

Direct Health (UK) Limited







Direct Health (Coventry)

Inspection report

Unit 4 Orchard Court
Binley Business Park
Harry Weston Road
Coventry
CV3 2TQ
Tel: 02476 635484
Website: www.directhealthgroup.co.uk

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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	

Overall summary

Direct Health (Coventry) is a domiciliary care agency which provides personal care support to people in their own homes. At the time of our visit the agency supported 47 people.

We inspected Direct Health (Coventry) on 20 April 2015. We told the provider we were coming so they could arrange for staff to be available to talk with us about the service.

The service has a registered manager. 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 this inspection the registered manager was on maternity leave. Another manager had been appointed to cover in the registered manager's absence, and was in the process of applying to register with us.

Summary of findings

People and their relatives told us they felt safe with their care workers from Direct Health (Coventry). Care staff were trained in safeguarding people and understood how to protect people from abuse. Checks were carried out prior to staff starting work to ensure their suitability to work with people who used the service.

There were enough suitably trained staff to deliver safe and effective care to people. People told us staff had the right skills and experience to provide them with care and support. Management and staff understood the principles of the Mental Capacity Act 2005 (MCA), and supported people in line with these principles.

Care plans and risk assessments contained relevant information for staff to help them provide the personalised care people required. Most people said they were involved in their care and were asked for their views and opinions about the service they received.

Most people were happy with the service they received and said they had regular care workers. However some people said they would like more consistency in care workers. People told us they knew how to make a complaint if they needed to. Staff were confident they could raise any concerns or issues with the manager, knowing they would be listened to and acted on.

There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. This was through direct feedback from people, returned surveys and a programme of checks and audits.

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 safe.

Staff understood their responsibility to keep people safe and there were procedures in place to protect people from the risk of harm. Staff recruitment procedures were thorough and there were sufficient care staff with the knowledge, skills and time to meet people's care needs.

Good



Is the service effective?

The service was effective.

Staff received training and support to deliver effective care to people. Staff understood the principles of the Mental Capacity Act 2005 and people's consent was requested before care was provided. People who required support had enough to eat and drink during the day. Some people said they would like more consistency of care staff.

Good



Is the service caring?

The service was caring.

People were supported by staff who they mostly considered kind and caring. Staff respected people's privacy and dignity and promoted their independence. People received support from care staff that understood their individual needs.

Good



Is the service responsive?

The service was responsive.

People were involved in decisions about their care and how they wanted to be supported. Staff were kept informed about changes in people's care and the care people required was regularly reviewed. People were asked for their views about the service and knew how to make a complaint if they needed to.

Good



Is the service well-led?

The service was well-led.

People told us they were satisfied with the service they received from Direct Health (Coventry). Staff felt supported to do their work and had no hesitation raising concerns with the manager or office staff. The quality of service people received was regularly monitored through feedback from people and a series of audits and checks

Good



Direct Health (Coventry)

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 took place on 20 April 2015 and was announced. We told the provider we would be coming so they could ensure they would be in the office to speak with us and arrange for us to speak with care staff. The inspection was conducted by one 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.

We reviewed the information we held about the service. We looked at the information received from our 'Share Your Experience' web forms and the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also reviewed the information in the

provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they planned to make. They also sent a list of people who used the service so we could send surveys to people to ask them their views of the service.

Before the office visit we sent surveys questionnaires to people who used the service, their relatives and staff, we also contacted people who used the service by phone. We spoke with 20 people, (13 clients and seven relatives) and surveys were returned from nine people, three relatives and four staff. During our visit we spoke with two care workers, a care co-ordinator, the manager and a quality compliance manager. We also contacted the local authority contracts team and asked for their views; they had no concerns about the service.

We reviewed two people's care plans and daily records to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated including, medication records, staff recruitment records, the service's quality assurance audits and records of complaints.

Is the service safe?

Our findings

People we spoke with said they felt safe with their care workers and knew who speak to if they did not feel safe. They told us, “I feel safe and happy with care workers” and, “I feel safe and the girls are very pleasant.”

Staff we spoke with had completed training in safeguarding adults and had a good understanding of what constituted abuse and their responsibility to report this to the manager. Returned surveys showed people who used the service felt safe from abuse or harm and staff knew what to do if they suspected abuse.

There was a procedure to identify and manage risks associated with people’s care, including risks in the home or risks to the person. Staff knew about the risks associated with people’s care and how these were to be managed. Records confirmed that risk assessments had been completed and care was planned to take into account and minimise risk. For example, staff used equipment to safely support people when moving them from their bed to a chair and undertook regular checks of people’s skin where they had been assessed as at risk of developing pressure sores.

There was sufficient care staff to meet the needs of people. At the time of our visit 47 people used the service and the agency employed 25 care staff. We were told by the manager there was not a high turnover of care staff. Some care workers had been with the agency for several years and there was regular recruitment of new care staff to allow the service to develop.

Care workers told us a senior member of staff was always available if they needed support. One care worker told us, “There is always someone on call, if they don’t answer straight away I leave a message and they will get back to you.”

Recruitment procedures ensured staff were safe to work with people who used the service. Staff told us they had to wait until their Disclosure and Barring Service (DBS) and reference checks had been completed before they started working in the service. Records confirmed staff had a DBS check, references and health declarations completed before they started work.

We looked at how medicines were managed by the service. Most people we spoke with administered their own medicines. Where people needed support, it was clearly recorded in their care plan. One person said, “They give me my tablets and cream my legs which they record in my book.” There was a procedure for supporting people to take their medicines safely. Care staff we spoke with told us they were confident giving medicines because they had received training and were regularly observed to make sure they knew how to administer medicines safely.

There was a procedure to check medicine records to make sure there were no mistakes. Care staff told us they checked the medication administration records (MAR) on each visit to make sure there were no gaps or errors. If they identified any errors they reported this to the office. Additional checks were made on MARs during spot checks by senior staff to ensure care workers had administered medicines correctly. Completed MARs were returned to the office for auditing and filing.

Is the service effective?

Our findings

People and relatives, who completed our survey, told us care workers had the skills and knowledge to meet their needs. People we spoke with by phone told us care workers were competent in carrying out their role. People told us, “The girls are well trained in dealing with my needs” and “They [care staff] know what they are doing.”

Staff received training considered essential to meet people’s health and safety needs. This included training in supporting people to move, ‘skin integrity’ and infection control. All staff surveyed told us their induction prepared them for their role before they worked unsupervised. They told us they received the training they needed to enable them to meet people’s needs, choices and preferences.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report what we find. The MCA protects people who lack capacity to make certain decisions because of illness or disability. The registered manager told us there was no one using the service at the time of our inspection that lacked capacity to make their own decisions. Care workers had been trained in the MCA and understood the relevant requirements of the Act. For example, staff knew they could only provide care and support to people who had given their consent. People we spoke with said care workers asked if it was alright to carry out the tasks required. They told us, “They always ask if it’s okay to do something,” and “They always ask if that’s what I want.”

People (28 clients and 13 relatives) were generally happy with the service. One commented, “They arrive on time and have long enough to do the job.” Several people thought there were not enough care workers as they did not have consistent care workers and that times of calls could vary. Comments included, “Time keeping is occasionally a problem.” “I am supposed to get half an hour but sometimes it is a bit shorter.” “We never know when they are going to arrive.” “There are quite a number of different carers.”

The manager told us they had recently changed the way calls were scheduled and allocated so that staff had regular care rounds with the same clients. Staff we spoke with confirmed this had made a difference in continuity of caring for people. We were told all scheduled calls to people were allocated in advance but this could change if

care workers were suddenly absent. When this happened, calls would then be allocated to other care workers which could result in a variation in call times. The care co-ordinator said having regular staff allocations was working well. They told us this had freed up more of their time, so they were able to be more effective and concentrate on other areas of their role for example, spot checks on staff and staff supervisions.

The service used an electronic tag system for care workers to log in when they arrived and left people’s homes. The tag system alerted the office if staff had not logged in within 15mins of the allocated call time, we were told there had been very few alerts about care workers being late. Information received from the local contracts officer also indicated they had not received any recent concerns about missed or late calls.

The PIR, completed by the registered manager, told us, “Continuity of care is important to us to ensure the wellbeing for our service users. This is regularly monitored by both care-coordinator and branch manager, our software ensures there is appropriate travel time between calls. Our ‘I Tag’ phones monitor staff tagging times [times staff arrive and leave people’s homes] and this feeds live back into our software so we can monitor care workers who may be running late.” Discussions with the manager and care co-ordinator during our visit confirmed this was taking place.

Most people were independent or had relatives to assist them with meals but some people received food and drinks prepared by care workers. Care workers told us they found out people’s likes and dislikes and prepared food according to people’s choices. People told us, “In the morning they get my breakfast for me which is usually cereal or toast and a drink. For the rest of the day I cope,” and, “They do prepare food for me by reheating prepared food and serving it.” Care workers said they made sure people had access to a drink before they left. This made sure people who required assistance with meals had sufficient to eat and drink.

All the people we spoke with managed their own healthcare or relatives supported them with this. Care workers said they would usually inform family if people were unwell but they would phone the GP or district nurse if they were concerned about someone.

Is the service caring?

Our findings

All the people who completed surveys were happy with the care and support they received and said care workers maintained their privacy and treated them with respect.

The majority of people we spoke with told us care workers were caring, maintained their privacy and treated them with dignity and respect. Comments included, “They are caring and treat me with respect. They also try to ensure my privacy is maintained,” and, “Carers are great, with a caring attitude.” One person told us, “One of the carers who I have had for a long time always makes sure that when I go to my hospital appointment she phones me to check how it went.” Others found some care workers more caring than others and said some had a tendency to rush. Comments included, “Most of the carers are caring but some are rather brusque” and, “There are some good carers but some rush to get the job done.” We discussed this with the manager during our visit.

People had different experiences with consistency of staffing, most people said they had regular care workers some said they had lots of care workers. We spoke with two care workers who said they had regular clients. They told us this helped to get to know people’s likes and preferences and to identify any changes in peoples support needs or general health, as they knew people well.

People said the service helped them maintain their independence and were supported to undertake their own personal care and daily tasks. People told us they had been involved in planning their care. They said their views about their care had been taken into consideration and included in their care plans. We saw staff held regular review meetings with people.

Care workers understood the importance of maintaining people’s confidentiality. Care workers told us they would not speak with people about other clients and ensured their timesheets and other information they held about people were kept safe and secure.

Is the service responsive?

Our findings

People told us their support needs had been discussed and agreed with them when the service started and that the service they received met their needs, choices and preferences. People told us care workers understood how they liked to receive their care and support. Comments included, “The girls know what my husband likes and dislikes and try to make sure he is okay” and “They know what I like, particularly the ones I have had for a long time.”

Care workers we spoke with had good understanding of people’s care and support needs. We were told, “We have time to read care plans and talk with people so you get to know what they need and what they like.”

We looked at the care files of two people who used the service. Plans were individualised and provided care workers with information about the person’s personal history, their individual preferences and how they wanted to receive their care and support. Plans were reviewed and updated regularly and people were involved in reviews of their care.

Most people told us they usually received their care around the times expected and care workers stayed long enough to complete all the tasks required. However some people told us call times varied and care workers tended to rush. Most of the feedback from staff indicated they were allocated sufficient time to carry out the calls. We looked at the call schedules for the people whose care plans we looked at and the staff we had spoken with. Calls were allocated to regular care workers and had been scheduled in line with people’s care plans. Care workers we spoke with told us they had regular scheduled call times and had enough time allocated to carry out the care and support required without rushing. Staff told us if there was an unexplained delay for example, traffic hold ups they may arrive a little later than expected. Staff said if they were

likely to be delayed they either phoned the person or asked the office to let people know they were running late. Not all the people we spoke with were told if their care worker was going to be late. The manager said they would look into this

People and their relatives knew they could telephone the agency’s office if they wanted to make a complaint or raise a concern. Comments from people included, “I know how to complain and did once because of time keeping when staff kept running late. Now the office ring when the staff are running late, which they did recently.” “I know how to complain, but never had the need, everything is very good. I can always ring the office if I need to.” “I have complained about small things to the carers and occasionally the office, who have responded rapidly.”

Responses from staff surveys and staff spoken with said they would refer any concerns people raised to the manager or staff in the office and they were confident concerns would be dealt with effectively. We looked at records of complaints, we saw complaints had been recorded and responded to. Where needed, action had been taken to make sure the service learned from complaints. One complaint was about the standard of care provided by a care worker. The care worker had received further training and supervision to attain the standard of conduct required. Complaints information was entered on to the organisations computerised complaints system where the progress of the complaint was monitored.

We found the recording of complaints could be more robust to show the process and the outcome of the investigation. We noted the complaints log had not been completed. A log provides a quick overview of the complaints received, the progress and the outcome of the investigation. It also enables any trends and patterns to be identified. The manager told us the log would be brought up to date.

Is the service well-led?

Our findings

Most people told us they were satisfied with the service they received. People told us they were asked for their views and opinions about the service during reviews and telephone calls. People who returned surveys, also said they had received an annual satisfaction questionnaire asking about their views of the service.

Staff told us they felt well supported by the manager and staff in the office. Staff were aware of the providers whistle blowing procedure and confident about reporting any concerns or poor practice to their managers. Staff we spoke with and their responses in surveys confirmed they were certain any concerns they raised would be listened to and acted on.

Some of the comments we received from people about the service they received, indicated care workers sometimes rushed when they were there and two people said some care staff did not have a caring attitude. We shared these comments with the manager during our visit. The manager told us that the service had recently appointed two 'assessors' who were currently undergoing an induction. Their role would be to carry out assessments, care plan reviews and staff spot checks. The manager was confident this should pick up any on-going concerns people had so they could be addressed. The assessors were due to start their role the following week. We spoke with both of the assessors during our visit and they were very positive about the training and support they had received to carry out their new role.

The PIR told us how the service ensured they provided a quality service. It told us, "By ensuring spot checks are carried out at different points of the year and with different staff members. We also complete telephone reviews with our service users, this includes questions that could pick up on good/poor practice and would be actioned accordingly." Records we viewed confirmed these processes were in place.

The service had a clearly defined management structure. Staff understood their roles and responsibilities and what was expected of them. They told us they had received a staff handbook when they started working at the agency that contained key policies and procedures, including a code of conduct which they were expected to read and follow. Staff knew the management structure and who their line manager was, so they understood who to report concerns to and who was responsible for providing supervisions.

The provider used a range of quality checks. When a person first started to use the agency, there were phone calls and visits to check people were happy with the service. This system was less frequent once the person's care package was established and working well. People told us they had reviews of their care where they discussed their care plans. They were asked if they were satisfied with the care they received and if any changes were needed. People told us, "The managers come and check the plan about once a year and see if it needs changing. I'm happy with what they do" and, "I get a visit about every six months to discuss changes to my plan."

Additional quality checks monitored the service people received. Records were audited when they were returned to the office to make sure people received their medicines as prescribed and care was delivered as outlined in their care plans. The system for auditing completed care records could be improved as there was a back log of returned records that required checking. The manager had identified this needed improvement and had started to audit the records so they could be certain care workers were completing records accurately.

There were regular audits and checks carried out by the provider and visits from Coventry contracts department to monitor the care and support provided. No actions had been recommended following the visits by the contracts officer.