

Drayton Home Care Services Ltd

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Inspection report

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Tel: 01630653871

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 13 June 2018 and was announced. At the time of our inspection 34 people were using the service. At our last inspection in December 2015 we rated the service as good.

Drayton Home Care Services Limited is a domiciliary care service. It is registered to provide personal care to people living in their own homes in the community. It provides a service to older adults.

Not everyone using Drayton Home Care Services Limited receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

A registered manager was in post and was present during our 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.

At this inspection we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

People's medicines were not managed safely as information relating to what medicine they needed and when they needed to take them was not recorded. There was also a lack of information to inform staff what support people needed to take their medicines. Risk assessments did not always reflect how care should be provided to the person to minimise any risks to them.

The provider had systems in place to monitor the service. However, improvement was needed in the arrangements in place to monitor people's care records as these records were not always available or accurate.

Staff had received training in and understood how to protect people from any harm and abuse. Staff knew how to and were confident in reporting any concerns they may have about a person's safety.

People were happy they were supported by sufficient numbers of staff to safely meet their needs. Checks were completed on potential new staff to make sure they were suitable to work with people living at the home.

Staff had the skills and knowledge to understand and support people's individual needs. These skills were kept up to date through regular training and staff were also supported in their roles by managers and their colleagues.

Staff asked people's permission before they helped them with any care or support. People's right to make their own decisions about their own care and treatment were supported by staff.

Staff supported people to maintain a good diet and supported them to make their own choices about what they wanted to eat and drink. People's routine health needs were met and referrals were made when people needed other health care support or when staff were worried about a person's health.

People were supported by staff who knew them well and had good relationships with them. They felt involved in their own care and were treated with dignity and respect by staff. Information about people was kept secure at the provider's office.

People were happy with the care and support they received and gave positive comments about the staff that supported them. People's care was reviewed regularly to ensure the plans in place met their current needs and responded to any changing needs. People knew how to raise complaints but told us they had not needed to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Information about people's medicines and the support they needed was not recorded accurately. The risks associated with people's care were not recorded clearly and did not always give staff information about how to manage the risks.

People were supported by staff who were trained to protect people from harm and abuse. People were supported by sufficient numbers of staff that were recruited safely, to ensure that they were suitable to work with people in their own homes. People were protected from infection and cross contamination because staff members were provided with and used personal protective equipment.

Is the service effective?

Good 

The service was effective.

People's needs were assessed and they were supported by staff that had the skills and knowledge to assist them. The provider worked with other agencies to help ensure care delivered was effective and people had access to healthcare. People's consent was sought prior to care being delivered.

Is the service caring?

Good 

The service was caring.

People were supported by staff that had a kind and caring approach. People's privacy and dignity was respected and their independence was promoted as much as possible. Staff made sure people were involved in making decisions about the care they received.

Is the service responsive?

Good 

The service was responsive.

People had opportunities to and understood how to complain about their care if they needed to. People felt the care they

received met their needs and was responsive to what they wanted.

Is the service well-led?

The service was not consistently well-led.

Although the provider had systems to monitor the service, these were not effectively monitoring or identifying improvement needed in people's care records.

Feedback was sought from people and improvements made as a result of this feedback. People gave positive comments about the care and support they received from all staff at the service. Staff understood what was expected of them and were supported in their roles.

Requires Improvement 

Drayton Home Care Services 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 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.

This inspection was announced. We gave the provider seven days notice of our inspection because we needed to confirm which people we could contact to talk with them about their experiences of the service. We gave the provider 24 hours notice of our inspection visit to their office, because we needed to be certain a member of staff would be available at their office.

We visited the office location on 13 June 2018. The inspection was carried out by one inspector and one expert by experience, who conducted telephone interviews with people and their relatives. 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 provider had completed a Provider Information Return (PIR) in November 2017. 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.

Prior to our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We contacted commissioning teams and representatives from the local authority and Healthwatch for their views about the service. Where we received feedback, we used this information to help us plan our inspection of the service.

We spoke with six people who used the service and five relatives. We also spoke with six staff which included care staff, the HR director and the registered manager. We looked at four care records, including medicine records. We also viewed other records related to staff recruitment, complaints and records relating to how the service was managed.

Is the service safe?

Our findings

At our previous inspection in December 2015 we found the service was safe and had rated the safety of the service as good. At this inspection we had concerns about the safety of the service and have changed the rating to requires improvement.

People's medicines were not managed safely. The provider's systems did not ensure information relating to people's medicines was recorded appropriately. Some people were prescribed medicines on a, 'when required' basis, such as pain relief or treatment for asthma. One person's care record stated, "assist with inhalers if required". No information was available to guide staff as to how they would recognise if the person required this medicine or what assistance staff were to give. The provider had not ensured people had written protocols in place to give staff guidance about what the medicine is for, what dose should be given, the minimum time between doses or how staff were to monitor its effectiveness. This placed people at an increased risk of harm as medicine may not be given when people required them.

People's medicine records gave little or no information to staff on what level of support people required with their medicines. We saw some people's medicines records told staff to prompt, assist and administer medicine but did not clarify which of the actions staff were to take. Other records simply told staff to "give medicines and record" but gave no information on what medicines staff were to give. People's care records had no information on what medicines people were prescribed. The registered manager told us they were aware one person had their medicine dosages changed one week earlier. However, no information was recorded as to what these changes were. The registered manager told us staff knew what medicines to give to people because they gave them out of the person's compliance aid, such as a blister pack. Where services support people with their medicines they are required to keep accurate and up to date records about their medicines. This placed people at risk of harm because staff had no information on what medicine people should be taking. Therefore, the provider could not be assured people received the medicine they had been prescribed.

People's medicines risk assessments, although completed, were generic. They only referred to the policies and procedures staff had to follow and gave no information on any specific risks associated with people's medicines. Some people were prescribed medicine which was time specific but there was no record of why this was important for them and what the risks were if they did not receive their medicine on time. One person required their medicine once a week and we saw the entries in their medicine record stated the medicine was left out in the evening for them to take the following morning. There was no information within the person's care records to confirm this practice had been risk assessed or that this was the procedure staff must follow. We also noted this medicine had not been recorded as given in some medicine records we saw. When we spoke with the registered manager about this they confirmed there was no information in the care records and they could not tell us if the person was still prescribed the medicine. This placed people at risk of harm because they may not receive their medicines as intended.

We saw people's risk assessments were generic and did not always give information on what the risks were to people's health, safety and well-being and how staff were to reduce any risks. This included risks around

people's own homes, risks associated with people's mobility or risks associated with their medical conditions. We looked at the care records of a person staff had told us was partially sighted. Their daily visit planner stated staff were to walk in front of the person when they came down the stairs. No further information was given as to why staff needed to do this or that this person had a visual impairment. The registered manager told us staff knew this person was partially sighted and they would also expect staff to do this for all people. However, in relation to this person, no assessment had been completed or any risks identified due to their sight impairment. This placed people at an increased risk of harm as staff may not be fully aware of all risks to people's safety.

These issues are a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe with the staff that came to their homes and looked after them. One person said, "They (staff) let themselves in. I trust them." Staff understood their responsibilities for keeping people safe. They confirmed they had received training to give them the knowledge needed to recognise and report where someone could be at risk of abuse, harm or discrimination. One staff member said, "People are at risk because they are on their own so we need to keep an eye out for them." The registered manager understood the process they needed to follow and their responsibilities with reporting and taking advice about safeguarding concerns from the local authority.

Staff told us they recorded any incidents or accidents which were then passed to the registered manager for their awareness and action. The registered manager told us they reviewed all incidents and where needed would make referrals to other organisations to ensure the on-going safety of people, for example if a person had a number of falls. The provider notified us when incidents came to their attention which had compromised people's safety and we saw they took action as needed.

People were supported by enough staff to meet their needs safely. People told us they knew the staff that supported them and that helped to make them feel safe. They confirmed staff arrived on time and on the odd occasion that they were late, this was only five or 10 minutes. One person said, "It is very rare that they are late and then it's only five minutes. They always apologise."

Potential new staff did not start work at the service until pre-employment checks had been completed. Staff told us about the checks that had been done prior to them starting work at the service and confirmed the provider had requested their previous employers to provide references for them. We saw relevant employment references, employment histories and identity checks including Disclosure and Barring Service (DBS) checks, which checks if people have any criminal convictions, had been obtained. This helped to ensure potential new staff were suitable to work with people who used the service.

People were protected against the risk of cross infection. Staff confirmed they had received training in infection control practices and in food hygiene. One staff member told us, "I have to wash my hands and change my gloves after I have helped someone with their personal care. I need to clean food areas and make sure food in the fridge is covered and in date so we know it is fresh and ok to use." All staff confirmed they had access to gloves and aprons whenever they needed these and there was no restriction on the amount of gloves and aprons they could use. The provider had systems in place designed to ensure people were protected by the prevention and control of infection. We saw the registered manager carried out 'spot checks' on care staff and part of these included observing that infection control procedures were followed.

Is the service effective?

Our findings

At our previous inspection in December 2015 we found the service was effective and had rated the effectiveness of the service as good. At this inspection the rating continues to be good.

People and relatives told us they thought staff carried out their roles effectively when they arrived at their homes. They felt staff cared for them in the right way and knew how to meet their needs. One person said, "They (staff) do everything they have to do." Another person said, "They seem to know what they're doing."

People were visited by the registered manager before they started using the service. The registered manager told us this was so they could complete an assessment of their needs, including any specific equality or diversity needs, to create a plan of the care and support they needed. Not every person we spoke with was aware of their care plan or the purpose of it. However, everyone was happy the support they received met their needs. One person said, "It is all written down somewhere. They (staff) just started coming." Another person said, "The care plan was put in place by the agency. I felt confident with it." The provider liaised with a range of community health and social care professionals, such as social workers, GPs, district nurses and occupational therapists. This helped to ensure the support provided achieved positive outcomes for people and they had access to any equipment or aids they needed. We saw staff made entries in a daily record about people when they had visited them. These records contained information about the person's well-being and the support given to them by staff. The registered manager told us this information helped them to review people's care plans to ensure it met their needs.

Staff told us their training was on-going and they had regular training sessions at the office, which had equipment staff could practice with. One staff member told us they had been put into a sling and hoisted as part of their moving and handling training. They said, "It really helped being in the sling to know how they (people) feel. I know how they must feel now so I can support them better."

Staff told us they were supported and encouraged to continue with their training by the provider. Some staff told us they had completed a qualification in health and social care and further training in dementia care and nutrition. Staff who were new to care completed the Care Certificate. This is a set of standards that social care and health workers must adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers.

People were cared for by staff who were supported in their roles. Staff confirmed they had regular supervision sessions with the HR director. Supervisions are one to one meetings with the staff member's line manager, where they receive feedback on their work performance and identify any additional support or training they may require. This helps to ensure staff have the skills to provide a safe and effective service.

People told us they received the support they needed with eating and drinking. Not everyone we spoke with needed support. Those that did confirmed that staff always asked what they wanted and made food to their liking. One person told us staff would make them a "fry up" once a week. Another person told us they needed a special diet due to a health concern. They said, "The carers have a list of all the things I can't eat

and they keep to it." One relative told us staff "coaxed" their relative to eat and drink when they were reluctant. They said, "I do ask them (staff) to encourage [person's name] with drinking and with snacks. Some are better than others at this."

People told us the care staff were pro-active in assisting them if they were unwell, had fallen, or required medical assistance. They told us care staff would telephone the GP or emergency services if needed. One relative said, "When [person's name] had a bad fall the carers rang 999 and then rang me." People were supported to arrange healthcare appointments and care staff would accompany them if needed.

People we spoke with confirmed staff asked them for their permission before they assisted them with their care. Staff we spoke with understood their roles and responsibilities in regard to gaining consent and what this meant or how it affected the way the person was to be cared for. One staff member said, "We have to treat everyone like they've got capacity."

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. The registered manager confirmed there was nobody using the service that was considered to not have the capacity to consent to their care and treatment.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Providers must make applications to the Court of Protection for people living in their own home. The registered manager confirmed no one they provided care to was potentially being deprived of their liberty or subject to a court order.

Is the service caring?

Our findings

At our previous inspection in December 2015 we found the service was caring and had rated it as good. At this inspection the rating continues to be good.

People and their relatives told us the care staff were kind and caring and they felt that they had built good relationships with them. They described staff as, "Nice, friendly, caring, sociable and jolly." They also told us staff were "obliging" and would often do things to help them such as watering plants, putting the bin out or folding clothes. One relative told us, "They (staff) are lovely and obliging. Whatever [person's name] asks them to do they will do. They take [person's name] out into the garden and it's not within their remit." Staff confirmed to us that if they were asked to do anything which was not on a person's care plan they would seek advice from the management.

People confirmed they saw the same care staff for most of their calls. One person told us they got confused because they could see three or four different care staff in one day. However, most people agreed they saw the same staff. One person said, "I like the same ones (staff). You get used to them. I do get regular ones now and I am happy with that." Staff told us they generally worked in the same localities and supported the same people to help ensure a consistency of care for people. People appreciated that they were introduced to new care staff before they started to support them by either the registered manager or another staff member. One relative told us, "The manager came and introduced us to the staff. We have never been suddenly faced with a stranger."

People felt staff involved them in their own care when they supported them and listened to what they wanted. One person told us, "They do everything for me. They will ask me what I want doing next." Staff felt they had the time they needed to provide the care people wanted and people told us they did not feel rushed. One person told us staff would always make time to have a chat with them which made them happy. One relative spoke about listening to staff interacting with their family member. They said, "I like to hear it when they make [person's name] laugh." One staff member said, "I won't rush and I won't rush them (people). We could be the only person they see in a day, so we need to show respect and offer them the best."

People told us they felt respected by the staff that supported them. One person said the care staff were always "polite and nothing was too much trouble". Staff spoke to us about treating people fairly and equally and understood the importance of this when supporting people. One staff member said, "People vary in age, background and class. I have to support them all in the same way and not favour anyone over anyone else." Another staff member said, "I ask myself, would I want my mother or father treated any differently, which I wouldn't. I wouldn't want my mother or father getting anything but the best care, so that's what I give."

People's rights to privacy and dignity were supported by staff, especially when being assisted with personal care. People confirmed they were happy with the level of support staff gave them and were encouraged to do as much for themselves as they could. One relative told us staff supported their family member to make their own meals.

Information about people kept at the office was kept securely. Staff told us they received training in handling information to help them understand confidentiality and the security of people's records. One staff member told us the training had helped them to realise to go straight to the registered manager if they had a concern, rather than discuss it with colleagues. Therefore, people could be confident personal and confidential information about them would not be accessed by unauthorised persons.

Is the service responsive?

Our findings

At our previous inspection in December 2015 we found the service was responsive and had rated it as good. At this inspection the rating continues to be good.

People told us they received the care they wanted, how they liked it. They felt their wishes and preferences were known and respected by staff. One relative said, "They (staff) know what to do. If [person's name] says no to a shave, or asks for a shave they will leave them or do it. They respect [person's name] wishes." When we spoke with staff they understood the needs, personalities and preferences of the people they supported. One staff member said, "Because I go to the same people I get to know what they like and their routines."

The provider was flexible with the service, which enabled staff to be responsive to people's needs. One person said, "They arrange for the ambulance when I have a hospital appointment and they fit my meals in around the visit. They put out sandwiches for me." One relative said, "They are flexible. They are prepared to adjust the times of the care visits. [Person's name] found the early morning call too early so they adapted the call to 30 minutes later." Staff told us one person's care calls had been fitted in around their visit from the district nurse each morning. Where people telephoned the office staff and asked for or needed support outside of their agreed care call times this was quickly arranged by the provider. The registered manager kept people's care plans under review and updated them as people's needs changed. One staff member said, "If we feel people's care plans are not up to date, we tell the manager who will come and update it." This contributed to people receiving care that was responsive to their needs.

The registered manager told us they would talk through people's care plans with them if needed. They said if people asked, they would provide information in non-standard formats for them, such as large print. We saw and the registered manager confirmed, this information was not asked for or recorded in people's care records. All providers of NHS and publicly-funded adult social care must follow the Accessible Information Standard. The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. The registered manager told us they were not aware of the Accessible Information Standard but confirmed they would ensure this was embedded into people's care assessments.

People told us they would be confident to speak with staff or managers about any complaints they may have. Two relatives we spoke with told us they had raised a concern but this was resolved quickly and had not re-occurred. Where people and relatives had not had cause to make any complaints, they felt assured any they made would be resolved fairly. People and relatives had the information they needed to make a complaint and this was within a service user guide which was given to people as they started using the service. The provider told us no complaints had been received since our last inspection. They said if anyone wanted to make a formal complaint they would follow their complaints process to ensure it was fully resolved.

At the time of our inspection, the registered manager confirmed no one was receiving end-of-life care. The registered manager told us where this support was required, they worked closely with the person's GP and

district nurses. This enabled them to ensure people's pain and other symptoms would be assessed and managed. The registered manager also told us they would speak with the person and relatives about their wishes regarding end of life care and their wishes after their death.

Is the service well-led?

Our findings

At our previous inspection in December 2015 we found the service was well-led and had rated it as good. At this inspection we had concerns about the governance of the service and have changed the rating to requires improvement.

The provider had systems in place to monitor the service but we found improvement was needed in the monitoring and auditing of people's daily care records and medicines records. The provider reviewed and updated people's care plans regularly, but daily records which care staff completed were not always checked for accuracy. The registered manager told us they expected care staff to bring in people's completed daily records to the office "as and when", but there was no set timescale. As a result, the daily care records we viewed for some people were from as far back as February 2018 and had not been audited. Daily records included records of the support staff had given to people at their care calls. It could also include medicine administration records and skin monitoring records. Although they told us they completed audits on people's care records they confirmed they did not keep any records of these. The provider also had difficulty locating some records we asked for, such as actions taken following a medicines error. Therefore, the provider could not demonstrate people's daily care records were reviewed for completeness.

The provider sought people's feedback on the quality of care they received. This was done through yearly surveys and during visits to people. The last survey had been completed July 2017 and we saw the provider had produced a report of the findings. However, this had not been shared with people and relatives to feedback and involve them in the improvements the provider planned to make. The registered manager told us they had produced an action plan based on the survey results but this could not be found. We saw the survey from 2017 had identified a lack of punctuality of staff and the registered manager told us this had been addressed with staff during meetings. People and relatives, we spoke with at this inspection did not raise concerns about the punctuality of staff.

We saw the provider completed an on-going risk register. This was reviewed at monthly management meetings and addressed areas for improvement and monitoring such as staff training. The registered manager completed observations of staff practice on a regular basis which helped to ensure people received the care they needed.

The registered manager told us they encouraged staff to be open and to understand the importance of reporting any concerns or poor practice. Staff were confident to 'whistle blow' and report poor practice or any concerns they may have and they told us they had confidence this would be addressed by management immediately. The registered manager told us since the last inspection they had focused on "building the right staff team". The HR director said they had worked hard to ensure staff they recruited had the right attitude to care for people. They said, "We care (management), so we expect staff to care."

Staff described a culture within the service in which they could speak openly with the registered manager about any concerns or issues they had. They told us they enjoyed working for the provider, felt supported by the management and their colleagues and said they felt they were provided with training that helped them

provide care and support to a high standard. One staff member said, "They (managers) are always on the end of the phone for help and advice. We're kept up to date on things that are happening or if we need to know any specific information about a person." Another staff member told us, "I feel like I'm part of a team. [HR director's name] asks during supervision what I think the service can do to improve."

The registered manager was aware of their responsibilities and in keeping us up to date with specific events that have happened at the service. These are called statutory notifications and are required by law to be submitted to us. These ensured that we are aware of important events and play a key role in our on-going monitoring of services. We saw the ratings from our previous inspection were displayed at the service as is required by law.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured the safe management of people's medicines. The provider had not ensured information was recorded on what the risks were to people's health, safety and well-being and how staff were to reduce the risks. Regulation 12(2)(a)(b)(g)</p>