

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

Direct Health (Sheffield)

Unit 2, 1 Arena Court, Attercliffe Road, Sheffield,
S9 2LF

Tel: 01142566480

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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
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✗ Action needed

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. The agency office is based in the Attercliffe area of Sheffield. 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 580 people
Type of service	Domiciliary care service
Regulated activity	Personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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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 announced 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 5 June 2013, 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

Each person we spoke with who used the service told us the staff were friendly and polite. One person said, "I definitely feel that I am respected and treated with respect. They (staff) call me by the name I prefer. They are very friendly and kind."

People who used the service told us that the care and support they received at Direct Health was satisfactory. One person told us "I have regular carers that I know well. On odd occasions a carer that I didn't know has come, but they wore uniform and had an identity badge"

People who used the service received their medication at the times they needed them and in a safe way.

The provider had sufficient numbers of appropriate staff to enable people to have their health and welfare needs met.

There provider had gaps in addressing complaints and full and complete records were not maintained. The service was non compliant with this outcome area.

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

What we have told the provider to do

We have asked the provider to send us a report by 11 July 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our

decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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 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

We spoke with four people and one relative of a person supported by the agency by telephone to obtain their views of the agency. They told us that their opinions were sought so that they were involved in decisions and that they had choice. All the people we spoke with told us that they were treated with respect by staff. One person said, "I definitely feel that I am respected and treated with respect. They (staff) call me by the name I prefer. They are very friendly and kind." Another person said, "the carers are very kind and respectful when helping me to undress. They take their time and never rush me." One relative said, "all the carers are respectful and know him well. My husband feels safe with them." Other comments included: "they know what I need and see that I get it. They are always respectful."

We spoke with three members of staff, each of whom was able to explain how they maintained people's dignity, privacy and respected people's individual choices. All staff explained that they would always ensure that the person's door and curtains were closed when appropriate. They confirmed privacy was maintained by covering people with a towel when providing personal care. This demonstrated that carers had a clear knowledge of the importance of dignity and respect and were able to put this into practice when supporting people.

The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs and their preferences. 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

People we spoke with made positive comments about the staff and were satisfied with the quality of care that they had received. All of the people we spoke with confirmed that staff generally arrived on time, stayed for their allocated time, never had a missed visit and they had regular carers. Their comments included: "I get the same carers, I know all of my carers and I'm certain they know me. I've never been visited by strangers," "they (staff) are very good with me, only got to ask and they will do it," "I need two carers and always two turn up," "they stay for the whole time and sometimes go over. Can't fault them," "sometimes ring if they're running late," "I like them (staff) very much. They do everything I want them to do" and "always two carers come, I have a laugh with them and I'm very satisfied with them. They always arrive on time and I've never had a missed call. I think they (staff) are brilliant."

Two people we spoke with said that sometimes the care staff have been late and the agency had not informed them of this. They said, "they always stay for as long as they should, I can't speak ill of any of them, they're very kind. On a few occasions my carer has run late, but they have said this has been because of an emergency and I understand this. I am happy with them" and "it's not often they don't arrive on time, but recently I had to ring the office as they were two hours late and they sent someone."

The provider may find it useful to note that there was not always effective communication to ensure continuity of care, treatment and support to people that used the service.

One person we spoke with said that they would prefer a female carer. We discussed this with the registered manager who said this would be arranged.

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 three people's assessments and care plans kept at the office. The information in the care plans was comprehensive. We viewed three people's person centred summary sheets which outlined the number of carers required, times, days and duration of the calls. This information was also confirmed by people we spoke with. 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.

The risk assessments outlined any risks associated with their care. This included risk assessments for medication and moving and handling.

The provider may find it useful to note that there was no evidence that the risk assessments were reviewed to reflect the needs and safety of people that used the service.

On one persons daily log that we viewed we noted there were gaps. On seven occasions staff had recorded the time in of the visit but not the time out. On five of the entries recorded staff had not stayed for the allocated time stated in the care plan.

The provider may find it useful to note that records about care, treatment and support should be clear, factual and accurate to ensure people are safe, their welfare is protected and their needs are met.

The registered manager explained to us the electronic visit monitoring system. The system included monitoring of care visits, staff rota's, preferences for male or female care staff, changes to care packages and continuity of care. The registered manager told us missed care visits had significantly reduced in the last two weeks.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We spoke with four people and one relative of a person supported by the agency people by telephone on the day of inspection to obtain their views. All of the people we spoke with self medicated and did not require support by care staff. This was also confirmed in the three care plans that we viewed.

The service had policies and procedures in place covering medicines management. The service used Sheffield City Councils 'medication policy for home support'.

The provider may find it useful to note that the policy was out of date.

We spoke to staff responsible for the administration of medicines. They described how they administered medicines. We looked at the services training matrix and noted that the majority of staff had received training in medications within the last 12 months.

We saw that the service user guide contained a statement which detailed that support with medication could be provided to people who required it. Details of this would be discussed and agreed at the initial assessment and documented in the personal service plan.

We looked at one persons care plan who was receiving support with medication. We saw that a medication risk assessment had been undertaken. We looked at medication administration records (MAR). We noted that there were no gaps and that the record had been signed by a member of staff.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

People we spoke with said that there was enough staff to look after them and that they had regular carers. One person said, "we know all the carers that come, we have a regular team and new ones (staff) come with a regular member of staff. Always turn up." All the people we spoke with expressed that they were happy with the care that they received with Direct Health and felt their needs were met by staff.

Staff spoken with said that Direct Health was a very good agency to work for. They told us that they received good support and a reliable and consistent service was provided to people. One person told us, "I love it. She (manager) is like a mum and everyone is like a family. Staff told us that they had a regular group of people that they supported so that they knew them well. Staff spoken with were able to describe the people they supported and were aware of their needs, choices and preferences. This demonstrated that there were enough staff who knew the needs of people using the service, meaning that people who used the service could expect a consistency of care.

Staff confirmed that the agreed staffing levels were adequate, that people using the service received a high standard of care and were safe. When additional staff were required to cover absences the service asked staff to work an additional shift to cover any shortfall. If staff were not able to work additional shifts the agency would use staff from a staffing agency. We spoke with the registered manager who confirmed they had arrangements in place to cover sickness absence. This demonstrated that Direct Health could respond to unexpected changing circumstances in the service to cover sickness, absences and emergencies.

We sampled the staff schedule visits undertaken and we looked at the visit scheduling records which corresponded. We also looked at the booking summary scheduled times in and times out and staff we spoke with confirmed this to us.

Staff spoken with said that they attended regular training events and were provided with enough training for them to do their jobs. Staff had the right competencies, knowledge, qualifications, skills and experience to meet the needs of people who used the service.

People should have their complaints listened to and acted on properly

Our judgement

The provider was not meeting this standard.

There was not an effective complaints system available.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People spoken with said they had no worries or concerns about Direct Health. Their comments included; "I haven't got any complaints at all. I have the office number so I would ring if I had. I would recommend them." Another person said, "I have no complaints, they have been very good to me. I would ring the office if I had. I would recommend them." A third person said, "I have no worries or concerns about the agency. I've never had to complain but I have the office number in my care plan if I need it. I think they are good. I've been a carer myself so I know how difficult the job is. I would recommend them."

Staff spoken with were aware of the procedure to follow if a complaint was made to them. They were aware that any concerns should be reported to their manager so that safe procedures were adhered to.

At the time of our inspection we spoke with the registered manager. The registered manager explained the complaints handling process that was in place until they had a period of leave from the service. We saw that records were kept in a file of the investigation, actions taken in response to the complaint, and the outcome so that full and relevant records were maintained.

We spoke with the complaints manager who had been recently appointed. They explained that a new system had been put in place in May 2013 to record any complaints should they be made. We saw that complaints were recorded on the 'Incident Management System'.

The complaints manager explained that the service received complaints and concerns from different sources. The sources included the following: the local authority, Direct Health central office and via the Direct Health website. We saw that complaints and concerns received from the local authority and at the service were recorded on the complaints system using a traffic light system to highlight when complaint responses were overdue.

The registered manager informed us that there had been 66 complaints received within the

last 12 months. We saw that there were 22 complaints received from the local authority which were overdue. We looked at one which was overdue and found that the complaint investigation process had not started. This meant that the provider did not have an effective system in place to respond appropriately to complaints to ensure that action was taken to protect people who used the service from the risks associated with unsafe care. On the day of inspection the registered manager showed us an action plan which outlined action to be taken and the lead.

We found that a policy on complaints was in place. Information on the complaints policy was provided to people and contained in their service user guide. We saw that this included the timescales for responses and the contact details of other professional bodies should people choose to contact them. We viewed three complaints and two complaints raised had not been appropriately addressed in line with the services policy and procedure. We also found that the complaints records were not always linked to the correct record.

We acknowledged that the registered manager had systems in place that were monitored and reviewed up until their period of leave from the service. Interim managers were put in place to cover. However, there were gaps noted in addressing complaints and full and complete records were not maintained.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010
	Complaints How the regulation was not being met: Regulation 19 (1) The provider did not have an appropriate system in place for identifying, receiving, handling and responding appropriately to complaints made by service users.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 11 July 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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, acute 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 other services less often. 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.

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 may have 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. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ 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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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