

Drewdales Homecare Services

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Inspection report

35 Ingleborough Drive
Doncaster
South Yorkshire
DN5 7AA

Tel: 01302855227

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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

The inspection took place on 2 February 2017 with the provider being given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. The service was registered with the Commission in June 2015 and this was the first rated inspection.

Drewdales Care provides personal care to people living in their own homes. Its office is based in Sprotborough near Doncaster. The agency mainly supports older people, including some people who are living with dementia but also supports younger people with personal care needs.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At the time of our inspection there were nine people using the service. We visited two people who used the service, and spoke on the telephone with two people who used the service and three relatives. When we asked them about their experiences of using the agency they told us they were happy with the service provided.

We saw there were systems in place to protect people from the risk of harm. Staff we spoke with were knowledgeable about safeguarding people and were able to explain the procedures to follow should an allegation of abuse be made.

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We found the service employed enough staff to meet the needs of the people being supported. Staff had completed training to be able to meet people's needs, and received regular supervision, which meant they were well supported.

We found people received a service that was based on their personal needs and wishes. Their needs had been assessed before their care package commenced and where possible they, and their relatives, had been involved in formulating their care package. Care records sampled identified people's assessed needs and care plans were being developed to ensure needs and preferences, as well as any risks associated with their care and the environment they lived in were documented.

Where people needed assistance taking their medication this was administered following procedures that ensured they were administered as prescribed and met people's needs.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The management team had a good understanding and knowledge of this. The provider was also accessing more information to be able to understand how this would impact on the people they supported in the community.

People were provided with information about how to raise a concern and how it would be addressed. The people we spoke with told us they were confident that any concerns they raised would be dealt with promptly.

The registered manager and providers had a clear oversight of the service, and of the people who were using it. People were encouraged to share their views about the quality of the care provided. Quality assurance systems had been developed to monitor how the service operated and identify areas for improvement. However, these systems were not formally documented.

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

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

Individual risks had been assessed and identified as part of the support and care planning process.

The process for recruiting new staff helped to make sure the right staff were employed to meet the needs of people safely.

People were supported to take their medication safely.

Is the service effective?

Good 

The service was effective

Staff had access to a varied training programme that enabled them to care and support people who used the service safely and to a good standard.

Records demonstrated people's capacity to make decisions had been taken into account. Staff understood their role in supporting people in their best interest.

Is the service caring?

Good 

The service was caring

People told us they were happy with the care and support provided. They told us care was delivered in line with their wishes.

Staff knew the people they cared for well, which meant people received consistent care that met their needs.

Is the service responsive?

Good 

The service was responsive.

People had been encouraged to be involved in planning and reviewing their care package. Plans were being developed to provide clear guidance for staff on how to meet these needs.

There was a system in place to tell people how to make a complaint and how it would be managed.

Is the service well-led?

Good ●

The service was well led.

The registered manager and providers had a clear oversight of the service, and of the people who were using it.

Systems were in place to gain people's opinion of how the service operated and evaluate where improvement was needed.

Staff were clear about their roles and responsibilities.

Drewdales Homecare Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

The inspection included a visit to the agency's office on 2 February 2017. To make sure key staff were available to assist in the inspection the provider was given short notice of the visit, in line with our current methodology for inspecting domiciliary care agencies. An adult social care inspector conducted the inspection.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service. Before the inspection, the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make. We looked at any notifications sent to us. We also requested the views of other agencies that worked with the service, such as service commissioners and the local authority safeguarding team.

At the time of our inspection there were nine people using the service. During the visit to the office we visited two people who used the service in their home. Following our visit to we spoke on the telephone with two people who used the service and three relatives. We also spoke with the registered manager, the two directors and a bank care worker employed at the service.

We looked at documentation relating to people who used the service and staff, as well as the management of the service. This included reviewing people's care records, medication records, staff recruitment, training and support files, as well as minutes of meetings, quality audits, policies and procedures.

Is the service safe?

Our findings

People told us they felt the care and support provided was delivered in a safe way. Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The providers and registered manager was aware of the local authority's safeguarding adult's procedures, which aimed to make sure incidents were reported and investigated appropriately.

Staff had received training in relation to safeguarding people as part of their induction to the company. Although updates had not been required at the time of our visit as they had not been operating for long enough the providers were aware that periodic refresher training was required. Staff we spoke with demonstrated a good knowledge of safeguarding procedures and their responsibilities in relation to protecting people from abuse and acting upon suspected abuse.

The provider had policies and procedures to manage risks. Staff understood the importance of balancing safety while supporting people to make choices. We saw people's care package was planned and delivered in a way that helped to ensure people's safety and welfare. We looked at two people's care files and saw records were in place to monitor any specific areas where they were more at risk, such as moving people safely from bed to chair. The providers were in the process of developing more person centred plans that explained what action staff needed to take to keep people as safe as possible. We also saw environmental risk assessments had been undertaken to ensure people were living and working in a safe environment. People we spoke with told us they felt staff supported them very well, or their family member, safely. One person told us, "We do feel safe, don't we [person's name]" Another person said, "I don't know what I would do without them, they are fantastic."

Some people who used the service required assistance from care staff to administer their medication. We saw this was managed safely. A policy was in place to guide staff about the correct procedures to follow and their responsibilities when administering medicines to people. We also saw staff had received medicines management training.

We saw medication administration records [MAR] in the homes of people we visited and found these were had been completed correctly. Some people were prescribed medication to be given as required [PRN], and a separate MAR was used to record these medicines. This helped to make sure people received this medication in an appropriate and timely manner, and only when required. One person told us, "I rely on the staff to help me with my medication as I am unable to get them out of the pack, the staff are very good."

The service had a recruitment policy which helped to ensure only suitable people, with the right skills, were employed by the service. The providers had only recruited one bank staff member as they were a new company. They were also in the process of recruiting a new permanent care worker at the time of our visit. We checked the files and saw they included written references and a satisfactory Disclosure and Barring Service (DBS) check. 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. We found the service employed sufficient staff to enable them to meet the needs of

the people being supported. The providers told us they were recruiting new staff as the company grew to ensure they had enough staff to meet people's needs.

Is the service effective?

Our findings

People told us staff delivered care in an inclusive way and that their wishes and preferences were respected. The relatives we spoke with were also complimentary about the staff that supported their family member. One relative said, "I am extremely pleased with the service." Another relative said, "They really make a difference, it is a very good service."

We found new staff had undertaken an induction to the agency. The providers also informed us if any new staff had not worked in care before they would ensure they completed the 'Care Certificate,' The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

There was a very small staff team comprising, the registered manager, two directors and one bank worker. We saw the training was up to date. The provider's also employed a training and wellbeing consultant. This person provided a training package for all staff tailored to meet the needs of the people they supported. For example, they were analysing any accidents and injuries to determine if the moving and handling was appropriate, and looking at individual packages with the occupational therapists and physiotherapists. Other training delivered included topics such as health and safety, moving people safely, food hygiene, medication administration and dementia awareness.

Staff had not worked for the company for over a year so had not received an annual appraisal of their work performance. However, one to one supervision meeting and observational checks had taken place and staff told us they felt supported.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw in care files that capacity assessment and best interest decisions were being included. Staff were aware of how to ensure decisions were made in people's best interests. Staff we spoke with were very knowledgeable on the requirements of the Mental Capacity Act and were seeking further advice on how it impacted on the people they supported.

Some people we spoke with said care workers were involved with food preparation while other people did not require any assistance. We found that where staff were involved in preparing and serving food people were happy with how this took place. We also saw staff had completed basic food hygiene training as part of their induction to the agency and this had been updated periodically.

Staff were able to describe the actions they would take should someone not be eating or drinking sufficiently. This included recording people's intake and reporting any concerns promptly to the person family and GP. One person we visited had their food prepared by the agency. We saw they were given a choice of what they wanted to eat and assistance was given in a caring and kind way. We saw when the staff left they ensured a drink was easily accessible for the person as they were unable to get one themselves.

One person said, "They are very good with my [relative] they help them with eating and leave a record of what they have eaten." Another relative said, "My [relative] like's porridge in the mornings, the last agency wouldn't do this, which meant they didn't eat a breakfast. These staff always give [my relative] porridge, nothing is too much trouble." This ensured people received adequate nutrition and hydration.

Is the service caring?

Our findings

People who used the service, and the relatives we spoke with, said they were happy with the way staff delivered care and felt they respected people's decisions and preferences. People described staff as being caring, efficient and responsive to their needs. One relative said, "The staff respect their [relative's] choices and are very flexible." Another relative said, "I can't be happier, they are really caring and professional. They really understand my [relative]. I would recommend them to anyone."

One person who used the service told us, "The staff are lovely, I don't know what I would do without them." Another relative commented, "The carers are fantastic they are caring, kind and thoughtful."

Staff received training in respecting people and maintaining their dignity as part of their induction to the agency. Staff we spoke with described to us how they provided care in a respectful manner, while they maintained the person's dignity. This included enabling people to make choices and respecting their decisions

The registered manager told us that as the care team was so small it enabled her to provide the same care team for each person. This meant the staff and people who used the service could build up relationships, as well as helping to ensure consistency when delivering care and support. The registered manager was very passionate about ensuring the service provided was a high quality service where the people they supported came first. The people we spoke with told us they were extremely happy with the arrangements in place. One person said, "I always know who is coming and they are all lovely."

Everyone we spoke with told us they had been involved in developing care plans. They said staff worked to the agreed care plans and they were satisfied with how their needs were met. Care files sampled contained details about people's likes and dislikes. Staff had access to adequate information about how to support people and ensure their care was tailored to their needs and preferences. This was being further developed by the providers to ensure all information was documented as this would be necessary as the company grew.

The registered manager told us they had been looking at end of life care to ensure all staff had the skills and knowledge to support people. They said they had also discussed the possibility of all care staff completing end of life care as part of the induction as they felt this could improve the service the agency offered.

Is the service responsive?

Our findings

People told us staff provided personalised care which met their or their family member's, needs to a good standard. They confirmed they had been involved in planning the care and support provided. Everyone we spoke with was extremely happy with how care was delivered. One relative told us, "They are flexible, which is what I need and they will change visits to fit in with me, I couldn't ask for more."

We looked at the office copies of two people's care records and found they contained good information about the person's needs. The people we spoke with confirmed care files were available in each person's home. Care plans were being written in a person centred way that gave staff clear guidance about how to support individual people. At the time of our visit many changes and reviews were not documented as it was a small staff team and information was shared in regular meetings and discussions. The providers acknowledged this would need to change as the company grew, and they were developing new care plans at the time of our visit.

Records showed the provider worked responsively with external professionals, such as social workers and commissioner. We found staff had completed a record of each visit which described the care and support provided, as well as how the person had been during the period of their visit. Staff had completed these records to a satisfactory level of detail, so these could be monitored to ensure support had been provided that met people's needs.

There was a complaints' policy which was given to each person when their care package commenced. It was written in plain English and gave timescales for the service to respond to any concerns raised. This was being updated at the time of our visit to include external methods of making a complaint. The registered manager told us no complaints had been received since the service was registered, however they said there was a structured system to record all complaints and concerns received. A record of compliments received had also been maintained. We saw the service had received thank you cards and verbal compliments.

People we spoke with did not raise any complaints or concerns about the service provision. They said they would feel confident raising any issues, which they felt would be taken seriously.

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager told us the company's aim was to only support a small number of people, so they could provide an individualised person centred service. The registered manager and the providers took 'a hands on role' in the running of the service and had a good knowledge of the people who were using the agency. This was evident when we visited people in their own homes with the registered manager.

When we asked the people we spoke with if there was anything the agency could do better no one could think of anything that could be improved. People were complimentary. They told us they were very happy with the service provided and the way staff delivered care. One relative said, "There is always someone at the end of a phone if I need any assistance or information." Another said, "Communication is very good."

The registered manager had used phone calls, visits and care reviews to gain people's views about how the service was operating. She showed us some new questionnaires the company had used to gain people's views.

There was only a small staff team and there were regular feedback meetings. The staff we spoke with told us they could raise concerns with the registered manager and felt they would be listened to.

When we asked staff if there was anything they felt the service could change to improve the service provided, they said they were very happy working for the agency. One care worker said, "It surpasses everything I have seen, staff don't rush we are given time to do what is needed even if we go over the allotted time." Another staff member said, "It's all about making a difference and I think we do that, improving people's lives."

Policies and procedures were available to inform and guide staff and people using the service. We also saw there was a system in place to check if the service was operating in line with these policies. We also saw the registered manager had completed monthly checks on medication administration records [MAR] and daily visit notes completed by care staff.