

Drayton Home Care Services Ltd

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Inspection report

Unit 4, Tower House
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Tel: 01630653871

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17 July 2019

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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

About the service:

Drayton Homecare Services is a domiciliary care service providing care and support to people in their own homes. They were providing a service to 27 people at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service:

People received their medicines safely. Risks to people had been assessed and managed well. Audits were carried out to ensure that all aspects of people's support with medicines was being delivered safely.

People were supported to access healthcare services as needed and staff responded promptly to changes in people's health.

Staff knew people well and provided support that met people's needs in line with their preferences. People were supported with kindness and consideration.

Staff knew how to keep people safe and had received training in how to reduce the risk of harm from occurring.

People's rights were upheld and protected. People were supported to have choice and control over their day to day lives. People's preferences were known by staff who enabled people to do as much as possible for themselves.

The provider had monitoring systems in place to check if the service was well managed. People and staff were encouraged to provide feedback about the service. Any shortfalls in service provision were acted upon.

The registered manager was aware of their responsibility to report events that occurred within people's home to the CQC and other external agencies, thus complying with the regulations.

Rating at last inspection:

The service was rated requires improvement at the last inspection (report published 25 July 2018).
The service at this inspection was rated Good

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the service through the information we receive.

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

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.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-led findings below.

Drayton Home Care Services Limited

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

One inspector carried out this inspection along with 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. On this visit the expert's area of expertise was as a family carer of an older person who uses this type of care service.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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.

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started with a visit to the office location on 17 July 2019. The expert by experience made telephone calls to people who used the service on the 31 July and 1 August 2019.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection

During the inspection:

We looked at the information we had gathered. We spoke with four people on the telephone. We also spoke with two relatives. We spoke with three care staff, the registered manager and HR Director.

We reviewed four people's care records, audits and other records about the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement regarding management of people's medicines. At this inspection this key question has now improved to good.

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

Using medicines safely

- People received their medicines on time and in a safe way. Staff had been trained to administer medication and followed the provider's processes. Audits were undertaken regularly of the service provided. Any issues identified were then reported and acted on, which included additional training for staff if this was appropriate.
- People told us they were happy with the support they received for medication. One person said, "The staff sort out my pills."
- Some people had been prescribed medication to be taken 'as required' and there were protocols in place so that staff would be consistent about when people would receive such medication.

Assessing risk, safety monitoring and management

- People's care and support needs were known to staff who were clear about actions they would take to keep people safe.
- Risks associated with the safety of the environment and equipment were identified, assessed and managed to ensure that people remained safe in their home.
- One relative told us, "I am happy with how the staff support (person) in the shower and they keep them safe, and there have been no falls."

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe in their home; one person said, "The staff are nice to me, they arrive on time."
- Staff were clear about the signs of potential abuse and told us they would report any concerns and keep people safe.
- Staff had received training about safeguarding and supporting people in a safe way. We saw records that stated when staff had received training and they were provided with refresher training regularly.

Staffing and recruitment

- There were enough staff employed to meet the needs and changing needs of people who used the service.
- People had access to staff support 24 hours a day via an on-call system.
- Staff had been through a recruitment process prior to starting work at the service. We found all necessary checks had been completed prior to staff members starting to work with people who used the service.

Preventing and controlling infection

- Staff told us that they had received training in how to reduce the risk of the spread of infection.
- People told us that staff wore aprons and gloves when assisting them with personal care. One person said, "The staff are clean and tidy, they wear gloves and aprons and they clean up after themselves."

Learning lessons when things go wrong

- The registered manager had a system in place to record and reflect on issues or events in the service. Analysis took place after any incident, accident or near miss to identify if there was any improvement or change that needed to be made to reduce the risk of the incident happening again.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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 involved and consulted when their assessment or review of care was carried out. We saw the care records had been reviewed regularly and updated to ensure that people received consistent care from all staff.
- People's diverse equality needs were detailed in their care plans. This included information about how any specific support was to be provided to respect culture, gender and religious needs.

Staff support: induction, training, skills and experience

- People were supported by suitably trained staff. Staff told us about the training they received to help them to deliver good care. One person said, "I know the staff do have training and the staff are all working from my care plan."
- The registered manager had a system in place to monitor and check that no training was missed by staff.
- Staff received regular supervision sessions and had opportunities to attend regular staff meetings.

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

- Hot and cold drinks were regularly offered to people during their visit. Staff we spoke with said they ensured people were left with a drink before leaving the house.
- People who were at risk from not eating enough to maintain good health were provided with support from staff who checked their well being and made referrals to health professionals if needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People said they saw their doctors when they needed to. Staff advised that they had a good working relationship with people's GPs.
- Care records included details of GP's and other relevant health professionals involved in people's care.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- We checked whether the service was working within the principles of the MCA and with any specific conditions in place. No one was being deprived of their liberty, but staff understood the need to support people's best interests.
- Staff had received training in MCA and DoLS. Staff told us about how they supported people to make choices and have as much control as possible over their lives.

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; respecting equality and diversity

- The staff were caring and kind and understood what was important to people. People were treated with respect and offered kind and caring support when needed. One person told us, "The staff sit with me and lift my mood, we laugh, and they try to buck me up a bit." And another said, "The staff are kind and gentle. They are respectful of me and my home."
- People received support, reflecting their diverse needs and requirements. Personalised support plans detailed people's abilities and what was of greatest importance to them.

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

- People were treated with kindness and care by the staff. Care plan reviews were written up after meetings and any changes were made to care plans in line with what had been agreed.
- People were supported by staff who knew them and knew how people wanted to be supported.

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with described the support they provided to people needing personal care. It was clear they understood the principles of promoting people's privacy and dignity.
- Staff encouraged people to be as independent as possible. One staff member said, "I always try to encourage people to do what they can before I intervene."

Is the service responsive?

Our findings

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

Good: This meant 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

- Each person had an individual care plan that covered all aspects of their care and daily routines. Reviews of the care and support needs were undertaken regularly. The care plans were thorough and had been agreed with the person where able.
- One person said, "At the start the manager came out with another carer and came every day for a week or so, they then wrote the care plan."

Improving care quality in response to complaints or concerns

- People were clear about who they would talk to if they had any concerns and said they would speak with the registered manager. The registered manager was known by all people we spoke with. One person said, "The manager rings up to see if all is well."
- The registered manager had a system in place to review any concerns or complaints and we saw when issues had been raised these had been dealt with.

End of life care and support

- The registered manager gave people the opportunity to discuss their end-of-life wishes and these were recorded in their care plans.
- Staff were trained for each individual situation when people needed support to remain at home.
- Staff worked with professionals such as the district nurses should they need to provide individual support.

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.

At the last inspection this key question was rated as requires improvement regarding the monitoring of care records and auditing of medicines management. At this inspection this key question has now improved to good.

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 with openness; and how the provider understands and acts on their duty of candour responsibility

- People and relatives told us they were happy with their service.
- Staff understood their duty to provide person centred care based on their training.
- The management promoted transparency. Relatives knew who the registered manager and administrative manager were and said they would be comfortable to approach either with any issues and they would be listened to.

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

- Staff had regular supervision and staff meetings and we saw that these were planned and minutes of these meetings were taken.
- Staff felt they were well trained and supported which in turn helped them to support the people they cared for.
- The staff understood their roles and responsibilities and said that when they had issues they could raise them and be listened to. They were aware of the safeguarding and whistleblowing procedures.
- Regular checks and audits were undertaken of the service to ensure that people were safe and well cared for. Thorough analysis of falls, accidents and incidents and pressure area problems took place to identify any trends to limit further reoccurrence.
- Notifications were sent to the commission so that we could see how any issues had been dealt with. We found that the previous inspection rating was displayed within the service as required.

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

- Relatives made positive comments about the staff and welcomed them into their home.
- The registered manager sent out questionnaires to people, relatives and staff to gather their feedback on the service. Records showed the results of these questionnaires were analysed and action taken, where necessary, to make improvements. The analysis of findings was shared within the people who used the service with details of any action that was being taken.

Continuous learning and improving care

- Staff told us they were supported by the range of training that was organised and were encouraged to enrol on extra training where needed.
- Staff were supported to increase their skills and knowledge through completing nationally recognised training.

Working in partnership with others

- The service worked in partnership with health and social care professionals from other agencies to ensure people's needs were met and they had the care, support and services they were entitled to.
- All professionals contacted said referrals to them were appropriate and that staff were keen to learn and followed their suggestions.