

Durbia Limited

Durbia Healthcare Ltd

Inspection report

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Date of inspection visit:
27 December 2019
31 December 2019

Date of publication:
04 February 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Durbia Healthcare Limited is registered as a domiciliary care agency providing the regulated activity 'personal care' to people who live in their own homes in Nottingham and surrounding areas. At the time of the inspection visit there was one person using the service.

The service was providing support to one person, though since their registration has provided care and support to four people. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and nutrition. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

The service was not always well-led. The provider had not ensured that safe recruitment processes to ensure the safety of people being offered care. The provider had not ensured governance and quality assurance procedures had been fully established in this relatively new service. We found no evidence during our inspection that people had been harmed by these actions.

Staff were trained to support people with their individual needs.

We have made a recommendation that staff knowledge and awareness of subjects is determined following training courses.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were made aware of the complaints process with information provided when they commenced using the service and knew the process to follow if they had concerns.

The person told us they felt safe when receiving care and support. Staff were aware of measures to take to prevent and control the spread of infection. There was a procedure to record and monitor any accidents/incidents which may occur, none had occurred in the last twelve months.

The person was supported by a small group of staff who knew them well, and so allowing relationships to develop. The person gave positive feedback about the caring staff team.

The person was treated with kindness, respect and without discrimination. Staff involved them in decisions about their care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This is the first rating inspection for this service.

Why we inspected

This was a planned first rating inspection.

We have found the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Durbia Healthcare Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced, this was to ensure someone would be in the office to assist us with the inspection.

Inspection activity started on 27 December 2019 when we phoned the person using the service. We then visited the office location on 31 December 2019 where we spoke with the provider and looked through records. We made phone calls to staff on 9 January 2020.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. However, we gave the provider the opportunity to share with us information and this was included as part of the inspection. We looked at other information received from the provider, such as statutory notifications about events the provider must notify us about. We took all the information into account when we inspected the service and making the judgements in this report.

During the inspection

We reviewed the care records for one person using the service, and other records relating to the management oversight of the service, such as staff training and medication records, staff rotas, incident recording and complaints.

Following the inspection

We continued to seek clarification from the provider to validate evidence found. We asked for the provider to send us information, which has been used in the report.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Safe recruitment procedures were not followed. Although there was a policy and procedure in place to ensure that only suitable staff were employed it had not been followed by the provider. The registered manager had not followed their procedure which resulted in there being no references in one staff file and inconsistencies with the references in the second staff file.
- We discussed our concerns with the provider they said they would make changes in the future to ensure they fully complied with their policy and procedure for future recruitment.

The provider failed to ensure that staff were of good character, this placed people at risk of abuse and harm. This was a breach of Regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had worked alongside staff to ensure they were capable of undertaking the care for people.
- The person using the service stated staff were usually on time, the one occasion they had been late was due to traffic problems.

Systems and processes to safeguard people from the risk of abuse

- People were not fully protected from the risk of abuse.
- The registered manager had ensured that staff had received safeguarding training in how to protect people from abuse. However, staff were not familiar with the terms used and could not demonstrate they were fully aware on how to report suspected abuse. We discussed this with the registered manager who said they would retrain the staff to ensure they were aware of the terms associated with safeguarding people.
- The person told us, "I feel safe as I get the same staff most of the time they are very good."

Assessing risk, safety monitoring and management

- Risks had been assessed and an assessment had been completed to reduce the risks associated with the persons care and wider home environment. The person said, "I have a care plan, it meets my needs."
- Environmental risks, including fire and safety risks and use of equipment, had been assessed. Staff were aware of what to do in the event of an emergency.

Using medicines safely

- Staff currently prompted the person to manage their own medicines. We saw that staff had been trained in administering medicines for people, should they be required to support people in the future.

Preventing and controlling infection

- Staff were provided with personal protective equipment (PPE) to control the spread of infection.
- The person confirmed staff wore PPE when attending them and also wore a company uniform.
- Staff demonstrated an understanding of when this equipment was required.

Learning lessons when things go wrong

- The registered manager said that there had been no accidents or incidents that had occurred. Any in the future would be recorded, analysed and reviewed to identify measures that may be required to reduce the risk of further occurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were supported to access and undertake training.
- Staff confirmed they had access to training and during our conversations were knowledgeable about some topics.

We recommend the provider considers determining the level of staff knowledge and understanding following training courses.

- Newly commenced staff shadowed permanent staff to receive an insight into how people preferred their care being delivered and until they were sufficiently skilled to carry out their role.
- When we asked the person using the service if they felt the staff had the skills and training to support them they said, "Yes, one worked at a care home the other at a hospice."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- An assessment of the person's needs was completed before they commenced receiving care.
- The assessments covered areas of the person's care and their environment.
- The person told us staff arrived at the pre-arranged time and had commenced their call at the appointed time.

Supporting people to eat and drink enough to maintain a balanced diet

- The person received minimal support to prepare a light breakfast. The person was assisted with family members at all other times of the day.
- The person using the service told us, "Staff make my breakfast, I pick what I want they cook it for me."

Staff working with other agencies to provide consistent, effective, timely care

- We spoke to the person using the service, they confirmed the agency arranged some health appointments and liaised with the district nurse on their behalf.

Supporting people to live healthier lives, access healthcare services and support

- The person using the service was supported by family members and occasionally care staff to access healthcare services. Staff were aware of the person's healthcare needs and liaised with family as and when necessary.
- The person's care plan included details on their healthcare including oral hygiene information.

- As a new provider, the registered manager was building a network of contacts within the local area to ensure they were working effectively in partnership as they developed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met.

- The provider demonstrated an understanding of the need to consider people's mental capacity in terms of making specific decisions and any made on their behalf, should be made in their best interests.
- The person confirmed staff sought their consent before providing care. There was a copy of a consent form in the office copy of the care plan. The registered manager stated that everyone that had capacity to consent to their care would have a copy placed on their file.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were well supported and treated with respect. The person said, "Since I have started using the service they (staff) have all been very caring."
- Staff were aware how to protect people's privacy and gave examples such as closing doors, blinds and curtains when assisting people with personal care.
- The person told us they had a good relationship with the staff supporting them.
- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

Supporting people to express their views and be involved in making decisions about their care

- The registered manager arranged for the person sign to agree their care plan when the service commenced to them. They stated they would continue to involve the person fully when their care plan was updated.
- The registered manager was aware of advocacy services that were available to assist people where they had no relatives to assist with reviewing or agreeing care plans. They said these services would be made available where required in the future.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- An assessment of people's needs had been carried out before staff provided a service.
- The care plan included information about what the person expected from staff during the visit and how they were to provide the person's support. Staff knew the person's support needs and were able to tell us how they provided this.
- Overall the person had received staff visits at the time they had agreed. They felt staff provided the care they expected, and the staff always had time for a chat even though they stayed longer than planned.
- The person received a rota each week with consistent visit times and the names of staff who were due to support them. Staff told us they were usually able to get to their visits on time.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager said they had not yet had to create any documentation for people who required paperwork communicated to them in any alternative format. However, the person did have some communication needs which were clearly entered in the care plan.
- Staff were aware of the person's communication needs.

Improving care quality in response to complaints or concerns

- The person using the service felt able to raise a concern or complaint with the registered manager and were confident their concerns would be taken seriously. People were provided with a copy of the complaints policy when commencing with the service. The registered manager was in the process of updating and re-circulating this along with other documents to the person using the service.
- The registered manager said they had not received any complaints so far. They said all complaints would be recorded and analysed and feedback provided in line with the provider's policy and procedure.

End of life care and support

- End of life care was not currently being provided by the service. The registered manager explained that if this was required information would be sought and entered into the care plan.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People were at risk of harm because the provider had not developed systems and processes to ensure compliance with regulations.
- During our inspection, we found no evidence of any quality assurance checks having been developed or undertaken. That meant there was no review of the service that would assess, monitor and reduce the risks relating to the health and safety of people. We were informed that periodic spot checks of staff were being carried out, but there were no written records to evidence the date or composition of the checks.
- The provider had a range of policies and procedures in place which could guide the practice of the organisation. However, these were from different companies and apart from a lack of consistency these had not been reviewed, updated or personalised to ensure staff were provided with consistent information.
- The absence of clear processes to assess and monitor the performance of the service meant the provider had seriously restricted their ability, to reveal and learn from incidents and to focus on themes for improvement.

The provider failed to implement systems and processes to assess, monitor and mitigate risk of avoidable harm to people. This was a breach of Regulation 17 (1) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- The provider had not undertaken any quality audits so had been unable to ascertain where shortfalls or omissions had occurred and to provide a plan for improvements. There was no documented evidence of spot checks on staff taking place to ensure staff provided a good service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The registered manager reflected on the concerns highlighted by the inspector during this inspection and was keen to implement the necessary improvements. The registered manager had commenced changes following the inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff spoke positively and told us they felt supported by the registered manager. One staff member told us,

"It's a good company and the manager is good."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had been provided with opportunities to share their views and feedback about the service through a questionnaire sent out in 2019. This was a very 'closed' questionnaire and did not allow people to comment or add information to the form. This resulted in the provider being limited in how they developed the service. The provider stated they would assess the current questionnaires and make changes to any future questionnaires sent.
- Staff meetings and personal supervision were carried out with staff and communication updates provided between those events to keep staff up to speed with changes and ascertain feedback on how the service could adapt to meet the changing needs of people.

Working in partnership with others

- We saw that the service was working in isolation and had not considered working with other domiciliary care managers to share best practice and training facilities. They told us they were looking at further training opportunities to broaden their health and social care experience, so they could translate this into better outcomes for people using the agency in the future.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had started to recognise the risks within the service and where action was required to improve.
- The provider understood the regulatory requirements such as notifying CQC of certain incidents.
- The registered manager was aware they had to display the rating from this inspection at the agency's office.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to implement systems and processes to assess, monitor and mitigate risk of avoidable harm to people.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider failed to ensure that staff were of good character, this placed people at risk of abuse and harm.