

## Accord Housing Association Limited

# Direct Health (Kettering)

### 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

### About the service

Direct Health (Kettering) is a domiciliary care agency providing personal care to 112 people in their own homes at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

People and relatives were happy with the care and support they received and spoke positively about staff. People's needs and wishes were met by staff who knew them well and enjoyed working with them.

Appropriate recruitment checks took place before staff started work and there were enough staff available to meet people's care and support needs. Staff received comprehensive training to enable them to carry out their roles effectively.

Staff were happy working for the service and felt supported by the registered manager and colleagues.

Care records contained extensive, clear information covering all aspects of people's individualised care and support. Risk assessments were comprehensive and information about people was written in a respectful and personalised way.

People and their relatives were involved in the planning and delivery of their care, and asked for feedback which was acted upon when appropriate. Staff were encouraged to be actively involved in service development.

Staff at the service worked with health and social care professionals to ensure good outcomes for people.

The service had established links in the local community and had worked in partnership with key organisations including local authorities and other agencies providing social care services to improve the service for people.

There were systems in place to monitor and improve the quality of the service. When there were problems, the registered manager dealt with them properly and worked to reduce the likelihood of recurrence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

#### Rating at last inspection

This service was registered with us on 25 June 2018 and this was the first inspection.

#### Why we inspected

This was a planned inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Further details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Further details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Further details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Further details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Further details are in our Well-Led findings below.

# Direct Health (Kettering)

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was conducted by one inspector.

#### Service and service type

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 7 June 2019 and ended on 27 June 2019. We visited the office location on 7 June 2019.

#### What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and one relative about their experience of the care provided. We spoke with nine members of staff including the registered manager, care services director,

assessors and care workers

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first time we have inspected the service and we have rated this key question Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had in place a 'whistleblowing friend'; an independent person staff could contact in confidence to discuss concerns. Staff told us they were encouraged to do this and information reminding staff about the whistleblowing friend was clearly displayed in the training room.
- Staff completed safeguarding and whistleblowing training and told us they knew how to raise concerns. Staff said they were confident that all senior staff would deal with concerns appropriately.

Assessing risk, safety monitoring and management

- People's care plans contained thorough risk assessments and clearly set out how staff should care for and support people safely.
- The registered manager ensured that risk assessments were regularly reviewed and any changes were documented and shared with staff.
- Systems were in place to ensure staff safety when working remotely. The service had a lone working policy and assessments identified any risks to staff, for example from pets or hazardous chemicals, and how these should be managed.

Staffing and recruitment

- Safe and robust recruitment and selection processes were followed. Personnel files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles.
- All employees' Disclosure and Barring Service (DBS) status had been checked. 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 recruitment decisions.

Using medicines safely

- People's care plans contained comprehensive information about their medicines, which ensured staff were able to clearly understand and meet people's needs.
- Staff completed a wide range of training to enable them to safely store and administer medicine and make accurate records. Staff told us they knew what action to take in the event of a medicine error occurring.
- Medicine administration records were correctly completed and regular audits were conducted by senior staff to ensure the appropriate was action taken if errors were identified.

Preventing and controlling infection

- Staff had completed infection control training.

- Staff told us that personal protective equipment (PPE) such as gloves was always provided for them to use when providing care.
- Care plans included information about people's health conditions and instructions for staff on how to manage these. This helped to ensure people weren't at risk of infection.

#### Learning lessons when things go wrong

- Where incidents or accidents had occurred, these were analysed to prevent a recurrence.
- The registered manager responded to staff concerns to improve the service. For example, one staff member told us they reported visit times were too close together which resulted in people's care being rushed. The registered manager extended call times and the issue was resolved.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first time we have inspected the service and we have rated this key question Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff told us the induction and ongoing training they received was of good quality and enabled them to carry out their roles effectively. We were told, "My induction was really good," and "We get loads of training."
- Staff received training in different ways, including face to face and online to ensure that they had access to information they fully understood. A dedicated regional trainer was available to support staff and we were told, "I've been to [trainer] to ask about things, she's really helpful."
- The registered manager employed staff with a range of experience but all staff completed the same mandatory training to ensure their knowledge was consistent and measurable.

Supporting people to eat and drink enough to maintain a balanced diet

- People's care plans included information about people's food preferences and staff supported people to eat the food they wanted.
- When people's medical conditions affected the food they were able to eat, this was clearly documented in care records and plans were in place to monitor their needs closely.
- All staff completed training in nutrition and hydration. If people received nutrition via specialist equipment, such as Percutaneous Endoscopic Gastrostomy (PEG), staff were specially trained to manage this effectively.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Care plans enabled staff to easily identify when people were supported by other health and social care professionals, and their advice was incorporated into the way people were cared for.
- Care plans included a detachable sheet of important information for healthcare professionals in the event that the person had to go to hospital at short notice.
- The registered manager was proactive in contacting other healthcare professionals to share information. This ensured people's care was consistent and their needs were met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law. Ensuring consent to care and treatment in line with law and guidance

- People's needs were thoroughly assessed before they started to use the service, and were changes made in response to regular reviews, or sooner if people's needs changed.

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 when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- Staff assumed people had the capacity to make decisions, unless they assessed otherwise. Some people using the service lacked capacity to consent to care and treatment.
- There was evidence of mental capacity assessments, when needed, and their outcomes. Best Interest meetings had been held and the right people had been involved. Processes were clearly documented.
- Where people's relatives were acting lawfully on their behalf, this was clearly documented in care plans, and we saw evidence that copies of the relevant legal documents had been obtained.
- Staff had a good understanding of the principles of the MCA and people were supported wherever possible to make their own decisions. One person sometimes declined their care call and their relative told us this decision was always respected by staff.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first time we have inspected the service and we have rated this key question Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were happy with the service they received. We were told, "I couldn't be more pleased with the care I am getting," and "They [staff] make me feel happier." A relative told us, "I think they're excellent...they give me peace of mind."
- People were cared for by staff who enjoyed their work. We were told, "I absolutely love it. I just love working with people, getting to know them and learning about the life they've lived," and "I love it – I'm really happy with my job."
- Staff recognised the importance of providing sensitive and positive support to people going through important changes in their life. The registered manager constantly looked for new ways to promote diversity and inclusion, for example through arranging training and partnership working with specialist charities.
- People's care plans included information on how staff were to observe religious and cultural preferences, for example how people should be supported to take some medicines in line with their religious needs.

Supporting people to express their views and be involved in making decisions about their care

- The registered manager arranged for people's opinions on their care to be obtained, for example through quality visits and telephone reviews. We saw that action was taken in response to the feedback people gave, for example, adjusting call times to better suit people's preferences.
- People's communication needs were always considered and measures were put in place to overcome barriers, for example, staff worked with people to understand their own preferred form of sign language.

Respecting and promoting people's privacy, dignity and independence

- Staff completed dignity awareness training and care plans reminded staff to treat people respectfully.
- Care records documented people's wishes to live as independently as possible, and staff supported them to achieve this. A letter of thanks from a person's relative praised the 'wonderful carers' who enabled the person to 'remain in [their] own home, treated with kindness and respect [and] to feel [person] is an independent adult'.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first time we have inspected the service and we have rated this key question Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The registered manager conducted regular reviews of care plans to ensure people's changing needs were recognised and responded to. Other professionals were included and their advice used to inform care planning. For example, when one person's deteriorating health condition affected their ability to communicate, a joint review meeting was held with social services to make sure the right support was provided.
- People's care plans included a document called 'All About Me' which contained information about people's life history, what makes a good day for them and what makes them smile. This ensured staff were able to tailor their approach and care for people in ways which met their needs and wishes.
- People's care plans contained detailed information on how staff should support them with personal care, eating and drinking, medicines and other day to day activities. They also included information about their health needs and the care required to manage long term health conditions.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about the service was available in a number of formats, including Braille, large print and easy-read. When people spoke English as an additional language, care reviews were appropriately shared with their family in their chosen language.

Improving care quality in response to complaints or concerns

- The registered manager responded quickly to complaints and we saw these were well documented and investigated. Measures were put in place to reduce the likelihood of recurrence and learning was shared with staff. For example, when audits identified an issue with record-keeping, meetings were held in a number of locations to ensure that all staff were able to attend and take part.
- People told us that when they weren't happy with the service they knew who to speak with and were confident this would be dealt with appropriately. One person said when they requested a different carer, staff were quick to resolve the issue to the person's satisfaction.

End of life care and support

- The service had an end of life policy in place which set out the way people could expect to be cared for according to their wishes and in line with their spiritual and cultural beliefs.
- People's care plans included their wishes for the care they would like to receive at the end of their life, and

advance care plans were clearly recorded.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first time we have inspected the service and we have rated this key question Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were supported by staff who had a good understanding of their social and cultural diversity, values and beliefs. We saw letters of thanks from one person whose condition meant their needs changed daily. They were very complimentary about staff, describing one member as 'especially dedicated'.
- Staff recognised the importance of meeting people's emotional needs. One person described the staff as 'good company' and another said, "They are always very friendly...they make me laugh."
- The registered manager and the leadership team was keen to make improvements to ensure people achieved good outcomes. Any feedback given during the inspection was responded to quickly and appropriately.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager maintained records of accidents and incidents, and responded to complaints appropriately. Information and learning was shared with staff to reduce the likelihood of recurrence.
- The registered manager understood information sharing requirements. We saw that information was correctly shared with other agencies such as the local authority, for example, when the service had identified concerns, and the registered manager sent us notifications about events which they were required to do by law.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was led by an experienced registered manager and supporting team. Staff spoke positively about the support they received. One staff member said, "The management are very approachable, I find them really supportive. I've not had this level of support elsewhere."
- Staff understood their roles and responsibilities. They felt confident to whistle blow and report poor practice should they need to and there were clear systems in place for them to do so.

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

- Staff from the service had been nominated by people, relatives and colleagues for a number of awards including the Great British Care Awards. Three staff members were shortlisted as a finalists in the 2018 awards.

- The registered manager worked with a local scheme which supported adults who have experienced barriers to employment including physical and mental disabilities. Their input has resulted both in new staff being employed at the service and successfully seeking employment elsewhere.

Continuous learning and improving care. Working in partnership with others

- The registered manager was working on a pilot scheme with the local authority to move to 'single handed care'. The aim of this is to identify when people's needs can be met by fewer carers. This will develop more personal one-to-one relationships between people and their carers, improve levels of privacy and dignity and make carers available to people who need additional support.
- Opportunities for learning and making improvements were taken at every opportunity, and the registered manager followed up on all feedback. We saw the registered manager arranged quality assurance visits to people to discuss feedback given in service user surveys, and identify ways to improve the service.
- Staff told us it was easy to contact the registered manager and someone in the office was always there at any time to offer support. In a recent survey, staff identified visit planning could be improved. The registered manager arranged a one-to-one session with staff to discuss the changes they would like to see, and these were implemented.
- People were able to rely on staff to make contact with health and social care professionals when required. One person's relative told us staff help to arrange GP appointments on the person's behalf and we saw from care plans that staff communicated well with professionals from other agencies.