

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Direct Health (Sheffield)

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Requirements relating to workers ✓ Met this standard

Details about this location

Registered Provider	Direct Health (UK) Limited
Registered Manager	Mrs. Carol Whittaker
Overview of the service	Direct Health Sheffield is a domiciliary care service. They are registered to provide personal care to people in their own homes. At the time of our inspection the service was providing personal care for up to 600 people.
Type of service	Domiciliary care service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 September 2012, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

As part of our inspection we contacted eight people by telephone to discuss the service they received from the agency. Where people were unable to speak to us over the telephone we spoke with their representatives.

People we spoke with told us they were very satisfied with the care and support they received. Comments included: "I'm highly delighted with the care I get. The staff are respectful and polite. They come on time and stay for the allocated time", "The care plan is followed, staff have the skills to give care. I have no complaints" and "Generally staff arrive on time but it would be nice if they called to let me know if they are going to be late."

Evidence showed people's privacy, dignity and independence were respected. We found people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We found people who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

People were cared for, or supported by, suitably qualified, skilled and experienced staff. Evidence showed staff had received appropriate professional development, training and supervision.

We found the provider had an effective system to regularly assess and monitor the quality of service that people receive.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. We looked at eight care plans and found each person had a support plan in place, which had been produced following initial assessment and identification of their individual needs. These contained information about the person's preferred name. The 'system of work' identified the person's usual routine and how they would like their care to be delivered. The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs and their preferences.

We asked staff to provide examples of how they promoted privacy and dignity. They told us they knocked on doors before entering. They confirmed privacy was maintained by covering people with a towel when providing personal care. The service had signed up to the dignity champion scheme and dignity awareness days were held for staff. This ensured people's privacy, dignity and human rights were respected.

People who used the service were given appropriate information and support regarding their care or treatment. A copy of the service user guide was given to people to keep in their home. The guide included information about the service, types of support, responsibilities of staff and the complaints procedure.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We found people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at copies of eight people's assessments and care plans kept at the office. The information in the care plans was comprehensive. There was evidence that people who used the service or their representative had been involved in planning their care. The care plans were based around activities of daily living, which gave a good overview of the person's needs. Care plans were meaningful and person centred. They identified individual issues that were important for people in relation to their care.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. Each person's plan showed the areas where they needed support. The risk assessments outlined any risks associated with their care; ensuring people's needs were met. This included risk assessments for moving and handling, pressure care, falls and medication.

The daily entries in care plans provided detailed information and evaluation of people's care needs. Care plans were reviewed every six months or sooner if a person's needs changed. Care plans were updated as required.

We looked at medication administration records (MAR). We found where drug information had not been pre-printed on the MAR by the pharmacy, the name and strength of the drug had been handwritten by the care worker. In one case we found the writing to be illegible. The provider may find it useful to note handwritten MAR's could potentially increase the risk of medication errors. We discussed this with the manager who was aware of this issue and said they would raise it at the local authority medication group.

We found the staff we spoke with had a good understanding of how to meet people's needs. They told us there were good communication and handover arrangements between shifts. Staff told us if they were not familiar with a person's needs they would read the care plan and contact the office for further information.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We found people who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We spoke with four care staff. They confirmed they had completed training in how to safeguard people from abuse. They were able to describe the different types of abuse and what they would do if they witnessed poor practice. The service had policies and procedures in place to guide staff should any allegation of abuse come to their attention. Staff were aware of the policies and procedures. All staff we spoke with were also aware of the whistle blowing policy. They told us they wouldn't hesitate to use this if they had any concerns.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. The agency provided a comprehensive internal training programme and employed two designated training officers. We spoke with the training officer who told us care staff had to complete a ten day induction programme. This included a period of 'on the job' shadowing and competency assessments. There was also a three month probationary period during which time their performance, skills and conduct was assessed. The probation period could be extended to ensure staff met the standards required to meet people's needs.

The staff we spoke with were very positive about the opportunities they were given to attend training and the range of courses available. They confirmed they had received induction and mandatory training. The annual mandatory training programme covered a range of topics including: moving and handling, safeguarding, health and safety, medication and infection control. Staff also had individual training plans which covered a variety of courses to meet the needs of people using the service, which included: dementia awareness, equality and diversity, diabetes and end of life care. Staff were also encouraged to complete the diploma in social care. Records showed 80% of staff had completed this training.

We looked at four staff personnel files and found they contained an assessment, which identified the staff member's training needs. Supervision and spot checks were carried out regularly by senior care staff and any issues were identified and addressed. The files contained supervision notes and issues identified during spot checks had been discussed and recorded.

The staff we spoke with told us they received good support from managers and enjoyed their work. Staff considered they worked well as a team providing a good standard of care to people who used the service.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who used the service were asked for their views about the care and treatment they received and their comments were acted on. The manager told us yearly surveys were sent to people who used the service. The people we spoke with confirmed they had recently received a questionnaire from the provider.

The service had introduced an electronic visit monitoring system. We were shown the system which included monitoring of care visits, staff rota's, preferences for male or female care staff, changes to care packages and continuity of care. The manager told us missed care visits had significantly reduced as information about changes to visits were immediately sent to the care worker's mobile phone.

We saw audits were taking place for medication. Records showed five competency tests were carried out for medication each month and appropriate action taken where required. Information from these audits were also sent to the local authority.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. Staff we spoke with told us learning from incidents and complaints were discussed at staff meetings.

Records showed the manager also sent a weekly quality report to the provider. This included an analysis of complaints, incidents and compliments. We found the provider took account of complaints and comments to improve the service.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work. We looked at four staff files. There were effective recruitment and selection processes in place. These included obtaining a criminal records bureau check (CRB) and references. Staff we spoke with confirmed they did not start work until their CRB check was cleared and recruitment procedures were in place.

Staff we spoke with told us they were aware of policies and procedures for lone working, what to do in emergencies, health and safety, and home security.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists, primary medical services and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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