

Drake Homecare Limited

# Drake Homecare 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 

### Overall summary

The inspection took place on 17 July 2015 and was announced. The provider was given 24 hours' notice because the location was a small domiciliary care agency and we needed to be sure that someone would be in.

Drake Homecare Limited provides a personal care service to people living in their own home. On the day of the inspection one person was supported by Drake Homecare Limited with their personal care needs.

The service had 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.

Care records contained information that described what staff needed to do to provide personalised care and support. Staff responded quickly to people's change in needs. Where appropriate friends, relatives and health

# Summary of findings

and social care professionals were involved in identifying people's needs. People's preferences, life histories, disabilities and abilities were taken into account, communicated and recorded.

People's risks were managed well and monitored. Policies and procedures were in place and understood by staff to help protect people and keep them safe.

People were encouraged and supported to maintain a healthy balanced diet.

People had their medicines managed safely and received their medicines as prescribed.

People, friends, relatives and staff were encouraged to be involved and help drive continuous improvements. This helped ensure positive progress was made in the delivery of care and support provided by the service.

The service sought feedback from people and encouraged people to share their concerns and complaints. The registered manager confirmed that, whilst they had never received any form of complaint, if they did, they would investigate the matter thoroughly and use the outcome as an opportunity for learning to take place.

People were kept safe and protected from discrimination. All staff had undertaken training on safeguarding adults from abuse and equality and diversity. Staff displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm.

Staff had received appropriate training in the Mental Capacity Act. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

There were sufficient staff to meet people's needs. Staff were appropriately trained and had the correct skills to carry out their roles effectively. The service followed safe recruitment practices to help ensure staff were suitable to work with vulnerable adults. Staff described the management as very open, supportive and approachable. Staff talked positively about their jobs.

There were effective quality assurance systems in place to help drive improvements and ensure positive progress was made in the delivery of care and support provided by the service.

# Summary of findings

## 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 safe. Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were protected by staff who understood and managed risk. People were supported to have as much control and independence as possible.

People had their medicines managed safely.

Good



### Is the service effective?

The service was effective. People received care and support that met their needs and reflected their individual choices and preferences.

Staff had good knowledge of the Mental Capacity Act, which they put into practice.

People were supported to maintain a healthy balanced diet.

Good



### Is the service caring?

The service was caring. People were supported by staff that respected their dignity and maintained their privacy.

People were supported by staff who showed kindness and compassion.

Positive caring relationships had been formed between people and staff.

Good



### Is the service responsive?

The service was responsive. People received personalised care, treatment and support. Staff knew how people wanted to be supported.

People's needs were reviewed and change in need was identified promptly and put into practice.

Arrangements were in place to encourage feedback from friends and family.

Good



### Is the service well-led?

The service was well-led. There was an open culture. The registered manager was approachable and kept up to date with best practice.

The registered manager and staff shared the same vision and values that was embedded in practice.

Staff understood their role, and were motivated and inspired to develop and provide quality care.

Good



# Drake Homecare 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.

The inspection was undertaken by one inspector, took place on 17 July 2015 and was announced. The provider was given 24 hours' notice because the location was a small domiciliary care agency and we needed to be sure that someone would be in.

Before the inspection, the provider 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 also reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the registered manager and two members of staff. We also spoke with one relative, and one social care professional, a community care worker, who had supported people who had received personal care from the service.

We looked at one record related to people's individual care needs. This record included support plans, risk assessments and daily monitoring records. We also looked at two staff recruitment files and records associated with the management of the service, including quality audits.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, “I feel safe when they are in my home with me”. A relative commented, “Definitely safe, I’ve been there when the carers have been there, met them all and I feel mum is safe in their hands”. A social care professional confirmed they had no concerns and felt people were safe.

People were protected from discrimination, abuse and avoidable harm by staff who had the knowledge and skills to help keep them safe. Policies and procedures were available for staff to advise them of what they must do if they witnessed or suspected any incident of abuse or discriminatory practice. Records showed all staff had received safeguarding adults training and equality and diversity training. Staff confirmed they were able to recognise signs of potential abuse. The registered manager commented that they had never had cause to raise a safeguarding alert. However, they would have no hesitation in raising an alert in the future to protect people and keep them safe.

People were supported by sufficient numbers of staff to keep them safe. Staff confirmed there were always enough staff on duty with the right skills, knowledge and experience to meet people’s needs. The registered manager confirmed they had never needed to use agency support. However, they had a contingency plan in place to provide staff in the event of an emergency. A relative said, “The carers are never late and have never missed a visit”.

People were protected by safe staff recruitment practices. The provider information return (PIR) recorded and staff files evidenced, all employees underwent the necessary checks which determined they were suitable to work with vulnerable adults. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. A staff member said, “All checks were done before I started work”.

Before Drake Homecare Limited provided support to people, a comprehensive initial risk assessment took place. This confirmed the service would be able to safely meet the needs of the person concerned and took account of risks associated with lone working, ensuring staff would be protected. Environmental risk assessments indicated where risk could occur and measures were put in place to minimise the likelihood of incidents occurring.

People’s medicines were well managed by staff. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. When appropriate the service involved people with a regular review and risk assessment of their medicines. For example, staff noted one person suffered increased sickness after taking one of their medicines. Staff liaised with the person and their family and discussed requesting a GP review. All parties agreed and following the review, the medicine in question was discontinued. This was closely monitored and recorded as having a positive impact on their wellbeing. A relative said, “The problem with the medication was picked up by the care agency, they talked to us and since the doctor came out; mum has improved”.

# Is the service effective?

## Our findings

People were supported by knowledgeable, skilled staff who effectively met their needs. A relative said; “The carers know exactly how to care for my mum. They have turned mum around, and can’t do enough for her”. A social care professional commented that, from their experience of dealing with the service, staff were appropriately trained.

Staff received an induction when they first started working at the service; staff completed the “Skills for Care” induction which is a nationally recognised programme for health and social care staff. The registered manager confirmed this had recently been updated to include the new care certificate. This had been recommended following the ‘Cavendish Review’. The outcome of the review was to improve consistency in the sector specific training health care assistants and support workers receive in social care settings. Staff received ongoing supervision in the form of one to one meetings with the registered manager, and annual appraisals of their work. Staff told us supervision gave them an opportunity to discuss good practice as well as any issues or concerns. Team meetings were held to provide staff the opportunity to highlight areas where support was needed or where improvements to the service could be made.

People were supported by staff that had received a comprehensive training programme. Ongoing training was planned to support staffs’ continued learning and was updated when required. Training was also arranged to meet the individual specific needs of people the service agreed to support, for example, epilepsy or end of life care. Staff felt this enabled them to consistently provide effective

support. Comments included, “If we need to support somebody new, with new needs, then we get specialised training” and “We get all the training we need to be able to support people fully. We do not take on care packages unless we have the right staff with the right skills”.

Staff understood and had knowledge of the main principles of the MCA. Staff put this into practice on a daily basis to help ensure people’s human and legal rights were respected. Staff considered people’s capacity to make particular decisions and where appropriate knew what to do and who to involve, in order to make decisions in people’s best interests.

People were supported and encouraged to maintain a healthy balanced diet. Staff protected people from risk of poor nutrition and dehydration. The registered manager confirmed that staff would offer advice to people and involve them in discussions about what they would like prepared for them. They said, “People choose what they wish to eat and we make suggestions with regards healthier options to meet their choice; but, it is their choice, and we respect their decision”.

The registered manager confirmed referrals to relevant healthcare services were made quickly when changes to health or wellbeing had been identified. Staff knew people well and monitored people’s health on a daily basis. If staff noted a change they would discuss this with the individual and with consent seek appropriate professional advice and support. For example, a GP was contacted promptly when a person showed signs of being unwell. A relative commented, “Carers consider every aspect of mum’s health and act quickly to get her the support she needs, when she needs it”.

# Is the service caring?

## Our findings

People were well cared for and treated with kindness and compassion. One person told us, “Staff are caring, I’m happy”. A relative said, “The carers are very good, they treat mum with care and consideration at every level”. Staff comments included, “It’s all about caring for people, I have a passion for caring for people” and “We take care of people very well”.

People confirmed their privacy and dignity were respected, and they were encouraged to be as independent as possible. Staff told us the various ways they helped to ensure people’s privacy, dignity and independence were respected. For example, staff commented how a person they supported would often request to wash independently in private. Staff would respect this and make sure the person had everything they needed to complete this task, to hand, so they did not get interrupted. Staff would then wait outside the room to support the person, if requested to do so.

People received care and support from staff who understood their history and knew their likes and dislikes. People told us they were able to make decisions and plan their own care. For example, one person requested their care package to be reduced. They had made improvements in their ability to manage their own health needs, and had family who could offer additional support. This was respected by staff, the care record had been adjusted accordingly to reflect their decision, and was signed by the individual.

Staff had genuine concern for people’s wellbeing. Staff commented that they felt passionate about the support they gave, and explained the importance of adopting a caring approach and making people feel they matter. For example, the PIR evidenced where staff would visit people who had been hospitalised, to help ensure they were having their needs met and gave get well cards to show their genuine concern for a person.

# Is the service responsive?

## Our findings

The service supported people to express their views. Care records were written from the person's perspective and detailed people's communication skills, abilities and preferences. They evidenced how people wanted to be supported. For example, one care record listed the level of the person's independence, what they required support with and what they wished to do for themselves. The registered manager commented that people and if appropriate their family were regularly consulted to help ensure care records reflected a person's current needs.

People's strengths were promoted where possible to help ensure elements of independence were encouraged. People had their individual needs regularly assessed to help ensure personalised care was provided when they needed it. Arrangements were in place to help ensure care records were reviewed and documented where people's

change in needs had been identified. The registered manager confirmed one person they supported had made considerable improvement, and they were able to do a lot more tasks for themselves where previously they required support. A relative said, "Mum has improved a lot since the agency started to support her".

The service had a policy and procedure in place for dealing with any complaints. This was made available to people, their friends and their families. The registered manager confirmed they had received no written or verbal complaints. Questionnaires were sent to people, their relatives and social care professionals. These contained a section on concerns and people were encouraged to feedback their experience and raise any complaints. A relative said, "I have never had to make a complaint, I have no concerns, the care is brilliant". A social care professional commented they had no concerns or issues with the service whatsoever.



# Is the service well-led?

## Our findings

The registered manager was involved in all aspects of the day to day running of the service. There was an open culture, people felt included and strong links were held between people, their families and health and social care professionals. A relative told us the registered manager was “Very honest, straight down the line and was always available to talk at any time”. A social care professional commented that the registered manager was open in their approach and communication was good.

The registered manager sought feedback from relatives, friends and health and social care professionals to enhance their service. The results of a recent questionnaire sent to people evidenced that people were very satisfied in all aspects of the care and support they received.

The registered manager worked in partnership with key organisations to support care provision. Health and social care professionals who had involvement with the home confirmed to us, communication was good. They told us staff worked in partnership with them, were easy to contact, quick to respond, followed advice, and provided good support.

The service had notified the CQC of all significant events which had occurred in line with their legal obligations. The provider had an up to date whistle-blowers policy which supported staff to question practice and defined how staff who raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the provider and were confident they would act on them appropriately.

Staff understood what was expected of them and shared the registered manager’s vision and values. Staff supervision and appraisals evidenced there were processes in place for staff to discuss their practice. A staff member, “It

is a small service, we are asked our advice and contribute in helping to provide the best quality of care for people”. Staff said supervision was beneficial. Constructive feedback was given on performance which helped staff to be accountable and reflect on their practice and encourage improvement.

The registered manager inspired staff to provide a quality service and be actively involved in developing the service. Staff confirmed they were happy in their work, were motivated by the registered manager and understood what was expected of them. They said, “The staff team is small, we see each other every day and I always feel motivated to do the best I can” and “I often get told I’m doing well”. Staff told us they could discuss anything with the registered manager at any time and that open communication was encouraged. One staff member said, “We all work together to come up with ideas on how we can improve” The registered manager talked us through a recent suggestion that a staff member had made. They had requested to take part in specialised training in end of life care. Having passed the course they were then able to share their knowledge with and train other members of the staff team.

The provider had policies in place that showed regard to the duty of candour process. This demonstrated they supported a culture of openness and transparency. This had been discussed with staff at a recent team meeting and staff showed an awareness and knowledge of their statutory requirements. The registered manager confirmed that the service had not had any recent safety incidents that would have required notification and action under the duty of candour regulation.

There was an effective quality assurance system in place to drive continuous improvement of the service. The registered manager carried out regular audits which assessed the quality of the care provided to people.