

Dravenshealthcare Ltd

Dravens Healthcare

Inspection report

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

This was an announced inspection which took place on 20 September 2018.

Dravens Healthcare is a domiciliary care agency. It provides personal care to people living in their own homes. It currently provides a regulated activity to 30 people with various needs.

At the last inspection, on 03 and 04 July 2017, the service was based in the West Midlands and rated as requires improvement in all five domains. This meant that the service was rated as overall 'Requires Improvement.' There were three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to make improvements to the areas we identified as requiring attention. It was intended that any improvements made should be to at least a Good rating.

We received a provider action plan in August 2017 to tell us how they would meet the relevant legal requirements. That is, how they would use safe recruitment procedures, how they would ensure staff were competent to carry out their role and how they would monitor the quality and safety of the services they provide.

They told us they would complete these actions by the end of January 2018. We found that these actions had been completed.

At this inspection the service had moved and was based in Buckinghamshire; it had been dormant from October 2017 to January 2018. We found four domains had improved to Good. This meant that the overall rating had improved to Good.

Staff were safely recruited and all necessary checks were completed. People were protected from abuse. Staff understood their responsibilities and what action to take if they identified any concerns. The service identified health and safety, safe working practices and individual risks to people. However, written individual risk assessments were not always detailed. The service did not administer people's medicines. However, they did prompt people to take them and their responsibilities with regard to people's medicines was not always clear.

The staff team were inducted and trained to enable them to offer people effective care. They met people's diverse needs including their current and changing health and emotional well-being needs. The service worked with health and other professionals to ensure they offered individuals appropriate care.

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.

The staff were kind and caring and promoted people's privacy and dignity. The same staff provided support to people as much as possible which assisted people and staff to develop positive working relationships.

The service was person-centred and responsive to people's diverse, individualised needs. Care planning was individualised and regularly reviewed which ensured people's current needs were met and their equality and diversity was respected.

The registered manager (who was also the provider) was described as supportive and approachable by the staff team. They had been leading the team since 2017. The registered manager did not tolerate any form of discrimination relating to staff or people who use the service. The quality of care the service provided was assessed, reviewed and improved, as necessary.

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 remained requires improvement.

People were protected by risk assessments which were put in place but they did not contain detail about how staff should reduce risk.

People were 'prompted' to take their medicines. However, it was not always clear exactly what responsibilities the service took for people's medicines.

People were kept as safe as possible from abuse or ill-treatment of any kind.

There were enough staff, safely recruited to keep people safe.

Requires Improvement ●

Is the service effective?

The service had improved to good.

People were supported to make as many decisions for themselves, as possible.

Staff were supported and trained to offer people good care.

Staff visited people at the right times for the agreed length of time.

Good ●

Is the service caring?

The service had improved to good.

Staff were kind and caring.

People and staff got to know each other and were able to build strong relationships with each other.

People were encouraged to tell the service what they thought about the service and the care they received.

Good ●

Is the service responsive?

Good ●

The service had improved to good.

Staff responded to people's changing needs and made sure care was current.

The staff team could communicate with people.

People understood how to make a complaint and were happy the service would take action.

Is the service well-led?

Good ●

The service had improved to good.

The registered manager had been in post since 2017. She was well thought of by the staff team.

The registered manager (also the provider) and staff team made sure they listened to people and provided good quality care. They acted to improve things for people, if possible.

Dravens Healthcare

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 announced and took place on 20 September 2018. The service was given two working days' notice because the location provides a domiciliary care service. We needed to be sure that the appropriate staff would be available in the office to assist with the inspection. The inspection was completed by one inspector.

We looked at all the information we have collected about the service. This included the previous inspection report and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We looked at paperwork for six people who use the service. This included support plans, daily notes and other documentation, such as medication records. In addition, we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, staff recruitment and training records.

We spoke with the registered manager and three staff members on the day of the visit. After the inspection we spoke with six people who use the service and received written comments from four staff members and the local safeguarding team. We did not receive responses from five other professionals we contacted.

Is the service safe?

Our findings

At the last inspection on 03 and 04 July 2017 this domain was rated as requires improvement. At this inspection the domain had improved but there were areas that required further development. The domain consequently remained requires improvement.

At the last inspection on 03 and 04 July 2017 the provider was not meeting the requirements of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the service not ensuring staff were recruited safely to ensure they were suitable to work with people. At this inspection we found action had been taken to make the improvements necessary and the requirements of the regulation had been met.

People's care was provided by care staff who were checked for safety and suitability prior to them being appointed to work with people. Recruitment processes were followed. They included safety checks such as Disclosure and Barring Service (DBS) checks. The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults. References were requested and verified and any 'gaps' in people's work history were explored with the prospective staff member. Interview notes were kept to inform supervision and development plans.

The service kept people, staff and visitors as safe from harm as possible. There were written instructions for staff to consult in an emergency and there was always a senior staff member 'on call' for support. Environmental and working practice risks were identified and actions were taken to reduce the risks. People's safety was considered because the service learned from any accidents or incidents. Detailed accident and incident reports were completed. The registered manager ensured any actions to minimise the risk of recurrence were taken and the staff team discussed and learnt from them.

Risks to people were identified and risk management plans were included in individual support plans. These included areas such as, lack of co-operation, continence, sight and nutrition. Some of the risk assessments were not detailed. They noted the risk and why the issue could pose a risk but there was not always enough detail to clearly describe to staff how to minimise the risk. However, staff knew people well and were able to describe how they supported people, in detail.

We recommend that the service seek advice and guidance from a reputable source, about the development and presentation of person centred, individual risk assessments.

People were supported with their medicines but the service did not administer medicines to people. They reminded or prompted people to take their medicines. Staff were appropriately trained and competence assessed to carry out the tasks they completed for people regarding medicines. Care plans contained information about the person's medicines but it was not always clear what responsibility the service took for people's individual medicine management. Staff applied people's creams and recorded the activity on daily notes rather than a specific medicine record. Body maps to instruct staff where to apply creams had been in use but had been discarded. The registered manager told us this had been at the recommendation of the

local authority commissioning team. The registered manager agreed to review medicine procedures in line with nationally recognised guidelines.

People were safe and were protected, as far as possible, from any form of abuse. Staff received safeguarding training and knew how to raise a safeguarding concern should they need to. They could clearly describe what action they would take if they had any concerns about people's safety. Care staff told us they were confident the registered manager would take immediate action but were prepared to use the whistle blowing procedure, if necessary. They were clear about how they would report a safeguarding concern outside of the organisation.

People told us they felt safe when care staff were in their home. One person reflected the views of others when they commented, "I really trust them. No concerns on that score." The local safeguarding authority told us there had been five concerns raised about the service since January 2018. These had been reported and dealt with appropriately. There were no current concerns, the last concern was noted as raised in March 2018.

The service did not, currently, support people who had complex behavioural issues. However, care plans reflected any specific information needed to assist staff to meet any special needs, such as dementia, people may be living with.

People's needs were met safely because the service ensured there were enough staff to provide the correct amount of time and care to meet people's needs as identified in their care package. Each person had a specified number of hours of care paid for by the local authority or by people, themselves. Office staff, including the registered manager supported the care team in times of unexpected staff shortages.

Is the service effective?

Our findings

At the last inspection on 03 and 04 July 2017 this domain was rated as requires improvement. At this inspection the domain had improved to good.

At the last inspection on 03 and 04 July 2017 the provider was not meeting the requirements of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. This was in relation to the service not ensuring staff were safely inducted or competent to offer people effective care. At this inspection we found action had been taken to make the improvements necessary and the requirements of the regulation had been met.

People benefitted from an appropriately trained staff team who were supported to understand people's individual needs. Specialist training was provided as and when required to meet any specific or diverse needs. For example, dementia and continence promotion. Training identified by the service as core training had been completed this year by all staff. This included safeguarding, medication and infection control.

People were supported by care staff who had completed an induction and were assessed as competent before working alone with them. Care staff told us they received a good induction which equipped them to meet people's needs. All staff new to care were completing the care certificate (a nationally recognised induction system which ensures staff meet the required standards for care workers). Care staff completed a one to one formal (supervision) meeting with senior staff every eight to twelve weeks. Additionally, random spot checks on staff's daily work and competency assessments formed part of the supervision processes. The service had plans to complete appraisals every year. At the time of the visit staff had been in post for less than 12 months. Staff members told us they received regular supervision and could approach the registered manager for additional supervision whenever they felt they needed to discuss anything. Staff told us the management team were, "Highly supportive" and "Helpful, always there when we need them."

People's rights were upheld by a staff team who understood the issues of consent and decision making. Care staff described how they encouraged and supported people to make their own decisions and choices. Staff described how they made sure people made as many choices as they could. They gave examples of choosing clothing, food and the type of personal care they wanted. One staff member told us they followed care plans but always listened to what people chose 'on the day'.

The service understood the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received MCA training. 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. In the community people can only be deprived of liberties if agreed by the Court of Protection. The service did not, currently, support anyone whose liberty needed to be restricted in any way.

People's specific needs were identified during an assessment process. People, their families and other relevant people (with their permission and as was appropriate) were involved in the assessment. People signed to say they agreed with the content of the care plan.

People were supported to meet their health and well-being needs including assistance for eating and drinking and other nutritional requirements if this formed part of their identified needs. Records for food and fluid intake were kept, as necessary.

Care plans included areas such as personal care any specific support needed. Appropriate records were kept. The service worked with other professionals in the community to effect the best outcomes for people. Examples included district nurses, hospitals and GPs. A detailed visiting schedule informed staff of the times and lengths of the visits and what tasks needed to be completed for the individual.

People told us they received their support visits punctually and they were informed if there was an unavoidable delay. Visits were 'tracked' by a computerised system so office staff could easily identify if there was the possibility of a 'missed call' occurring. The system alerted office staff if calls were 15 minutes overdue. People commented, "They generally come on time" and, "The carers arrive when they should or let me know if not." The registered manager told us there had not been any missed calls since January 2018.

Is the service caring?

Our findings

At the last inspection on 03 and 04 July 2017 this domain was rated as requires improvement. At this inspection the domain had improved to good.

People were supported by a caring, kind and sensitive staff team. People told us care staff were, "Very kind and caring". Staff spoke positively about people and the work they did and daily notes were written using respectful language.

Staff carefully considered and protected people's privacy and dignity. Care staff described what actions they took to protect people's dignity. They gave examples of closing doors and curtains and being extra careful when other people were visiting. One person said, "They always treat me with respect" another told us, "They always preserve my dignity." Some people had requested same gender carers to preserve their dignity and this choice had been adhered to.

People were encouraged and supported to be as independent as possible. How people should be supported with their independence was documented in care plans. Guidance included giving people time to make choices and listening to what people were saying.

People were provided with care by staff who were able to establish relationships with them. Care staff were allocated to individuals and visited the same people as often as possible. This supported people and staff to get to know one another. Staff felt this system worked very well and they got to know people quite quickly. People told us they usually had the same care staff which they felt was positive.

People's diverse physical, emotional and spiritual needs were clearly recorded in care plans, as appropriate to the care package they were receiving. People's diverse needs were met as identified in their individual packages of care. The service had an equality and diversity policy which included people and care staff. The service tried to match people with care staff they liked and who had the skills to meet their individual needs. For example, one person requested staff whose first language was the same as theirs, this request was met.

People's methods of communication were noted on care plans, as necessary. Currently, the service was not providing a service to anyone who was not able to verbally communicate. However, the registered manager was aware of and knew where and how to access alternative language or communication resources.

People were encouraged to give their views of the service in various ways. These included the management team completing observations and 'spot checks' on care staff where people were asked their views of the staff. Telephone quality reviews were completed with people and care reviews were held regularly.

People's personal information was kept securely on the computer and confidentially in the care office. People kept some records in their home in a place of their choice. The provider had a confidentiality policy which care staff understood and adhered to. Staff had been trained in General Data Protection Regulations 2018 awareness and were adhering to the new regulations.

Is the service responsive?

Our findings

At the last inspection on 03 and 04 July 2017 this domain was rated as requires improvement. At this inspection the domain had improved to good.

The service provided people with responsive and flexible care and their changing needs were identified and responded to in a timely way. One person told us that they had requested an earlier call in the morning and as soon as possible this was changed to meet their preference.

People and their friends and families, as appropriate, were included in the review process. Care plans were reviewed and up-dated whenever people's needs changed or there were any concerns about an individual's well-being. A person told they were involved whenever any changes were made.

People's views, choices, preferences and current and changing needs were included in care plans. People told us staff responded and listened to them, they said staff always did as requested if they could. Care staff told us that if someone needed extra care or attention when they visited office staff would support them to spend as much time as necessary with the individual. They gave examples of waiting for ambulances or relatives to arrive in the event of people's illness or discomfort.

People's changing needs were communicated to staff via a number of means and utilised information technology. Care staff were texted, e-mailed and/or telephoned if they were required to change their work pattern and/or an individual's care plan to meet people's immediate needs. People and staff told us communication between the office, care staff and people who use the service was good.

People's communication needs were met. Currently, no-one who was supported with care had any specialised communication needs. However, the registered manager described how they would produce information in different formats if necessary. For example, they could provide information in Braille, large print and other languages. Individual communication plans were developed if people had specific communication needs. The communication systems reflected the requirements of the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

The service had a detailed complaints policy and procedure which they would follow if they received complaints. The service had received four complaints and two compliments since January 2018. One other complaint had been made via the Local Authority. The service responded to complaints appropriately. People told us they had no complaints or concerns about the care they received. They told us they knew who to talk to if they had any problems and were confident action would be taken.

Is the service well-led?

Our findings

At the last inspection On 03 July 2017 and 04 July 2017 this domain was rated as requires improvement. At this inspection the domain had improved to good.

Systems were in place to enable the provider to operate effectively to ensure the service was managed appropriately and in accordance with the regulatory requirements. The registered manager did not deliver care directly but could cover in emergencies and observed staff performance whilst they were working with people.

People benefitted from a well-led service. The registered manager had been in post since the service registered on 28 April 2017. The service had been dormant from October 2017 until January 2018 and had changed address in March 2018. The registered manager was a registered nurse and told us she had completed a management qualification. One staff member told us, "The manager is very supportive and she is always available and approachable." Another said, "The management is good and supportive." The staff team were happy and felt it was a good company to work for. One staff member said, "They have good values which we all adhere to...service users come first."

People, staff and others were encouraged to tell the service what they thought about their care. People told us they were asked what they thought of staff and the care given. The service held six monthly reviews of people's care (as a minimum), conducted quality telephone or written surveys and completed random monthly checks on people. Additionally, the care co-ordinator ensured they spoke to everyone a minimum of once a month. The service tried to hold staff meetings every month and six had been held since January 2018. Staff told us they felt they and their views and opinions were valued. The service awarded a staff member a staff of the month award for any special or outstanding work. Senior staff held a weekly meeting to check on all aspects of the service and discuss any pending issues, people's well-being and staffing schedules if any necessary changes were required. The management team were up-to-date and knowledgeable about people's current needs. A staff member told us that communication between people care staff and the 'office' (management team) was very good.

People benefitted because the service was appropriately governed by the registered manager who is also the provider of the service. A number of quality assurance systems were in place and were used to review all areas of the service. These included regular audits of areas such as incidents and accidents, complaints and compliments and daily notes. The weekly management meeting identified a person to be reviewed that week. The review included spot checks on staff, phone calls to people and reviewing daily notes and care plans.

Actions were taken as a result of the various auditing and quality assurance processes. These included, improving the monitoring of care calls by installing a computer based system and identifying and providing staff with specific training.

The service responded to external organisations such as the Local authority and the Care Quality

Commission (CQC). For example, the Buckinghamshire County Council had visited the service to complete a monitoring check in June 2018. They made five recommendations which had been or were being addressed. CQC had asked for action to be taken to ensure the provider was meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was no longer in breach of any of the regulations.

People's well-being was promoted because the service worked with other professionals to ensure people's needs were met. The service engaged with relevant community professionals such as district nurses and GPs.

People's individual needs were recorded on up-to-date care plans. They informed staff how to provide care according to people's specific choices, preferences and requirements. Records relating to other aspects of the running of the service such as audits and staffing records were accurate and up-to-date.

The registered manager kept-up-to-date with new legislation and good care guidance. For example, she understood when statutory notifications had to be sent to the Care Quality Commission (CQC), the Accessible Information Standard and the duty of candour.