

Drayton Home Care Services Ltd

# Drayton Home Care Services Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 16 December 2015 and was announced.

Drayton Home Care Services Limited is a care service registered to provide personal care and support for people in their own homes. At the time of our inspection they were providing care and support for approximately 27 people.

There is a registered manager in post. 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.

People were protected from harm and abuse because they were supported by staff who knew how to recognise and respond to abuse. Staff did not start work until required checks had been made to make sure they were suitable to support people in their homes.

People were involved in the planning of their care and in their reviews. The registered manager encouraged people to raise any issues and people were confident that action would be taken by the management team to resolve any issues.

People were encouraged to maintain their independence and staff supported this. Staff provided care which was kind, compassionate and promoted people's privacy and dignity. Staff had developed good relationships with the people they supported. People were supported to make their own choices and decisions and felt listened to and respected.

Staff received induction and comprehensive training in order for them to provide care. The provider had not made the Mental Capacity Act (MCA) or the Deprivation of Liberty Safeguards (DoLS) a specific training topic on the staff training plan. Staff were supported by the management team and received regular feedback on their performance.

People knew how to make a complaint if they needed, The provider completed regular quality checks to ensure standards of care were maintained. People's views were sought about the quality of their service on a regular basis. Any areas for improvement were identified and acted upon. People were aware of who the management team were and felt they were approachable and listened to them.

## 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.

People felt safe and staff treated them well.

Staff were aware of how to protect people from danger and harm and knew the processes they should follow to make sure people were kept safe.

People were supported to take their medicine and we found systems were in place to make sure these were managed safely by staff.

### Is the service effective?

Good ●

The service was effective.

The provider had not made provision for specific staff training about the MCA and DoLS. Staff had the skills and awareness to meet specific needs if people lacked capacity to make decisions about their care.

Staff understood the need to seek consent to care and support.

The management team made appropriate referrals to other agencies when there were any changes in people's needs or risks.

### Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was promoted by the staff.

People were supported with kindness, compassion and respect.

People and their relatives were consulted about their assessments and involved in developing their care plans.

People were encouraged to express their views about their care and support.

### Is the service responsive?

Good 

The service was responsive.

People received care that met their individual needs and which was responsive to any change.

People receiving care and their relatives were confident to raise concerns if they arose and that they would be dealt with appropriately.

### Is the service well-led?

Good 

The service was well led.

The management team was approachable and people felt the care provided was well managed.

People who received care and their relatives were asked for their views on the service.

The provider monitored the quality of the service provided to people. Staff received support and regular feedback from managers

# Drayton Home Care Services Limited

## **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 was planned to check 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.'

This inspection took place on 16 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The registered manager and Director were both present at the inspection.

The inspection team consisted of two inspectors and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

As part of our planning for the inspection we asked the local authority and healthwatch to share any information they had about the care provided by the agency.

We spoke with 11 people receiving services, the registered manager, care manager, five care staff, and one relative.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We reviewed two people's care records, two recruitment records, management quality reports and quality assurance systems.

# Is the service safe?

## Our findings

All of the people we spoke with told us that they felt safe and that their service was delivered in a safe way. One relative said, "My [relative] is able to stay in her home and feels much safer". The care staff told us that they had received training in safeguarding. They showed us they had a good understanding of the different types of risk and abuse and what action they would take if they had a concern. We saw records which confirmed staff participation in safeguarding training. Staff had access to information on how to raise a concern within and outside of the organisation.

Risks to people's safety and wellbeing had been assessed and were monitored regularly. Staff understood the risks associated with people's care and understood how to keep people safe whilst ensuring they were not restricting them. We were told by the director that a staff member had raised a concern regarding the safety of someone they were supporting. The director took immediate action to protect the individual whilst seeking assistance from the local authority. The director acknowledged that the provider hadn't informed the commission as it was legally required to do. A staff member told us, "I am aware of how to look for hazards in the home. For example, things that people might trip over".

One person said, "They have never cancelled and tend to arrive on time". Another told us, "The staff usually turn up when they say they will". The registered manager said the time and amount of staff who provided support to each person was set by the needs of the individual. The registered manager assessed the person's personal needs and discussed with the local authority any changes to the care provided to ensure sufficient staff and time were available.

Safe recruitment and selection processes were in place. The registered manager showed us the appropriate checks that were undertaken before staff started working for them. These included satisfactory Disclosure and Barring Service (DBS) checks and written references to ensure staff were safe to work with people in their own homes. Staff we spoke with confirmed that appropriate checks and references had been gathered before they started their employment.

People told us that they were prompted to take their own medication. One person said, "They help me with my medication. I take quite a lot so they make sure I am safe taking the right ones". The registered manager told us, "We prompt people to take their medication as this helps them to maintain their independence in their own home". We saw care plans and training records for medication. Staff told us how they prompted people to take their medication. If they had concerns that someone was not taking their medication they would talk to them and let the registered or care manager know. One said, "I would ring the person on call for advice".

# Is the service effective?

## Our findings

People told us that they were involved in their assessment and care planning. One person said, "I understand very well what my needs are". Another said, "My needs were discussed clearly and I understood the results of the conversation my [relative] and I had with the agency".

People told us that they were happy with the care and support that they received. A relative said, "The manager is very supportive of my [relative] and me. What care we get is right for us". One person told us, "My care provision meets my requirements". Staff were knowledgeable about the people they supported and confirmed that they had access to care documentation to enable them to support people well.

People commented that they received care from well trained and supported staff. Staff told us that as part of their induction they shadowed a more experienced staff member. As part of this induction they met the people that they would be supporting and others who received support from the provider. One person said, "The manager brings new staff around to show them the ropes". The registered manager said that it was important for people to meet those supporting them to build a rapport which creates an effective working relationship. Staff told us they were well supported by the management team. They felt they could approach the registered manager or director at any time they wanted and were able to discuss anything that they needed. Staff felt that they had access to a good range of training and were competent in the tasks that they performed.

One person commented that staff were good at reacting to changes in their circumstances. They said, "Staff come when I need them and are willing to make changes to my care". Staff were proactive in seeking assistance when people's needs changed. Staff told us that as they saw the same person they were able to notice subtle changes including any weight loss or gain. Staff told us that they reported any issues to the registered manager after first talking to the person. Staff understood people's needs and preferences and were adaptable to changes. One staff member told us they always checked that people had enough to eat and drink when they visited. They said, "We had recognised that (person) was losing weight so we spoke to their family and arranged for their GP to visit".

People were asked for consent before care and support was given. One person said, "They ask for my consent before they do anything for me". Another confirmed staff members, "Always ask my permission before doing anything to support my personal needs". The registered manager reviewed people's ability to make decisions about their care. Where support was needed for a person who was unable to make decisions independently, the process was not clearly documented to guide staff.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in domiciliary care are through the

Court of Protection. There was no court order in place for any of the people who used the service at this inspection. However, the staff training plan did not detail any specific training staff had received or planned to receive about the MCA and DoLs. The director was aware of the need to respond if this became necessary for an individual. They had the awareness to ensure people's rights were protected until training was delivered.



## Is the service caring?

### Our findings

One person said, "It's the little issues they pick up on which helps. For example, ringing me to tell me my [relative] is short of milk which saves me a trip". Another told us, "I can describe the care I receive as very good. I am very pleased with all staff, they can't do enough for me". Staff that we spoke with talked about people they supported with kindness, compassion and respect. A staff member said, "I am trained in how to care for people of different genders. The registered manager explained to me how people react differently to male care workers. I was shown how my approach can make this less problematic for them".

People and their relatives were encouraged to express their views about the care delivered and were actively involved in decisions about their support. Initial assessments of care, regular reviews and quality surveys encouraged people to express their opinions and suggestions.

Staff promoted people's privacy and dignity. One relative said, "The staff know how to work. I think they are trained well". One person told us, "My privacy and dignity was totally maintained by the staff, they cover me up to keep my dignity". Another relative told us, "My [relative] gets fantastic care and it's a brilliant service. Staff are very respectful, genuine and caring". Staff told us that privacy and dignity formed part of their induction training. The training plan we saw confirmed this. Staff described to us how they supported people in this area whilst giving personal care.

Staff we spoke with were aware that people may have different cultural needs or religious beliefs. They stated they weren't providing a service to anyone who needed specific support in this area. The registered manager spoke of advice given to a person regarding other support or advocacy services to assist with their social isolation.

The registered manager told us that they tried to keep consistency in the staff members which supported each person if that was what they wanted. This was to enable them to build a relationship with them where the person could trust the staff member. They would also get to know the person's individual likes and dislikes. One person said, "I have never been supported by someone I do not get on with".

## Is the service responsive?

### Our findings

People told us that they were involved in the planning of their care and in any reviews. One person said, "They all listen to what I need, which is what makes everything work so well". Regular reviews of care took place which included people and included personal history, needs and preferences.

Changes in people's needs were identified and acted on promptly. For example, a staff member had an issue with moving and handling a person. The registered manager did a review and identified problems which were corrected for the staff member and the person who used the service. One person told us, "I didn't get up in time for my visit today. I know the care worker contacted the office as they were worried about me. They rearranged the time that morning and were very helpful". This showed the service adapted and responded to ensure people got their visit. One person said, "The care I receive is first rate. If I need a different kind of support on a particular day, they will alter the rota". People were encouraged to be fully involved in the care provided and were confident that the provider would respond appropriately to their needs and preferences.

People told us that they knew how to raise a concern or make a complaint and were confident they were listened to and responded to appropriately. One person told us, "I don't have any concerns at all, [manager] is the other end of a phone and they will sort it for me". One relative said, "They listen to what we have to say and act upon it". We saw records that the provider kept about informal concerns raised. The registered manager took immediate steps to rectify the concern and reviewed these to identify any trends. One person told us, "The provider responds quickly if things aren't quite right". Another said, "The provider listens to and acts on any issues". We saw records of team meetings where any concerns or comments were discussed as part of a team as an opportunity for learning and improvement.

## Is the service well-led?

### Our findings

People told us that they felt involved in how services were provided and they were regularly asked to comment on the care they received. One person said, "I have filled in a survey in the past". Another said, "The [manager] is the one who deals with any issues and they have been round to ask me what I think of things and if there is any change in my needs. I can talk to them and they listen." Staff told us the importance of recognising people as individuals. This was promoted by the registered manager and director and evidenced in people's care plans. .

The registered manager told us that questionnaires designed to gain feedback on the quality of the service were given out annually to people and their relatives. However, one hadn't been done for 2015 yet. The results of these questionnaires were then reviewed to see if any changes to the provision of services were necessary. This enabled the person to have a say in the service that they received. It also helped to develop the service provided to others as the provider adapted practice where needed. We saw records of quality checks and changes made as a result. People we spoke with felt that their feedback was listened to and valued by the provider.

Staff said they were supported in their jobs by the management team and that they received regular one-on-one support sessions. Regular training was provided to enable staff to develop their skills in providing care. One staff member said, "Since starting I have been provided with all the basic training I need to do my role". We saw a record of a staff meeting which provided a forum for staff to openly discuss their practice, share information and ideas about the development of the service. Staff knew what was expected of them and they were happy in their work. Staff members had a clear understanding of the provider's whistleblowing procedures and felt able to raise concerns of bad practice should they need to. Staff said they believed they would be supported by the management team if they had to raise a concern.

The provider had a registered manager and director in place. They had a clear understanding of their role, responsibilities and organisation values. There was provision in place for staff to seek advice and support outside of office hours. Staff told us that they felt part of a team and that managers listened to and took note of their views. The management team had appropriate systems in place to record and respond to incidents and accidents. The registered manager was aware of their responsibilities but had not appropriately submitted notifications to us regarding safeguarding. The director stated this would be corrected as the provider had recently been through some staff changes in the office. The management team had a good communication system in place to pass on any changes to staff ensuring consistent care provision.