

Direct Health (UK) Limited

Direct Health (Telford)

Inspection report

Ground Floor, Padmore House
Hall Court, Hall Park Way
Telford
Shropshire
TF3 4LX

Tel: 01952245331

Website: www.Direct-Health.co.uk

Date of inspection visit:

10 October 2016

17 October 2016

Date of publication:

19 December 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 10 and 17 October 2016 and was announced. Direct Health (Telford) provides community support and personal care to older people, younger adults, people with a learning disability and children with disabilities, in their own homes. At the time of the inspection, 250 people were receiving a service from the provider. This was the services first ratings inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People did not always have support from sufficient staff. People received medicines safely. People had their risks assessed and accidents and incidents were managed safely. People received support from safely recruited staff that understood how to keep people safe, and people told us they felt safe with the staff. People had support from staff that had the required skills to carry out their role. People had their rights protected by staff that understood and could apply the principles of the mental capacity act. People had support from staff to make choices about their food and their needs and preferences were met. People were supported with their health conditions.

People told us they had good relationships with the staff that supported them and they received support from staff who protected their right to privacy and dignity. People told us they were able to make choices about their care, with support from staff where required, and they were supported to maintain their independence.

People did not always have their needs met at the time they needed preferred. People had their needs assessed and reviewed and staff understood their preferences. People understood how to make a complaint, and investigations were undertaken.

The registered manager had systems in place to check the quality of the service; however, where areas for improvement had been identified, action had not been taken at the time of our inspection. Staff were supported in their role and people felt managers were approachable.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People were not supported by sufficient numbers of staff to ensure their needs were met.

People received their medicines safely.

People were supported by staff who understood their risks and could take action to protect them.

People had support from staff who were recruited safely.

People received support from staff who understood how to identify and report potential abuse.

Is the service effective?

Good ●

The service was effective.

People received support from staff that had the knowledge and skills required to support them.

People were supported in line with the principles of the mental capacity act.

People received support from staff who understood their nutritional needs and preferences.

People did not always have support to monitor their health and access health professionals.

Is the service caring?

Good ●

The service was caring.

People received support from caring staff that they had good relationships with.

People could make choices about their care and support.

People had their rights, dignity and privacy respected.

People had their independence promoted by staff.

Is the service responsive?

The service was not always responsive.

People did not always receive support at the times they preferred.

People received support from staff who understood their preferences.

People understood how to make a complaint.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

The registered manager checked the quality of the service people received, however, action had not been taken to address identified improvements.

Staff received support from the registered manager and other members of the management team and felt they could approach them.

The registered manager understood their role and responsibilities.

Requires Improvement ●

Direct Health (Telford)

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 10 and 17 October 2016 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services; we needed to be sure that someone would be in. The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, we reviewed the information we held about the service. This included any statutory notifications we had received, which are notifications the provider must send us to inform us of certain events such as serious injuries. We also contacted the local authority and commissioners for information they held about the service.

During the inspection, we spoke with 13 people who used the service and four relatives. We spoke with the registered manager and 12 staff, which included care workers and care coordinators. We reviewed a range of records about how people received their care and how the service was managed. These included eight people's care records, three staff records and records relating to the management of the service such as complaints records, care record audits, spot check documents and policies.

Is the service safe?

Our findings

There was not always sufficient staff to meet people's needs at the time they needed support. One person told us about a late call which meant they did not receive their medicine as they had to leave for an appointment, this caused no harm to the person on this occasion. Another person said, "It's important they come on time because I am diabetic, they can be late on a weekend and I ring the office but they have never missed completely". Staff told us they did not feel there were always enough staff in some areas covered by the service. For example, one staff member told us, "I have had to start early to make sure people who are diabetic, for example and need the call for breakfast, get it on time". Another staff member said, "Staffing levels are not good, someone who was recently recruited only lasted a week". Staff said the focus was on making sure people got the calls but it was difficult, as they did not have enough staff. Staff told us they had worked seven days a week during the summer to provide cover. We saw records, which showed there had been no missed any calls, however calls were often much later or earlier than planned. We spoke to the registered manager about this and they told us as they did not have enough staff call times were changed to make sure people had the care and support they needed. The registered manager told us they were going to recruit more staff to address these issues. This showed us the service did always have sufficient staff to meet people's needs.

People who received support with their medicines had mixed views about the support they received. For example, one person told us, "The staff help me with my medicines, I always have what I need and on time, they record everything". Whilst a relative told us, "The staff do give [my relative] their medicine and write in the book, they have forgotten in the past so we leave them a note if we are out". Staff told us how medicines were recorded and what they would do if they saw an error. Staff said they felt confident in following the medicines policy and the training they had received supported them to do this. We saw staff signed the MAR chart to show they had administered the medicine as prepared by the pharmacist. The registered manager told us, medicines were in prepared packs from a pharmacy and each pack had a card, which gave instructions on how to administer the medication. They told us staff signed to say they had given the prepared pack of medicine and they do not record individual medicines on the MAR chart. We found there had been medicine errors and action had been taken to make sure the person was safe. This showed medicines were administered safely.

People told us they received support to manage risks to their safety. People and their relatives gave examples of the type of support they received to manage risks. One person said, "Oh yes I am safe with the staff they always make sure I don't fall". A relative told us, "The staff they make sure [my relative] is safe when they use the hoist". Staff we spoke to could describe the risks to people and could tell us how these were managed, for example one staff member told us, "Any risks are identified on the care plan and updates are sent to our phones". This showed staff understood risks to the people and what action to take to keep them safe.

People received support from staff that had been recruited safely. The registered manager told us about the provider's policy for safe recruitment, which included pre-employment checks to protect people from staff who may not be suitable to work with vulnerable people. Staff who we spoke with confirmed they had been

interviewed for their role, provided two references and checks had been done to check their suitability to be employed before they started working with people. The records we saw supported what we were told. This showed us the provider had systems in place to recruit staff safely.

People and their relatives told us they felt the safe when using the service and could give examples of what helped them to feel safe. One person told us, "The staff keep me safe by locking the door for me", whilst another person said, "The staff look after me properly so I am very safe with them". A relative told us, "my [relative] is very safe with them. [My relative] is blind so they are extra careful". We saw staff reported accidents and incidents and these were investigated and reported to the relevant authorities, where concerns for people's safety had been raised. For example, staff had reported concerns about one person to the manager, who investigated the concerns and reported them to the local authority safeguarding team. Staff told us they understood the process for recording and reporting concerns and could describe the signs of abuse. One staff member said, "You have to know what to look for the signs can be subtle for example with emotional abuse". Another staff member said, "We have a whistle blowing policy in our handbooks which details who we can contact including the local authority, CQC and the police, I have never felt the need to use this". The registered manager told us they were confident staff would report concerns and we saw records which support this. This showed staff understood how to recognise and report abuse and the registered manager had systems in place to investigate concerns raised and monitor incidents.

Is the service effective?

Our findings

People told us staff always asked for consent before offering care and support. People and their relatives confirmed staff asked permission for example one person said, "The staff ask if it is ok before they do anything". A relative told us, "[my relative] is blind so it is important they talk to [my relative] and say what they are doing". When people were able they had given their consent and we saw signed consent forms. Staff could tell us how they sought consent from people they supported. For example, one staff member said, "I always ask for consent, for example I will say are you going to have a wash this morning, if they say no I leave it and try again later".

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. Staff understood the principles of the Mental Capacity Act and could tell us where people lacked capacity and how they were supported to make decisions. One staff member told us, "Decisions have to be taken in people's best interests, with advice from other relevant people to decide what is in their best interests". We saw people had their capacity assessed and it identified the specific decisions people were unable to make for themselves. This showed us staff understood the principles of the MCA and protected people's rights.

People who needed support with preparing meals and drinks told us they had support from staff to choose what to eat and drink and had no concerns with the way support was received. One person told us, "The staff get my breakfast in the morning, then I manage ok". Another person told us, "The staff do cook me a meal at lunch time". Staff told us they offered people a choice of meals, for example, one staff member said, "I ask people what they would like to eat and I check what they had the day before so I can offer variety". Staff could tell us about risks relating to people's dietary intake and explain what action they needed to take to minimise these risks. One member of staff said, "[Person] has thickener in use and there are detailed instructions, they are at risk of choking, consistency is important to check and we have to stay with [the person] whilst they are drinking". Records, detailed what people had eaten and drunk. This showed people had a choice of food and were supported to eat and drink however, where people required their intake monitoring this carried out.

People and their relatives told us the staff had the knowledge and skills to support them. For example one person said, "The staff are well trained, if I happen to have a problem with my health when they are here, they know what to do to help me". One relative said, "[My relative] has vascular dementia and they really know how to support [my relative] they are brilliant". Staff told us they had regular training with access to training about specific conditions. One staff member said, "I have had autism awareness and epilepsy training to help me with the people I support". We saw staff training records, which supported what we were told. This showed us people were supported by staff who had the knowledge and skills to meet their needs, and received support to update their skills from the provider.

The registered manager told us there was an induction for new staff which included 10 days training covering all areas of the role and the provider policies. This was supported by shadowing experienced staff and checks on competency before the staff member could work alone. We spoke to staff about this who confirmed the induction prepared them for their role. The records we saw supported this. Staff told us the induction had supported them to understand their role and they felt confident. One staff member said, "I had never done this type of work before, after the induction and my shadowing was done I felt ready for the job". This showed the provider had systems in place to ensure that new staff had the knowledge skills and abilities to carry out the tasks associated with their role.

People told us staff supported them with health conditions and helped them to access support when they needed it. One person said, "The staff know how to help me use some equipment to help with my medical condition, if I am unwell whilst they are here". Another person told us, "The staff go to the doctors with me" and another person said, "I have felt light headed when they have been here and they have stayed until I felt better". Staff told us how they supported people to monitor their health, for example, one staff member told us, "To support with pressure care, we have to make sure the areas are clean and apply cream, we monitor this and if it's worse we report it to the office so they can arrange for the district nurse to visit". We saw records of contacts made with health professionals documented on the electronic recording system and information was communicated to staff. This showed us people were supported to monitor and maintain their health and wellbeing.

Is the service caring?

Our findings

People and their relatives told us the staff were caring. Everyone we spoke to told us they had good relationships with the staff that supported them and they felt the staff were very caring in their approach. One person told us, "The staff are very kind and caring and very efficient too". Another person said, "The staff always ask if there is anything else I need doing such as putting washing out or need any shopping, they are brilliant". One relative told us, "The staff are definitely very caring and very helpful, they talk to my husband all the time". Staff told us they tried to make sure they developed good relationships with people and offered support in a caring way. For example one staff member said, "It is important to listen to what is going on with people and talk to them". Another staff member said, "I offer reassurance and if I have to stay longer I do". This showed the staff were caring and had good relationship with the people they support.

People told us staff supported them to make choices about their care and understood their preferences. One person said, "The staff always ask me what I want to eat." Another person said, "The staff always offer me a choice of what I want to do first, get ready or have a cup of tea". Staff told us they offered people choice about how their support was delivered. One staff member said, "I ask [a person] about what they would like to buy before we go shopping and we make a list". We saw from the daily records people had been given choices about what support they received for example what to eat or whether to get up or have a longer time in bed". This showed us people were supported to make choices about their care and support.

People told us the staff treated them with respect and protected their privacy and dignity. One person told us, "The staff always talk in a respectful manner and they know me by now". Another person told us, "Staff always knock the doors before coming in to a room". Relatives told us the staff were very respectful and always made sure they remembered they were in someone's home. For example, one relative said, "The staff are considerate of our home". Another relative said, "The staff respect [my relatives] privacy they make sure doors are closed things like that". Staff told us they made sure people were treated with dignity and respect. One staff member said, "I treat people with respect and show empathy, I make sure I smile and sometimes hold hands while I am talking to people". We saw records which supported what people, staff and the registered manager told us. This showed the registered manager and staff promoted people's privacy, dignity, and respected their rights.

People and their relatives told us the staff supported them to maintain their independence. One person told us, "Staff help me to wash the areas I can't do for myself". Staff told us they always tried to encourage people to do things for themselves. They could give examples of how they supported people to maintain their independence. For example, one staff member told us, "With [a person] I supported them to regain their independence with showering, and they have minimal support now". We saw people's records, detailed the tasks that people could carry out for themselves and those tasks they required support to undertake. For example, one record indicated a person needed encouragement to maintain a healthy diet, another record indicated a person could support themselves with personal care. The registered manager told us it was important to determine what people could do for themselves and they identified this when they carried out an assessment and put together a care plan. The registered manager said, "We allow people to do as much as they can for themselves for example with personal care". The records we saw supported what people,

staff and the registered manager told us. This showed people were encouraged to maintain their independence.

Is the service responsive?

Our findings

People told us they were not always supported at the times they preferred. For example one person said, "The staff were very late this morning, it happens sometimes but they do arrive eventually". Another person told us, "I am happy with the staff, the only problem is the times they arrive". Another person told us, "They never stick to the times, they are often early or late, and they don't tell me the times are changing". Staff told us they could not always attend the call at peoples preferred times. They told us that sometimes this was due to being short of staff and not having enough travel time between calls. One staff member said, "When people are up early then they have a late call to go to bed and are up for hours, it is not fair on them". We saw records, which showed people did not always have the calls at the time they were scheduled, in some cases they were up to an hour early meaning people were getting up at 6.00am or more than an hour later than planned. This showed us people did not always have their preferences met with call times.

People told us staff understood their needs and preferences, and they were involved in their assessment and care planning. One person said, "The staff do know how I like things done for me". One person said, "We review the care plan regularly". Staff told us they understood people's needs and preferences. A relative told us, "[My relative] has a care plan and it is reviewed regularly and I am involved in the review". Staff understood peoples preferences around their care and support. One staff member said, "Care plans are detailed, they tell me what I need to know to support people". Another staff member said, People have different routines and likes and dislikes but this is all in the plan". Another staff member told us, [A person] requires food to be prepared in a particular way to meet their cultural needs, and I am aware of how this needs to be done". Staff also told us they received regular updates when things changed for people they supported from a review or an immediate change in need. We saw records of assessments and care plans which showed detailed descriptions of how people wanted to received their support and of reviews which had identified changes to people's needs, these changes were communicated to staff. This showed us people received support from staff who understood their needs and preferences.

People told us they understood how to make a complaint and some people could give examples of how complaints had been responded to. One person said, "I have had no problems at all they are great but I would be straight on the phone if I had one". Another person told us, "I have had to call the office about a late call, and they did respond". This complaint was about a late call, the person received a call within 15 minutes and an apology. Complaints were recorded and we saw complaints were investigated and action taken to resolve the issue. There was evidence that responses had been given to people who had made complaints. We saw the registered manager used the information from complaints to improve the service. For example, the registered manager discussed complaints in the staff meetings. People understood how to make a complaint, systems were in place to ensure complaints were investigated and action was taken in order to improve the service.

Is the service well-led?

Our findings

The registered manager checked the quality of the service people received. There was a system to monitor safeguarding incidents; call visits times, medicine administration records and daily records. However, the monitoring systems had not identified the issues we found during our inspection. For example, the checks did not identify that staff had failed to escalate concerns about one person that had been refusing food and drinks over a period of three weeks. The registered manager told us they would take action to address this for this person, and informed us after the inspection they had confirmed they had been no weight loss and they had spoken with the person's social worker about this. The MAR records were audited but this had not identified where records had not been completed accurately to show advice following a medicine error had been followed.

There was a care plan audit in place, however this had not identified the missing or inaccurate information in care plans which we found during our inspection. For example, missing risk assessments for people who required a hoist for transfers, care plans that had not been updated following reviews and there was conflicting information about people's mental capacity. For example, in one record there was conflicting information about a person's capacity to make decisions around their meals. We spoke to the registered manager about this who told us they were aware of the current gaps in their record system for mental capacity and would be introducing new paperwork.

The registered manager had a system in place to identify where calls were being delivered at times outside the planned times. We found calls were being received outside of the planned times and the registered manager was aware of this, however action had not been taken to make sure people could receive their calls at the planned times. We spoke to the registered manager about this and they told us they were going to look at recruiting more staff to improve this and would not be accepting new packages in areas where they had insufficient staff until they could be assured people were having their preferences for call times met. This showed us areas for improvement were not always identified through the audit system.

The registered manager told us they were aware of the areas for development within the service and they were receiving support from the provider to address these. We looked at a provider audit completed in June 2016. The audit identified a number of areas for improvement within the location, which included medicines administration processes and the recording of risk assessments. We saw an action plan that outlined improvements required. For example, pharmacy produced MAR charts and reviewing all files and risk assessments to check for completeness. Although areas of concern had been identified, action to address these had not always been taken at the time of the inspection. However, some areas of improvement identified within the action plan, had been completed, for example, the training for staff had been improved.

Most staff told us they could seek support individually from care coordinators and the registered manager, however not all staff felt there were enough staff meetings. One staff member said, "Staff meetings are held and we talk about things like the daily record books and medicine records". Whilst another staff member said, "There are no staff meetings, but it doesn't affect the job I do, it just feels like you are on your own, it

would be nice to see people". We spoke to the registered manager about this and they told us, staff meetings were held in each area at least twice a year, with weekly meetings for care coordinators, the records we saw supported this. Team meetings discussed areas of improvement required, gave prompts and reminders to staff about policy, for example around medicine recording and returning daily record logs for audit. This showed us the registered manager had systems in place to support staff.

People told us they had a good relationship with the registered manager and the care coordinators. People and their relatives said they could contact them and receive help with anything they needed. One person said, "If I have any problems, changing times or anything like that, I ring [the care coordinator] and they are very helpful". A relative told us, "It is an excellent service no complaints at all". We saw during the inspection people made contact with the registered manager and the care coordinators who were polite in their manner and made sure they understood what people wanted. We saw records of contacts people and their relatives made with the service. Staff told us they were comfortable raising things with the management team and could approach them with anything. One staff member said, "I can approach my care coordinator and raise any concerns". Another staff member said, "I can talk to the registered manager about anything, they are very approachable". This showed people and staff had good relationships with the management team and felt they could approach them with any concerns.

The registered manager understood their statutory responsibilities. A provider is required to submit a statutory notification to notify CQC of serious incidents such as injuries, deaths or allegations of potential abuse. Where these were required, the registered manager had submitted them.

People told us they were able to express their views about the service they received. We saw people had the opportunity to provide feedback with a survey. We saw the provider used feedback to make improvements to the service. For example, one person raised office communication as an issue in the survey. The registered manager held a meeting with office staff to discuss communication and how this could be improved. We saw records of the registered manager following this up with the person to explain the action they had taken. The registered manager told us they analysed satisfaction questionnaires and used this information to identify areas of improvements that were required, the records we saw supported this. This showed people's feedback was used to drive improvements to the service.