Drury Healthcare Limited

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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
Drury Healthcare Limited is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection there were 42 people using the service.

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
There were systems in place to monitor, maintain and improve the quality of the service. People and relative's, spoke positively about the leadership of the service. However, whilst staff spoke about their passion and commitment for the work they do, their feedback was not always positive in relation to the registered manager and office staff's support, communication, and response to concerns they raised.

People's risks had been identified, reviewed, and updated where required. We have made a recommendation about the management of risk assessments.

People received safe care from staff who knew them well. There was a safeguarding policy in place and the registered manager and staff knew how to identify and report any concerns.

Staff had been safely recruited and pre-employment checks carried out, and the service had enough staff currently to meet the needs of the people using the service.

Staff had received an induction and training to enable them to meet people's needs. We saw that supervisions, spot checks, competency checks and meetings for staff were carried out. People were supported with their medicines by trained members of staff where required.

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.

Staff told us they had access to personal protective equipment (PPE) and there were effective infection control measures in place. People confirmed appropriate PPE was worn by staff when being provided with care and support.

Rating at last inspection
The last rating for this service was good (published 01 October 2018)

Why we inspected

This inspection was prompted by a review of the information we held about this service. We also received concerns in relation to staffing and poor management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 remains good based on the findings of this inspection.

Recommendations
We have made a recommendation for the provider to seek support and guidance in relation to people's risks assessments for catheter care and anticoagulant medicines.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Drury Healthcare Limited 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Drury Healthcare 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 (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
This inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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 48 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.

Inspection activity started on 9th August 2023 and ended on 30 August 2023. We visited the location's office on 15 August 2023.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. 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 4 members of staff; these included the registered manager and 3 office staff. We spoke with 7 people using the service and 4 family members. We looked at 3 people's care plans and medication administration records, 4 staff records in relation to recruitment, training, supervision and staff competencies and a variety of records relating to the quality assurance and management of the service.

Following the inspection to the domiciliary care office, we continued to seek clarification from the registered manager to validate evidence found. We spoke to a further 4 members of staff either by telephone or email correspondence.

Good

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 good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people had been identified, assessed, and reviewed. Where people had risk assessments in place for catheter care, or were prescribed blood thinning medicines, these could be further improved by providing specific information about the individual and how risks were being mitigated further. For example, people who take anticoagulant medicines have a high risk of internal bleeding, from falls and injuries. These risks had not been incorporated into people's risk assessments.

We recommend the provider seeks advice from a reputable source in relation to their risk assessments for people who require catheter care and for people who are prescribed anticoagulant medicines, to ensure they are providing detailed information for staff.

- Staff response was mixed when asked if they had received training on all the equipment they use. Staff told us, "I initially had face to face training in the office alongside online training. However, I do feel more training was needed." And "I previously worked in a care home so was familiar with all the equipment and training was provided."
- Staff were able to describe the risks identified to people they support and how they were able to mitigate the risk. A member of staff told us about people they support who are at risk of falls they told us "I ensure there are no trip hazards, if I have concerns, I will speak to the office, the person or their relative. I ensure people have their walking aids to hand to support their mobility."

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding policies and procedures in place, and staff had received training on how to protect people from harm.
- The registered manager was aware of their responsibilities to report safeguarding concerns to the local authority and CQC.
- Staff we spoke with, knew how to identify different types of abuse, and reported any concerns they had. They knew how to safeguard people from the risk of abuse. One staff member said, "I would ring the office to seek advice. Complete the incident form on my handset. If I was not satisfied, I would let CQC, or the local authority know."
- People told us they felt safe. Comments included, "Yes, I do. I always feel very safe with them (staff). They're always very professional and they're fine. There is a different range of ages, the ladies are really good." And "Very safe. They (staff) make us feel very comfortable around them."

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.

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 Mental Capacity Act (MCA). 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 saw evidence in people's care plans where people, their relatives or representatives were consulted and asked for their consent before providing care and support.
● Staff had received training in MCA and people and relatives told us staff asked for consent or agreement before providing care. Comments included, "They say, would you like me to do this or would you like me to do that." And "They [staff] always involve us. They never do anything behind our backs."

Staffing and recruitment
● Systems and processes were in place to recruit people safely. Appropriate checks were carried out, including references and Disclosure and Barring Services (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helped the provider make safer recruitment decisions.
● Feedback from people and their relatives regarding the timeliness of their care calls was generally positive. Comments included, "They (staff) turn up on time. They've always been here on time." And "Sometimes they're a bit late with the traffic, but not major late."
● People and their relatives told us they had access to their care call rota on the electronic monitoring system. They told us, "I normally get a rota of who's on and who's off." And "We have got access to the care online, so we can always check what the future visits will be. They have the rota on there."

Using medicines safely
● The provider had a safe medicine management system in place, staff were trained and knew how to report errors.
● The registered manager carried out audits of people's Medication Administration Records [MAR] and carried out competency checks to ensure medicines were being given safely.

Preventing and controlling infection
● Staff had received training in infection control practices. Personal protective equipment (PPE) such as gloves, aprons and masks were provided for them. A member of staff told us, "It is all in the office, we go and get it as and when we need."
● People and relatives, we spoke with had no concerns regarding the use of PPE. Comments included, "They (staff) wear gloves and aprons. I have a bin upstairs where they can put them." And "They (staff) wear everything when providing personal care, foot covers, gloves and aprons."
● The registered manager had relevant policies in place to support effective infection prevention and control and was following current guidance.

Learning lessons when things go wrong
● The registered manager had systems in place to monitor accident, incidents, and complaints which included any lessons learned to improve the quality of the service.
● Staff knew how to report incidents appropriately, a member of staff told us, "I would inform the office, wouldn't move a person if it was a fall as I don't know if anything is broken. Talk to them, sit with them and

provide reassurance until an ambulance arrived."

Requires Improvement

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 good. At this inspection the rating for this key question 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 high delivery of care.

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; Continuous learning and improving care

- The culture of the service was not always open and transparent. We received mixed feedback from staff. Some staff told us they did not feel supported in their roles, any issues or concerns they raised were not responded to in a timely way and communication from the registered manager and office staff needed to improve.
- The registered manager had undertaken staff meetings; however, attendance was low. Staff feedback was mixed in relation to being able to attend the meetings due to work commitments and staff felt they did not have the opportunity to come together for reflective practice and shared learning, and for staff working out in the field (providing the care to people) morale was low.
- Staff we spoke to were committed to providing the best care they could for people, staff told us, "People receive a good standard of care" and "The best thing about working here is the people we look after."
- People and their relatives told us about their positive experiences of care being delivered to them or their loved one. They told us, "They [staff] are very kind. They make me laugh at times," "They [staff] are more than polite and they are very understanding as well. I feel very happy with them." And "They [staff] involve me. They help me tidy my room up and make sure things are in the right place. They label things and I can see where things go."
- The majority of people spoken to knew how to make a complaint or raise any concerns. One person told us, "If something goes wrong, and it never has, my relative can get in touch with them. They keep [relative] up to date all the time."
- The registered manager had sought people's and staff feedback through survey questionnaires to improve the quality of the service. Improvements included providing use of company cars to some staff and introducing carer of the month and yearly retention bonuses.
- Following our inspection, the registered manager told us they would work with the provider to look at ways to improve wellbeing and communication with the staffing team.

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

- The registered manager understood their responsibility to notify us of any incidents relating to the service. These notifications tell us about any important events which have happened at the service. We saw where required investigations had been undertaken and actions taken.

● The registered manager and staff members understood their roles and what standard of care was expected from them.
● The registered manager had systems in place to check the quality of the service including audits of people's care plans and MAR charts.

Working in partnership with others
● The registered manager worked in partnership with external organisations and other healthcare professionals to support people's needs where required, such as the local authority, speech and language therapists (SALT), district nurses, occupational therapists and GP's.