

Drewdales Homecare Services Limited

Drewdales Homecare Services

Inspection report

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Date of inspection visit:
18 February 2019
19 February 2019

Date of publication:
11 March 2019

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

About the service:

Drewdales Homecare Services Limited is a domiciliary care service which provides personal care to adults with a range of support needs, including dementia and physical disability, in their own homes.

The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'. Where they do we also take into account any wider social care provided.

Drewdales Homecare Services Limited was providing personal care to 18 people at the time of the inspection.

People's experience of using this service:

People supported told us they felt safe with the staff that supported them. Staff had undertaken safeguarding training which was regularly refreshed. Staff understood their role and responsibility to keep people safe from harm.

People's care records contained guidance for staff about how to support people safely and minimise risks to people.

Recruitment procedures were thorough and robust, with clear evidence of the pre-employment checks which had been carried out.

The service had systems in place to ensure people received their medicines as prescribed. Staff supported people to maintain their health by making appropriate referrals to community health professionals and acting on any advice they were given.

There were enough staff employed to ensure people received consistent and timely care. People told us staff arrived at their agreed times and did all, and often more, that was expected of them.

Staff were competent, knowledgeable and skilled. They received regular training, supervisions and appraisals which supported them to conduct their roles effectively. We recommend that more detailed records of the support provided to staff are kept.

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

People were happy with the support they received from staff with meal preparation. Staff were aware of people's special dietary requirements and where necessary monitored food and fluid intake levels of people who were assessed to be at risk.

People supported spoke with the highest praise and regard of the staff that provided support and the office team including the registered manager and the owners. People told us staff treated them with dignity and

respect and were kind, caring and sympathetic to them.

People received personalised support and staff had built positive relationships with the people they cared for and supported. Staff supported people to retain their independence and to remain involved in planning and reviewing their care. This helped to ensure care was provided in accordance with people's preferences.

The provider had an effective complaints procedure in place. Information about how to complain was given to people when they started using the service. People and their relatives knew how to complain if they needed to. The service had not received any complaints.

Staff provided positive feedback about how the service was run. They told us they enjoyed their jobs; their morale was positive and that the staff team worked very well together.

The registered manager operated a governance system which included the completion of several audits. These were to ensure the service was operating within the policies and procedures set by the provider. We recommend the service have a more thorough system in place to ensure all audits completed are recorded and evidence the actions taken because of the findings.

More information is in the full report

Rating at last inspection:

This was the services first inspection since changing the company name. The previous company was rated good (report published in March 2017).

Why we inspected:

This was a planned inspection based on the rating awarded at the last inspection and changes made to the registration of the service.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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

Details are in our Safe findings below.

Good ●

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 well-led

Details are in our Well-Led findings below.

Good ●

Drewdales Homecare Services

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector 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 care service. The Expert by Experience had experience of supporting and caring for young and older people.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides personal care to adults with a range of support needs, including dementia and physical disability.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Notice of inspection:

We gave the service short notice of the inspection because we wanted to visit people in their homes and we needed support from the registered manager to arrange this.

Inspection site visit activity started on 18 February 2019 and ended on 19 February 2019.

On the 18 February 2019 we visited four people in their homes to ask their opinions about the care they received and look at their care records. Whilst out on visits the registered manager accompanied us. We also attempted contact over the telephone with ten people who used the service and successfully spoke with two people and one relative.

On the 19 February 2019 we visited the office location to see the registered manager and owners, and review care records and policies and procedures relating to the service. We also spoke over the telephone with three care workers.

What we did:

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection visit we gathered information from many sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority commissioners, contracts officers and safeguarding and Healthwatch (Doncaster). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt very safe whilst being cared for by the care workers at Drewdales Homecare Services. Family members told us they had no concerns in respect of their relative's safety. One person said, "I feel very safe, the staff make sure I'm safe." Another person said, "I used to feel scared but not now because they're coming in all the time and making sure I'm okay. I was very frightened at first and they made me calm and I feel so much better."
- One relative told us, "Yes [family member] is very safe thank you. They are locked inside and have a key safe outside. The carers make sure [family member] is ok."
- People who used the service were safeguarded from the risk of abuse. Staff were knowledgeable about the providers policy in relation to safeguarding and had received training on the subject.

Assessing risk, safety monitoring and management

- Identified risks to people's health, welfare or safety were appropriately managed to keep people safe. People's care plans contained risk assessments for people and the environment. Risk assessments were reviewed and changed when people's needs changed. For example, when a person's mobility deteriorated, or their appetite was reduced.

Staffing and recruitment

- There were enough staff employed to ensure people received care and support at the agreed times.
- People told us, "Yes, I think there is enough staff and they do come on time. They've never been late," and "They've only ever been late once and then they rang to let me know. It wasn't a problem."
- Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed. All the necessary pre-employment and identity checks were completed to ensure best practice.

Using medicines safely

- People told us they always received their medicines at the correct time and frequency.
- Staff received training for the safe administration of medicines and had their competency checked.
- People were receiving their medicines as prescribed by their GP and staff kept accurate records about what medicines they had administered to people and when.
- We looked at a sample of medicine administration records (MAR) and found a small number had not been signed when medicines were given. We also found MAR were not always returned to the office at the end of each month. This meant omissions had not always been found in a timely manner. When we fed this back to the registered manager they immediately changed their practise to ensure all MAR charts were returned to the office each month. This meant a more robust procedure was in place.

Preventing and controlling infection

- Infection control measures were in place to stop the spread of infection. Staff were aware of and following the infection control policy and procedure.
- We observed staff using personal protective equipment, such as, gloves and aprons, when providing personal care to people and during meal preparation.

Learning lessons when things go wrong

- The provider had a system in place to learn from any accidents or incidents, to reduce the risk of them reoccurring. Staff recorded any accidents or incidents at the time they occurred. The registered manager also considered whether they were any lessons to be learned from each incident.
- The registered manager analysed accident and incident records to identify any trends or common causes, for example if incidents were occurring at particular times of the day or in certain areas of the building, however, this was not always recorded. We recommend the registered manager has a more robust method of recording their analysis of such things as incidents and accidents.
- Accidents and incidents were discussed at meetings attended by senior staff and during full staff meetings. This meant all staff were made aware of action they needed to take to reduce the risk of incidents reoccurring and any lessons learned were shared with the staff team.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People were positive about the care they received from staff at Drewdales Homecare Services. One person told us, "They have given me my confidence back. They spend the whole time here and have a ten-minute talk before they leave."
- Prior to people using the service the registered manager assessed their needs to ensure they could meet the person's needs and requirements and support the person effectively.
- People and their relatives were involved in this process. They were asked to provide important information about their likes, dislikes and life history, so care could be delivered in accordance with their needs and preferences.

Staff support: induction, training, skills and experience

- Staff completed an induction programme during which they received training relevant to their roles. One staff member said, "The induction to the company was very good. The registered manager went out on visits with me until I was confident, and people were happy with me, which worked really well."
- Following induction staff were offered a range of training which included practical training and e-learning. Staff told us the owners and registered manager prompted them when they were due to update their training. One staff said, "I have completed all the essential training courses and updates. I'm currently talking to the manager about enrolling on NVQ, we have a meeting about this next week."
- Staff told us they felt very well supported by the owners and registered manager. They said they had plenty of opportunities to meet with them and discuss their work. We saw staff met with the registered manager twice each year and went through a 'Personal Development Review'. They also met for group and individual supervisions, however these were not always recorded. We recommend the registered manager ensures all support meetings with staff are recorded to evidence these meetings take place.

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

- Where appropriate staff supported people with their food and drinks. One person told us, "We sit and talk about everything. The carers know which food I don't like and how I like my vegetables cooked a certain way. They listen."
- The registered manager maintained oversight of people at risk of malnutrition or dehydration. Staff recorded the food and fluid intake of people assessed to be at nutritional risk. Where people were not consuming enough food and fluid, this was closely monitored and advice sought from relevant community healthcare professionals.

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

- People had their individual needs assessed before care started. These assessments were completed with

involvement from both the person and their families where appropriate.

- We saw technology and equipment was used effectively to meet people's care and support needs. This was assessed for and then obtained in consultation with other healthcare professionals involved in the persons care.
- The registered manager told us staff worked in partnership with other healthcare professionals. This helped to ensure they captured as much information as possible to develop personalised care plans for the people they supported.

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

- Staff could identify people's changing needs and contacted healthcare professionals such as GP's and district nurses when required.
- We saw minutes of meetings held with other healthcare professionals where people's care was discussed and agreed. Meetings with occupational therapists, geriatricians and the continence team had resulted in people's care being personalised and effective.
- One person told us, "The staff know me so well they can tell if I'm unwell and they're very quick to call in my specialist. I really appreciate that, and it gives me peace of mind."

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- We found the registered manager and staff were working within the principles of the MCA where necessary and appropriate to the needs of the people they supported. Staff confirmed they obtained people`s consent before they offered any support.
- One staff member said, "We always give people choices. They decide what they want, when and how. This is very important to people."

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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People spoken with told us the staff were caring, kind and considerate. Their comments included, "I am extremely happy with the service I am receiving. The staff are all professional and do everything within their power to make my life better. This service is much better than the last domiciliary care service I used and I feel my quality of life has been improved due to their care and support," "They [care workers] have given me the will to live again. I was at rock bottom and they've made me so much better," "The carers are lovely and do everything I need them too and more. I wouldn't want to change anything," and "They make me feel nice and fresh in the morning and nice and cosy at night."
- Through talking with staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- Staff were passionate about ensuring people were in control of their life. Staff supported people to make decisions in ways which were suitable for them. For example, staff attended multi-disciplinary meetings with people, to provide support to them and ensure their views were considered when their care and support was discussed.
- People and their relatives were involved in reviews of their care. People were asked about their likes, dislikes and preferences so they could be recorded in their care plan. This process was embedded into the service. One staff member told us, "It's important for some people to feel in control of their life and rightly so. Other people choose to be less involved but that is still alright as long as they are making this decision for themselves."

Respecting and promoting people's privacy, dignity and independence

- People told us and our observations confirmed staff were very respectful of people's privacy and dignity and promoted independence.
- People told us, "They [care workers] help me where and when needed but they also allow me to maintain my independence as much as possible. It means they must do things at my speed, but they don't mind. They agree with me that this is the best way to keep me going," "The carers are very polite, courteous and gentle," and "The carers are very good with privacy and dignity, they put me at ease so there's no embarrassment."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People spoken with told us they were very happy with the personalised service they received from the care workers. One person told us, "My arm was swollen, they came and called the ambulance and waited with me. Then one of the carers kept ringing hospital and kept in touch. When I got back home they were waiting so I didn't come back to an empty house and they made me a cup of tea."
- When a person started to receive care from the service, the registered manager visited the person and introduced the service. They told people what they could expect and discussed the person's care. People confirmed this had happened and had a copy of their care plan and the service user guide in their home. One person told us, "Yes we went through all that [care plan]. I had care for six weeks then met management to go through everything and check I was still happy."
- People's care plans were person-centred and accurately described the support they needed from staff. They were reviewed every three months or sooner, if a person's needs changed. This helped to ensure they were up to date, so people would receive the correct level of support from staff.
- Care plans clearly documented people's likes, dislikes and social histories. They contained specific details about the person's choices in relation to all aspects of their care. For example, people's preferences for mobility and equipment used, their dietary and cultural requirements and wishes in respect of terminal care. This helped staff provide a more personalised service to each person.
- People said care staff stayed long enough to provide the care they needed, and staff stayed for the required amount of time. People and relatives said care visit times were consistent and care was provided by a regular group of familiar staff.

Improving care quality in response to complaints or concerns

- The provider had an appropriate complaints policy and procedure in place. It explained how people and their relatives could complain about the service and how any complaints would be dealt with.
- People spoken with told us they had no reason to complain however they all knew how to make a complaint should they need to. Their comments included, "If I was unhappy I would speak with registered manager and owners, but I've never needed to do this," "The service is first class, oh yes they are like family. We have a good old natter, they are a really good crew. I don't want to complain, I have no complaints, I am happy," and "We have an open and honest relationship and I can discuss anything with them [staff] and they'll listen and take this on board."
- At the time of this inspection the service had not received any formal complaints in the last 12 months. The registered manager did not keep a log of low level concerns raised, however they agreed they would implement this in the future.

End of life care and support

- The owners and registered manager told us they were not currently offering a service for people at the end of their life. This was because they did not feel staff were trained sufficiently in this area. This showed the owners and registered manager were committed to only providing care and support to people when they were fully confident staff were skilled and experienced in this area of work.
- The owners and registered manager told us they had plans in place to provide end of life training to staff so this could be offered in the future.
- The registered manager told us they created care plans which included people's wishes for the end of their lives where this was appropriate. They included information on the whereabouts of any 'do not attempt cardiopulmonary resuscitation' orders (DNACPR) which were in place, to ensure staff were aware of this and these wishes were carried out.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People who used the service and their relatives told us they felt the service was well led and they felt listened to.
- The registered manager and owners were open and transparent and had good communication with staff and people who used the service. One relative said, "I can contact [registered manager] at any time and I get on well with all the staff."
- The registered manager and owners were keen to promote the provision of high-quality, person-centred care. We observed a positive, welcoming and inclusive culture within the service which was driven by the registered manager and owners.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had an overview of the service and was aware of people's needs. There were systems in place to check and monitor the quality of the service. For example, there were systems that identified when staff training was due. However, further work was needed to ensure monitoring of the service was robust and embedded into practice. For example, the providers quality assurance systems had not identified that some MAR charts had not been signed when medicines were given. During the inspection the registered manager and owners took immediate action to rectify this.
- Staff morale was positive and they told us they enjoyed their jobs. Staff at all levels were clear about their roles and responsibilities. Staff worked effectively as a team. Staff told us they could rely on each other.

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

- People spoken with all said they knew the owners and registered manager and could contact and talk with them at any time. Their comments included, "I know both the owners and the registered manager. I have all their contact information. I have no difficulty in speaking to the people that matter. They are very approachable and friendly. I joined two years ago now and they've always been excellent. I wouldn't hesitate to recommend them to anybody. I have been so lucky finding them first time round. They are just what I needed," and "All the team are friendly and efficient. I wouldn't change anything, they can't do enough for you. I can't thank them enough for bringing me back to life."
- Staff meetings took place so the owners and registered manager could share information about the service and discuss any areas that required improvement with staff. We viewed minutes of staff meetings and saw areas for improvement with a view to improving the quality of care had been discussed.

- People, their relatives and visiting professionals were asked to complete surveys to obtain their views of the service. The owners told us when they had collated the results of the surveys they would feedback their findings to everyone who had an interest in the service. They also said they would use this to continuously improve the service.

Continuous learning and improving care

- The registered manager had an overview of the service and ensured staff had the skills to meet people's needs. We saw where people's needs changed care plans were reflective of the person's needs.
- Staff understood the importance of communication and reporting any changes to people's needs.

Working in partnership with others

- We saw evidence of working with other professionals to support people's care needs such as social workers, GP's, occupational therapists, geriatricians and the continence team.