

Durbia Limited

Durbia Healthcare Ltd

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Durbia Healthcare Ltd is a service providing personal care to people living in their own homes. It provides short and long-term care to people within the community. At the time of our inspection the service supported 7 people including people living with dementia.

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 and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support

Since our last inspection the registered manager had made significant improvements to ensure medicine management and administration were done safely and in line with people's wishes.

The provider worked with other professionals to ensure staff had received training in line with people's medical conditions such as oxygen therapy and catheter care and their competencies were regularly checked to ensure people were safe.

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

Right Care

The registered manager had reviewed and updated all care plans and these provided staff with clear guidance on how to provide safe personalised care and how to support people in an emergency situation such as choking.

Staff told us they were supported and had time to spend with people to build trusting relationships and fully understand their needs.

Right Culture

Staff were recruited safely. The registered manager had reviewed all recruitment practices to ensure staff were recruited and inducted into the service safely before working with people.

The provider had introduced a governance system to monitor the quality of the service people received. Although more time was needed to assess the effectiveness these processes, the registered manager was knowledgeable about using the systems and was upskilling other staff to use them.

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

Rating at last inspection and update

The last rating for this service was inadequate (12 October 2023) and there were breaches of regulation. We met with the provider to discuss concerns and they completed an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Enforcement

This service has been in Special Measures since 21 November 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Durbia Healthcare Ltd on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Durbia Healthcare Ltd

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and the information the provider had sent us. 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 (PIR). This is information providers are required to send us annually with key information about their service, what they

do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person who used the service about their experience of the care provided. We received feedback from 3 members of staff including the registered manager, care coordinator and care support worker. We reviewed a range of records. This included 2 people's care records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including audits, policies and procedures and training records were reviewed. We spoke with 3 professionals who worked with 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment; Learning lessons when things go wrong

At our last inspection the provider failed to ensure staff were of good character, and this placed people at risk of abuse and harm. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer in breach of regulation 19.

- Staff were recruited safely and received appropriate training for their roles. Following the last inspection, the provider had immediately sought training and upskilled staff in aspects such as oxygen therapy and catheter care to ensure people received their care safely.
- The registered manager had reviewed all recruitment files and documentation for staff who were currently employed and ensured all appropriate checks such as references and work histories were in place. The registered manager had introduced a robust checklist for recruitment of new staff to ensure this level of safe recruitment was maintained.
- Following our last inspection, the registered manager reviewed their lessons learned from feedback they were given and shared this with staff to ensure transparency and understanding. One staff member said, "The feedback and training has been really good, we have learnt so much and this will help ensure mistakes don't happen again."

Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection the provider failed to ensure they had done all that was reasonably practicable to keep people safe from harm from assessing risks and medicine administration and management. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer in breach of regulation 12.

- People received their medicines safely and in line with their wishes. The registered manager had sought training for staff in medicine administration and enhanced training for senior staff, so they were able to review and assess the competence of staff members. We saw evidence these checks had been completed.
- Medicine administration record (MAR) charts reviewed were completed in line with best practice guidance. For example, where people had refused medicines, this was clearly documented and a reason was given. We saw appropriate action had been taken where people declined their medicines on multiple occasions and staff recorded the advice given by medical professionals.
- Where a person required prompting with medicines only, the registered manager had worked closely with

their GP to ensure the care offered met their needs safely. The GP said, "The registered manager contacted me to discuss [name's] medicine needs, we worked together to develop a plan that helped staff identify signs and symptoms of people not taking their medicines even after prompting."

- Where we identified risks in relation to specific health conditions at the last inspection such as epilepsy and catheter care, the registered manager had reviewed these risks and updated people's care plans to fully reflect people's conditions and provide clear guidance for staff on how to meet those needs.
- Moving and handling risk assessments and care plans reflected people's needs. Where use of equipment was required, such as transfer aids, this was detailed with guidance for staff on how and when to support people with their mobility and how to identify when people's needs were declining and they may be in need of additional support.
- A person receiving support said, "I feel safe with staff and the [registered] manager comes out to check they do things correctly."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of avoidable harm and abuse.
- Staff had received additional training in safeguarding people and were knowledgeable about how and when to report their concerns. Where concerns had been identified this had been reported in line with requirements.
- There was a policy in place to support staff to raise their concerns and we saw evidence the registered manager sought feedback from people and staff about safeguarding during team meetings and care plan reviews.

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- At the time of our inspection the provider did not support anyone who had been deprived of their liberty however there was a policy in place and staff were knowledgeable about MCA should this be needed in the future.

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date and guided staff in mitigating risks to people from spread of infection.
- Staff were provided with personal protective equipment (PPE) to ensure people remained safe.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider failed to implement systems and processes to assess, monitor and mitigate risk of avoidable harm to people. This was a breach of Regulation 17 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the provider was no longer in breach of regulation 17.

- People were no longer at risk of avoidable harm. The registered manager had ensured staff were upskilled with guidance and processes which followed national guidelines and had received training matching people's health conditions to ensure they knew how to support people appropriately.
- The registered manager described how they were embedding a culture of openness and responsibility through learning lessons when things went wrong. For example, staff now received regular competency checks with honest and transparent feedback about their performance.
- We saw evidence the registered manager had communicated openly with people and their relatives about failings found on our last inspection and included their feedback in developing their lessons learned action plan.
- The provider had developed and implemented a new monitoring system to ensure they had clear oversight of the service. However, more time was required to ensure these new processes and audits identified risks and incidents were actioned appropriately.

Working in partnership with others

- The registered manager was working to develop open and trusting relationships with other professionals such as the local authority and healthcare professional and more time was needed to firmly establish these links.
- Professionals we spoke with were positive about the changes that had already taken place and confirmed they had experienced some improvements although more time would allow for further developments.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had made improvements to care plans to ensure they were person centred and fully involved people and their loved ones where appropriate.

- Care plans contained information on the outcomes people wished to achieve and how staff could best support people to do that. More time was needed to fully reflect and evaluate on whether people's experience and care provided supported them to meet their goals.
- A person told us, "My care plan was reviewed and me and [family member] were included."
- The registered manager developed processes to obtain people's feedback and we saw evidence of monthly calls to people and relatives to assess the care they had received. However, more time was required to allow the provider to demonstrate they were able to act on people's feedback and maintain standards going forward.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager acted on findings from the last inspection and upskilled staff in their knowledge about duty of candour. Staff we spoke with supported this and told us they understood the requirements and could explain how they would meet this going forward.
- There was a complaints policy in place and people knew how to make a complaint if they felt this was needed. Staff were knowledgeable about how to support people to do this and care plans contained written guidance to support people further.