made and the breaches identified at previous inspections had been resolved.

Is the service effective?

Our findings

At the September and October 2016 inspection we found a continuing breach of regulation 11(Consent to care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We found that staff continued to ask people who they deemed to lack capacity to sign that they gave consent. The MCA form they were using caused confusion and created answers that were confusing. For example the form for one person said they did not have the capacity to decide what and when to eat but the form stated this person could make a decision if they wanted to see a doctor or go out alone. The Head of Customer Engagement provided us with a new form that was being implemented the week after that inspection. This new form was a lot clearer and easy to understand.

During this inspection we found the new clearer form had been implemented. Best interest decisions were appropriately completed for people who lacked capacity and where the decision related to the care Direct Health were responsible for delivering. We also saw evidence of consent in care files.

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 in their own home when this is in their best interests and legally authorised under the MCA by the Court of protection.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. We saw that staff had undertaken training in a range of topics. Staff we spoke with told us they received training relevant to their role. Staff told us, "I have enough training; I am currently doing my NVQ level 3." "I have done my food hygiene training," "Training is much better recently it has improved, I have asked for additional training and received it" and "The training is great, I must admit it is up to date." One person told us that when they had briefly left the employment of Direct Health -Stockton and then returned a month later they had to complete all of the mandatory training.

We asked people who used the service and their relatives, if they thought the staff had the skills and the knowledge required to meet their needs. One person said, "They all seem well trained, even the new ones." One relative we spoke with said, "They [staff] get a week of training, I don't think it is enough."

We saw evidence of supervisions, appraisals and spot checks taking place. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff confirmed they had regular supervisions and appraisals. We saw records to show that work load, personal development, risk management and quality assurance standards were topics of discussion during supervision. We asked staff if they felt supported through supervision. Staff told us, "I get supervision every three months, they are useful as I get feedback on how I am doing," "Supervisions are not too bad, I can use them if I want to change my availability, but I am happy." Unannounced spot checks took place every three months or more often if there were concerns. One staff member said, "They [management] just turn up to see if you arrive on time,

you are wearing your uniform and PPE and conducting yourself in the manner you should."

The manager had set up a matrix to show when supervisions and spot checks were next due and how the previous supervision and spot check went. This meant that all staff received a supervision and spot check and it was easy to see how the last one went.

An induction process was in place to support newly recruited staff. The service had introduced a ten day induction program. This included reviewing the service's policies and procedures, undertaking the Care Certificate and shadowing more experienced staff. The Care Certificate is a set of standards that social care and health workers are expected to follow. This covered the minimum standards that should be part of induction training of new care workers.

We asked people who used the service if staff supported them well with food. People told us that where meals and drinks were prepared they chose what they wanted to eat and food was hot and nicely presented. Some comments were: "They all know I like my tea weak with no milk. And that's how they make it for me." "I leave what I want in the fridge and they make it for me. The food is hot and looks good and my drinks are always how I like them." However one person said the staff could do with some training on how to cook, saying "I asked for a poached egg for my meal and when I got it, it was not fit to eat."

We found marked improvements had been made and the breaches identified at previous inspections had been resolved

Is the service caring?

Our findings

We asked people if they thought the staff were kind and caring. People told us, "They [staff] are a grand set of people who put in a lot of effort to help," "They are very good, helpful, always ask what more they can do" "They are kind and patient," and "Quite frankly I couldn't get any better. Really nice, they're more friends than carers. We have a good laugh. It's a pleasure them coming when you are on your own, I look forward to it, have a laugh, make a cuppa and we have a chat." Relatives we spoke with told us, "We really love the carer's they are amazing," "The staff have always been very nice and the current staff are very nice. They have become almost friends and are most pleasant," and "The staff are generally very kind."

People we spoke to said that staff are respectful and polite and observe their rights and dignity. People told us, "They [staff] treat me with respect are polite, [care worker's name] is very good. One day I had made a right mess; he cleaned me up, washed everything, and told me it wasn't my fault. He was marvellous." ""Always polite and respectful, when we get to know one another we have a laugh. I told them they can call me [first name]." and "They check the temperature of the bath and sit me down, then cover me with a cloth whilst I wash myself. They stay to supervise but don't stare at me."

We asked staff how they promoted people's privacy. Staff we spoke with said, "I make sure the curtains are closed and doors shut and I always cover the person with a towel," and "I always cover people with a towel for dignity when carrying out personal care."

We asked staff what they thought was important in terms of interactions with people and what people valued. Staff we spoke with said, "I think being there is very important to some people as they may only get to see the carer's, so it is important to interact with them [person who used the service], also it makes people more comfortable if you chat a lot, they get to know the carer," and "The clients sometimes need to talk, we may be all they see, so I will not dash off, I will spend a few minutes sitting and chatting, my priority is my clients."

People we spoke with felt that staff supported them to be as independent as possible. People told us, "I can't fault them, they [staff] know I am very independent and they encourage me to maintain my independence," "They have helped me to maintain some independence," "They have helped and encouraged me to maintain my independence, they help me to do things that I can do," and ""They [staff] have walked behind me and helped me to walk until I have been able to get back to normal. The carers are over the moon now that I can walk up and down the stairs."

Staff explained how they promoted people's independence. "I provide choice so they [people who used the service] can independently choose, I ask them if they would like to try and do something's themselves, I do try to encourage people to do as much as they can for themselves as long as they're able to manage." Staff we spoke with said they were happy working for Direct Health. Staff told us, "I love working here," "I enjoy working for them [Direct Health], anything I need such as extra time off gets sorted," and "I love it here especially the clients."

Is the service responsive?

Our findings

At the September and October 2016 inspection we found a continuing breach of regulation 17(Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At that inspection we found care plans were repetitive, pertinent information was missing and the care plans contained instructions for staff about tasks they had no responsibility for. Audits of care plans had not identified that the care plans did not reflect current needs.

During this inspection we looked at nine care files and found they had improved.

We were told that people who used the service now read their care plan or have it explained to them. The manager told us, "They had been fully involved in adjusting and creating individually tailored support plans." Most people we spoke with were aware of their care plans and had been involved in subsequent reviews, some of which had taken place recently or were scheduled. People said the care they received reflected their current needs. People who used the service told us, "I have a care plan, there are books full of them," "There is a care plan and staff write in it," and "There is a review of the care plan this Friday, we did it last year as well." Relatives we spoke with told us, "Myself and my sister was involved in the care plan and in the reviews which have taken place at my mothers, the last one was just before Christmas," "The care plan has been reviewed a couple of times, last time was December and visits have been reduced as [relative] had improved," and "The care plan is relevant, it was reviewed and updated last week."

We asked staff if they thought the care plans were easy to follow. Staff told us, "The care plans are much better now, the detail of what we have to do is better," "I read the care plans at least once a week, especially if there are any changes," "The care plans have really improved, they are more in-depth and explain a lot, they are beneficial," and "The care plans have recently been updated and they are easy to follow."

We looked at nine care plans. The care plans were becoming more person centred. Person centred care is care that is centred on the person's own needs, preferences and wishes. The care plans detailed exactly what should be done on each call. For example, one care plan stated the person must wear their Care Call bracelet, this was to be put on each morning, the care plan stated exactly where the bracelet would be. Another person was on thickened fluids, the care plan stated where the thickener was kept, how much to use to get to the correct consistency, preferred cup to use and how the person should be sitting to drink the fluid. This detail meant the registered provider was responding to people's needs in the way they preferred and needed to keep them safe.

We were told that assessors now meet on a monthly basis and discuss people's current needs and care plan reviews are then prioritised. The service had a care plan review matrix they used to ensure care plans were up to date and any new documentation was in place. The manager told us they now only have 66 care plans outstanding a review from 306. We were told that the assessors had received training around person centred care planning and promoting independence and more training sessions had been booked in.

There was a clear policy in place for managing complaints. This set out what would constitute a complaint, how it would be investigated and the relevant timeframes for doing so. We saw complaints were documented with a full investigation and an outcome. Complaints into CQC had reduced dramatically and we had only received one since the last inspection which was acted upon.

We asked people who used the service and their relatives if they knew how to make a complaint and if they had made a complaint. People told us, "I have never needed to make a complaint during the last 12 months," "I have had no reasons to complain to the company," "I have not made a complaint, and don't really know how to make one. However I have the telephone number of the agency," and "They are very good at the moment no complaints at all."

The manager provided us with letters which they were sending out to people who had previous concerns or complaints with the service to instil confidence to those people who may have felt they were still awaiting an outcome or resolution.

We found marked improvements had been made and the breaches identified at previous inspections had been resolved.

Is the service well-led?

Our findings

During our inspection in March and April 2016 we found the service did not have a registered manager in post. The previous registered manager left in December 2014. In January 2015 a manager was appointed, and at that time they were going through the registration process. We were later informed that this manager had left in July 2016.

During the September and October 2016 inspection a new manager had been appointed and had started the week before. This manager had already started the registration process with CQC, however after the inspection we were informed that they had left the organisation. During this inspection a new manager had been appointed in November 2016. They were going through the registration process and told us they were committed to making sure Direct Health maintains and continues to improve. After the inspection the manager kept us informed of their registration process and at the time of this report all their necessary paperwork was complete.

At our last inspection in September and October 2016 we found improvements had been made and people had started to receive weekly rotas and felt the management of the service had improved. During this inspection we asked people if they still received their rotas on time and what they thought of the management of the service. People told us, "We really love the carers they are amazing. The office are not very organised, they send a sheet [rota] and it's not the same person, sometimes they give us times and the carer comes later." "Yes I get a rota," "They do really well at the moment," "The agency has improved quite considerably from what they had before," "The office [staff] are not always understanding and can be abrupt," and "I feel the office side lets the agency down." We passed all people's comments onto the manager and the customer engagement manager.

We asked staff what they thought of the management and if they felt supported. Staff we spoke with told us, "The manager is nice and approachable, I have no problems." "So far they are brilliant, things now get dealt with and she is professional and approachable," and "There had been improvements since the appointment of the new manager." A few staff said they had not met the new manager; we discussed this with the manager who said they would rectify this.

The registered provider had sent out a questionnaire to 314 people and received 86 back. The registered provider collated the answers and an action plan was produced where needed. The feedback was positive which comments such as "First class service, you can't improve on excellence," "The ladies who come are excellent," "Their [staff] mannerisms at work are a credit to the company, the attitude of the care workers are excellent."

The registered provider gathered the views of people regarding the quality of the service provided by completing telephone reviews, home visits, courtesy calls and had recently held 'customer forum' meeting for people who used the service and their relatives. This provided people with the opportunity to express their views, have a cup of tea and a chat. The next meeting was to be held in March 2017.

We asked people who used the service if they have been asked for feedback. People told us, "I received a letter from the office, introducing the new manager. It was also inviting me to a meeting at the office, but I didn't attend," "I complete surveys, and sometimes I have a visit to check if I am happy with the service," and "Yes I complete surveys."

The registered provider carried out quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The last audit took place in January 2017. The audit highlighted where immediate action was needed, action was required or standards were met. The manager worked on the action plan ready for the next audit. The manager also conducted monthly audits on the record books, We could see that these audits had improved and a record was kept of which books still needed to be collected from the person's home, which had been collected, which books had been audited and any actions from that audit. This meant that any themes, trends or issues would be identified and acted on in a timely manner.

We asked people who used the service if they thought Direct Health Stockton had improved since the last inspection. People told us, "Well I think since the last review they have improved considerably," "Timeline over the past six to nine months there have been some improvements," and "We have seen a vast improvement since the company was under scrutiny last year."

The manager said, "Our Head of customer engagement and I will be holding customer surgeries, this will allow those customers who wish to participate in improving the service, feedback their thoughts and ideas and help us to plan a way forward. We feel this will be very beneficial and will generate interest in topical matters within the social care sector."

The service sent out monthly newsletters to people who used the service. The newsletters provided information on contact information over 24 hours, dates of next meetings and carer of the month. It also included topical information for that month, for example February's included a happy Valentines message and a weather warning. The February's newsletter also included information on a hedgehog appeal Direct Health were involved in and asked if anyone wanted to get involved.

We asked the manager what links they have with the community. The manager said, "We have recently started to build links within the community and have a good relationship with most of the neighbouring pharmacies who are continuing to support with medication management," and "We also work alongside dementia friends and are planning to hold a dementia friends coffee morning in the near future."

We asked for a variety of records and documents during our inspection. We found these were well maintained, easily accessible and stored securely. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

Staff meetings were taking place regularly. We saw evidence of a whole staff meeting, individual area staff meetings, assessors meetings and office staff meetings. Topics discussed were confidentiality, dress code, training and any current topics such as introducing the new manager. Staff we spoke with said, "The meetings are good, we find out what we need to know and if something is not done correctly we put it right."

