

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 to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services

× Enforcement action
taken

Details about this location

Registered Provider	Direct Health (UK) Limited
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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Why we carried out this inspection

We carried out this inspection to check whether Direct Health (Sheffield) had taken action to meet the following essential standards:

- Care and welfare of people who use services

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 11 February 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with commissioners of services.

What people told us and what we found

On the 10 and 11 February 2014 the Care Quality Commission carried out a responsive inspection of Direct Health as a result of concerning information we had received in relation to regulation 9 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2010 [the Regulated Activities Regulations 2010].

During our inspection visit we looked at the arrangements in place to ensure people experienced effective, safe and appropriate care, treatment and support. To do this we contacted 58 people who used the service or their relatives, we spoke with 28 people that used the service and five relatives. We visited ten people in their homes. We also reviewed records.

Service users told us that care tasks were not completed in accordance with the care plan, there was a lack of continuity of care workers, missed calls, late/early calls, they did not always receive care from a male/female carer in accordance with their preference, some people reported medication errors and some service users said they "Felt rushed."

We found evidence at the inspection that people's needs were not assessed and care and treatment was not planned and delivered in line with their individual care plan. The provider was non-compliant with this outcome.

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

What we have told the provider to do

We have taken enforcement action against Direct Health (Sheffield) to protect the health, safety and welfare of people using this service.

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

Care and welfare of people who use services

✘ Enforcement action taken

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

Our judgement

The provider was not meeting this standard.

Care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare.

We have judged that this has a major impact on people who use the service and have taken enforcement action against this provider. Please see the 'Enforcement action' section within this report.

Reasons for our judgement

During our inspection visit we looked at the arrangements in place to ensure people experienced effective, safe and appropriate care, treatment and support. To do this we contacted 58 people who used the service or their relatives, we spoke with 28 people that used the service and five relatives. We visited ten people in their homes. We also reviewed records.

People and family members we spoke with gave mixed reviews about the quality of the care that had been provided by the service. Some told us that they were satisfied with the care they had received and made positive comments about the regular staff. These included: "Very kind staff, there aren't any I don't like. It's on the whole a good service." "I'm quite happy with Direct Health. The care is good. The care [female] workers are good." "I'm happy with the care I'm getting." "More often than not I'm satisfied [with the care]." "They [staff] are fabulous I haven't a fault with them at all. Top of the paper." "I am really satisfied by jove they have pulled up their socks. I now get regular carers that stay as long as they should."

In contrast the majority of people we spoke with and family members told us that the care and support they received from Direct Health was not satisfactory. People told us that staff were late/early at their visits and did not always stay for the allocated time. Their comments included: "They [care workers] come anytime. They haven't been yet [today time is 13.00] to do my lunch. [They are] meant to come at 12.00–12.15. They do my lunch as I can't do it. Not phoned to say running late, I don't know whose coming. I'm hungry. Supper I have to stop up and wait for them and I get tired. It depends on what time, sometimes its 18.00 sometimes its 20.00." "I wish they would come on time, my mum

would be less anxious." "When staff come too early to help him to bed, he always gets himself up again. They are very erratic." "It could be better, if they kept to time and if I had one carer rather than changing it. That's worst when they come at anytime and I'm sat waiting." "Hate it as they [relative] don't know where they are as they never know when their [care workers] are turning up, it distresses them." This demonstrated that people were not receiving care that ensured that their welfare and safety were maintained.

The majority of people we spoke with told us that they did not have regular care workers and they did not always receive care from a male/female carer in accordance with their preference to support them. They said that the delivery of care was sometimes rushed. Their comments included: "Four regular carers left in October 2013 and since then it has been diabolical, I've never known who has been coming or at one time." "[Relative] has a mixture of regulars or people she doesn't know. Regulars are off then will see up to five different faces over a couple of days. It makes her anxious as she has to explain what she needs doing. Some don't have initiative or common sense to look at care plan." "No contingency plan for staff sickness or holidays. Once [Direct Health] asked if we really needed care. Managers say struggling due to holidays and sickness. That's not my problem." "She [care worker] was playing hell as I wasn't ready to go to bed, I'm not a machine I'm a human being. I'm 89, I have to go at my own pace." "She's [care worker] got too much on her mind her grandma is poorly [care worker]. I think she was stressed and taking it out on me. She apologised...Feel a bit rushed." "Have both male and female care workers and I'd prefer women every time." "I'd rather have male but I do have female care workers." This demonstrated that Direct Health failed to deliver the care planned to meet the individual's needs.

During the home visits we checked the daily log records. We requested the providers 'Planned vs Actuals' report. This report outlined the planned times and actual times that care workers visited. We checked the providers report of 'planned vs actuals' and the log sheet and this confirmed that care workers were not always staying for the allocated times. Analysis showed that for the period 27 January 2014 to 2 February 2014 approximately 27% of calls had been later than planned by at least 30 minutes. This showed the delivery of care was not in accordance with the care planned.

During the home visits we found that all care plans were out of date and due for review. In addition two of the care plans didn't correlate to the person's current medications. One care plan didn't correlate with the person's current mobility needs. Two care plans did not reflect recent adjustments to visit times. A further two care plans did not reflect an additional domestic visit was being undertaken. Service users told us that staff did not always look at their care plans before delivering care and care tasks were not completed in accordance with the care plan. Comments captured included: "Supposed to cook her a hot lunch, 9/10 they don't. They [staff] said they don't have enough time. It's the food I've been upset about as my mum has been eating mouldy bread and out of date ready meals. She's blind in one eye." "I've found a lot of these carers are better at dodging than working." "My family go mad about it, pots not washed properly. Made me a cup of tea the other day and goodness knows what was in the cup. They're [care workers] not top quality. They don't put the pots away that they're meant to do, it's in my care plan." "No not always [do care tasks], especially if new ones as they don't have time to read the care plans." "They should help with meals I think, but they are in and out like magic and haven't the time to make me a drink." This demonstrated that plans of care, treatment and support were not regularly reviewed for their effectiveness, changed if found to be ineffective and kept up to date in recognition of the changing needs of the person using the service.

This section is primarily information for the provider

✘ Enforcement action we have taken to protect the health, safety and welfare of people using this service

Enforcement actions we have taken

The table below shows enforcement action we have taken because the provider was not meeting the essential standards of quality and safety (or parts of the standards) as shown below.

We have served a warning notice to be met by 03 April 2014	
This action has been taken in relation to:	
Regulated activity	Regulation or section of the Act
Personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010
	Care and welfare of people who use services
	How the regulation was not being met: Service users were not protected against the risks of receiving care or treatment that was inappropriate or unsafe as the care was not planned and delivered in such a way as to meet service user's individual needs or ensure their safety and welfare. regulation 9 (1)

For more information about the enforcement action we can take, please see our *Enforcement policy* on our website.

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.

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