

Drury Healthcare Limited

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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

Drury Healthcare is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. This includes older people, people living with dementia and adults with a disability. This was the first inspection of Drury Healthcare since its registration with the Care Quality Commission and at the time of our inspection there were 15 people using the service.

There was a registered manager in place who was present at the 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 2008 and associated Regulations about how the service is run.

Risk assessments were carried out to identify any risks to people when providing care and management plans were in place, which set out the actions staff should take to reduce the likelihood of harm.

There were sufficient staff employed and people told us that they received care from a consistent team of staff who knew them well. There were systems in place to ensure that newly recruited staff had been checked to ensure their suitability.

There were systems in place to guide staff in the administration of medicines and regular audits to check that people were receiving their medicines as prescribed.

Staff had received training which provided them with the necessary knowledge and skills. Staff performance was monitored to ensure that they were working to the required standards. Staff told us that they were well supported and the management of the service was approachable and helpful.

People were supported by staff who were described as being kind and caring. Staff enabled people to make choices and remain in control of the decisions around their care.

People were supported to eat and drink in line with their preferences and needs. People had good access to health care support when they needed it.

The support provided by Drury Healthcare was person-centred and flexible, and considered people's preferences and individual circumstances. Care plans were informative and provided clear guidance to staff. People's care needs were regularly reviewed and plans amended as required.

There was a complaints policy in place and people's concerns were taken seriously and investigated. People told us that they felt comfortable raising concerns.

The service had a clear vision and strategy to deliver high quality care to people. There was a positive culture

which was open and empowering.

Quality assurance systems were in place to drive continuous improvement at the service. People, relatives and staff were provided with opportunities to provide feedback to the management of the service through meetings and surveys. The results showed that people had confidence in the service and the quality of care provided.

Management information was collected and analysed. For example, when incidents took place, the registered manager reflected on what happened to ensure that any learning was identified, and where appropriate information was shared with staff and people who used the service.

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

There were systems and processes in place to guide staff on how to keep people safe.

Risks to people's wellbeing were identified and plans were in place to reduce risks.

There were sufficient staff to meet the needs of the people using the service.

The provider checked people's suitability to work with vulnerable people.

There were systems in place to oversee the administration of medicines.

There were clear systems in place to manage the risks of infection.

Is the service effective?

Good 

The service was effective.

Staff received training to enable them meet peoples needs.

Staff had received training in the Mental Capacity Act 2005 (MCA) and sought peoples consent prior to providing care.

People who had been assessed as requiring support with eating and drink were supported to do so.

People were given support to help them stay healthy.

Is the service caring?

Good 

The service was caring.

People had good relationships with staff.

People were consulted about their care needs.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People had their needs assessed before they started to use the service and the information was used to develop a plan of care. People's needs were reviewed on a regular basis to ensure that the care provided was appropriate.

Complaints procedures were in place and people's concerns were taken seriously and investigated.

Is the service well-led?

Good ●

The service was well led.

The service had a clear vision of person centred care.

There is a clear management structure and visible leadership.

Quality assurance systems were in place to drive continuous improvement at the service.

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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 was a comprehensive inspection and it took place between 10 and 13 September 2018. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in or available at the site office.

The inspection team consisted of two inspectors.

Prior to the inspection we reviewed information we held about the provider and reviewed the information they provided to us when they applied to be registered.

As part of the inspection we visited two people at home and spoke to them about their experiences of the agency. We spoke to one person who used the service by telephone and five relatives. We also interviewed four care staff.

We reviewed a range of documents and records, including four sets of care records for people who used the service, three staff recruitment files, complaints records, audits, outcome of service questionnaires, accidents and incident records.

Is the service safe?

Our findings

People told us that they were happy with the support they received. One person told us, "I feel safe, as the people who support me know me and I have no issues at all." Records showed that staff had attended training about safeguarding adults from abuse. All the staff that we spoke with demonstrated a good understanding of how to recognise different signs of abuse and were confident in the action that they would take to report any concerns both within the organisation and to outside agencies. A member of staff told us, "I would not keep it to myself but would go straight to my manager." There were arrangements in place to reduce the risk of financial abuse which included maintaining a log and obtaining receipts for purchases. These were cross referenced, but not kept together and it was agreed with the registered manager that doing so would ensure that the system was more robust.

Risk assessments were carried out to identify any risks to people when providing care. There were management plans in place which set out the actions staff should take to reduce the likelihood of harm. For example, we saw that there were risk assessments in place for accessing the community, the environment and the management of people's health conditions. One person had a diagnosis of epilepsy and there was a management plan in place about this, outlining how this should be managed and the signs that staff should look out for. This had been drawn up in consultation with health professionals and records were maintained of seizures, and then taken to health appointments as part of the person's ongoing monitoring.

Clear guidance was provided to staff on dealing with environmental emergencies and outlined the arrangements for repairs, or what to do in the event of a fire.

Openness and transparency about safety was encouraged. Accident and incident records were maintained, and returned to the office to be reviewed and actioned by the registered manager. Where appropriate reviews were undertaken or further advice was obtained from other professionals. We noted a small number of examples where staff had recorded events in the daily logs but had not completed the incident records. The registered manager told us that they were aware of this and had commissioned training on effective recording to address this.

There were sufficient staff employed to support people. People told us that they received care from a consistent carer and they received information from the agency about who would be supporting them. We looked at the schedules provided to staff and saw that time was located between calls to ensure that staff had the time they needed to travel between calls. One person told us, "They just get on with it and are on time." There were clear arrangements in place to respond to emergencies out of hours.

An effective system was in place to manage staff recruitment. This recruitment procedure included processing applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). Gaps in employment were discussed but the outcome was not always recorded and it was agreed that this would be undertaken. Checks were also undertaken to ensure that those staff who

drove, had business car insurance and a valid driving licence.

Medicines were managed safely. Care records provided information on people's medicines including what they were prescribed for and any side effects. Staff had undertaken training and were clear if medicines had to be given at an agreed timescale. We looked at a sample of medication administration records (MAR) which staff signed to evidence that people have been administered their medication as prescribed. Appropriate records were being maintained however we identified an anomaly with one person's medication which the registered manager agreed to follow up. There were clear systems in place to audit people's medicines and ensure that they were being administered as prescribed.

There were systems in place to protect people by the prevention and control of infection. Staff told us that they received training on infection control and food hygiene and had good access to a range of Personal Protective Equipment (PPE) such as gloves and aprons.

Is the service effective?

Our findings

People's needs and choices were assessed to ensure that the service could meet them. Assessments considered the full range of people's diverse needs and care was being provided in line with current legislation and guidance. Staff had access to the provider's policies and procedures which were based on national guidelines.

Staff were provided with training to enable them to meet the needs of the people they supported. People told us that staff were knowledgeable and experienced. One person told us, "The staff are mature and have been trained, they know what they are doing." A relative told us that staff "Were knowledgeable and confident."

The registered manager told us that they agency only employed staff with at least six months previous experience in working in a care setting and where necessary they used the Skills for Care Assessment framework to evidence their previous knowledge and skills.

Staff told us that they had received induction training before starting work with the agency. They told us that the induction consisted of observation and a combination of face to face teaching and e learning. The training included areas such as first aid, epilepsy, moving and handling and food handling. We saw on staff files, that staff understanding of what they had learnt on training was tested through questionnaires. The registered manager told us that additional training would be sourced to reflect the needs of the peoples that the agency was supporting.

The registered manager told us and staff confirmed that they received regular supervisions and spot checks to ensure staff had the skills and knowledge required to meet people's needs.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that staff had received training in the MCA and the staff we spoke with understood how to apply the principles of the act in practice. For example, in how they gave people choices and ascertained their consent before providing care. People were fully involved in the reviews of their care and had given their consent, signing the care plan to confirm this.

People were supported to access healthcare and have their needs met. One relative told us how their relative had developed a moisture lesion following a hospital stay. Staff were knowledgeable and proactive in the management of the area, working alongside the district nurse and it had healed well. Relatives told us that staff supported their loved ones to attend appointments and communicated with them about the outcome. Hospital passports were in place which provided guidance to hospital staff in the event of an emergency and details of staff supporting them in the community. Peoples records evidenced that staff received advice from a range of professionals including GPs and occupational therapists.

People were supported to eat and drink and maintain a balanced diet as outlined in their care package. People told us that they had a choice, one person said, "I choose what I want". We saw that there were different arrangements in place taking account of people's preferences. For example, some people had a meal cooked from fresh ingredients but others had a meal reheated. For individuals at risk of malnutrition or a poor fluid intake additional records were maintained of what people had eaten and drank to ensure that their intake was monitored.

Is the service caring?

Our findings

People were fully involved in making decisions about their care. One relative told us that from their first contact with the agency they knew that they were caring, "Because when they came out to do the assessment, they asked what they could do for us, rather than our previous experience which was, this is what we can do for you. It is a complete change in philosophy and is not about providing the bare minimum." Another relative told us, "They go all out to make it comfortable for my loved ones."

The focus on people as individuals and on person centred care was evident through their documentation and in discussions with staff. One person told us how their relative was relatively new to the agency and was working with different staff to see "The best fit" to their needs. Staff told us that they generally supported the same people so got to know them well. Calls were scheduled so that staff could stay for the allocated time and have time to travel to the next call. People told us that they had the time they needed and did not feel rushed, one person said, "They do everything they can do and stay longer if necessary."

All the people we spoke with told us that staff were kind and compassionate in their approach. One person told us "This agency really do care." People's individual communication and preferences had been discussed so staff knew what people needed to communicate. In a questionnaire we noted the following, "The member of staff was very kind and thoughtful, like having a good friend coming to visit me."

People's independence was promoted. Care plans focused on what people could do and the importance of promoting their independence. For example, one plan stated that staff were, "Not to look after me but support me to live independently." This philosophy was also reflected in our discussions with staff, with a carer telling us, "I support rather than doing it for people."

People's privacy and dignity was promoted. Staff demonstrated a good understanding of the importance of privacy and dignity in our discussions with them. People told us that staff were alert to the issues and one person said, "They always put a towel round me when I am undressing." We saw that another person had written in a questionnaire, "I am a very shy person and do find it hard [to receive personal care] My carer understands this, and is very good with me."

Is the service responsive?

Our findings

People's needs were assessed when they first started to use the service and those we spoke with told us that they had a care plan which was reflective of their needs and regularly reviewed.

We looked at a sample of care plans and saw that they were detailed and provided staff with the information they needed to support individuals in a person-centred way. One plan for example stated the expectations of my care worker, my likes and dislikes. This was comprehensive and was highly personal to the individual documenting what was important to them, the type of products the individual liked to use on their skin and what they liked to drink.

Care plans looked at how people communicated and how best to support people, for example one person's plan stated, "I respond to touch and the spoken word. I communicate in very short sentences using one or two word responses. Care was responsive to people's needs for example one person told us, "My carer comes with me to my GP and helps me with things they say that I don't understand."

Records showed that where appropriate family members had been involved in developing and reviewing people's care plans. One relative told us that the communication with staff was good and staff were alert to changes in their loved one and contacted them directly if they had any concerns. They said that they had regular contact with the management of the service.

Daily records were maintained by care staff of the support they provided and those we reviewed were detailed and informative. Staff told us that the management were, "on the ball." and if there were any changes to people's needs they arranged a meeting to discuss them and agree how to move forward. One relative told us how their loved one's needs had changed and the agency put in additional support and liaised with the local authority about this.

The agency was not supporting any individuals who were at the end of life at the inspection but those people who had expressed a wish not to be resuscitated in the event of an emergency had this information clearly recorded in their care plans along with where the signed document could be located in the event of an emergency.

The service also encouraged people to access the community and undertake activities which were important to them. People told us that staff accompanied them when they went shopping and we saw that staff accompanied one individual on holiday.

Everyone we spoke to was very happy with the support that the agency provided however they also knew how to complain about the service if they needed to or were dissatisfied. We saw that one complaint had been received and we saw that a written response and internal investigation had been completed in response to concerns raised.

Is the service well-led?

Our findings

The service had a clear vision and strategy to deliver high quality care to people. There was a positive culture which was open and empowering. A number of the people who we spoke to had received care from previous agencies and had a poor experience with calls being regularly missed however their experience of this agency was very positive. One told us, "I was recommended this agency by a friend, they are absolutely excellent." Another said, "This agency is more about quality than quantity."

Staff we spoke with were positive about working for the agency and told us that management were approachable and helpful. One staff member told us, "There is good communication, I get a rota every week well in advance, although I generally visit the same people." Another member of staff told us how the agency benefited from having a registered manager and managing director actively involved in the day to day care. This was echoed by relatives who told us they had a "big heart" and that they listened to what they said, one person told us, "They never take things as a criticism, it is a not a blame culture."

People, relatives and staff were provided with opportunities to provide feedback to the management of the service through meetings and surveys. We looked at the surveys which had recently been completed and saw that relatives and people provided positive feedback about the care that they received. One person had written, the carer, "makes me smile." The registered manager told us that they planned to collate the results and provide feedback to people using the service and staff.

The service was continuously learning and there were effective monitoring systems in place to drive improvement. Spot checks were undertaken to check on staff performance and one person told us, "The registered manager comes out to see me and checks everything is running nicely." Audits had taken place in a range of areas, such as medication and care plans. We found the registered manager to be open and transparent and aware of the areas which needed to improve, to ensure the service was running smoothly and continually improving the care delivered to people.

Feedback was obtained from staff on the quality of the training and we saw that one member of staff had written, "The course was well delivered." A training matrix was in place which provided the registered manager with reports and information on what training staff had completed and when they were due for an update. Quarterly reviews of training were undertaken to check that it was effective and met the needs of the organisation.

Newsletters outlining changes at the agency were sent out to staff and people using the service at regular intervals.

Personal records were stored in a locked office when not in use. The manager had access to up-to-date guidance and information on the service's computer system which was password protected to help ensure that information was kept safe.