

Unity Healthcare UK Limited

# Heritage Healthcare Epsom

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Heritage Healthcare Epsom is a domiciliary care agency providing support to people in their own homes. At the time of our inspection there were 40 people receiving support with their personal care. 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

People received safe care that was free from discrimination. Safeguarding adult's policies and procedures were in place and adhered to. Assessments were undertaken to identify risks to people's safety and plans were in place to manage and mitigate those risks. Where required staff supported people safely with their medicines management. Appropriate practices were in place to minimise the risk and spread of infection.

There were safe recruitment practices in place and sufficient numbers of staff to support people. People received care from a consistent staff team whom they had built a good relationship with. Staff had the knowledge and skills to undertake their role and were required to undertake regular training.

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. Clear assessments were undertaken to identify people's support needs, including support they required with personal care, nutrition and health needs. People, and their relatives, were involved in their care and attended regular care reviews.

People were treated with respect and their privacy and dignity was maintained. Staff supported people to be as independent as possible and supported them in line with their recovery and rehabilitation. If needed, social calls were available to protect people from the risk of feeling lonely.

There were systems in place to review the safety and quality of service delivery, including through regular spot checks on the delivery of care. There was a commitment to continuous improvement and prompt action was taken in response to any concerns identified. The new manager in post had plans to reinstate measures to gather feedback from people, relatives and staff, and further involve them in service development.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was good (published 27 December 2017).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### 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 effective?

The service was effective.

Details are in our effective findings below.

Good 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

# Heritage Healthcare Epsom

## 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 undertaken by one inspector.

#### 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 not a registered manager in post. However, the new manager had begun their application.

#### Notice of inspection

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

#### 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 6 people, 3 relatives and 6 staff, including 4 care workers, the manager and the business development manager. We reviewed 5 people's care records and records relating to staff recruitment, staff training and the management of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At 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.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- The management team challenged staff and people if they heard them using discriminatory language to ensure both people and staff were treated respectfully.

Assessing risk, safety monitoring and management

- People received safe care which met their needs and protected their health and welfare.
- Clear assessments had been undertaken to ensure staff had identified risks to people's safety and clear plans were in place to mitigate and minimise those risks.
- Many of the people receiving support were at high risk of falls and had fallen prior to receiving support. One person told us, "They make sure I've got up without falling over." People told us they were reassured having the knowledge that someone was coming in to make sure they were safe and therefore they didn't take any additional risks regarding their mobility and the risk of falling. For example, if they had dropped something on the floor they knew someone would be in soon to assist them, so they didn't need to take any unnecessary risks bending down to get it. One person said, "I can manage knowing that someone will come in the morning."

Staffing and recruitment

- Safe recruitment practices were in place to ensure appropriate staff were employed. This included obtaining references, checking people's identity and eligibility to work in the UK and undertaking criminal record checks.
- There were sufficient numbers of staff to meet people's needs. As much as possible people received support from the same care worker or small team of care workers to ensure consistency in care and greater knowledge of people and their needs.
- People and their relatives confirmed they received safe care and staff turned up on time and stayed the required length of time. Adherence with timing and length of calls was also monitored by the management team using their electronic care record system. This system would alert the management team if staff had not turned up on time to support people.

Using medicines safely

- When required, staff supported people with their medicines. Clear instructions were included in people's care records about their medicines and the level of support they required. We saw that accurate records

were maintained regarding the administration of medicines.

#### Preventing and controlling infection

- We were assured that the provider was supporting people to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely. A care worker told us, "We have all the PPE we need."
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- When things went wrong, staff apologised and gave people honest information and suitable support.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Clear assessments were undertaken to identify people's needs including gathering information from people, relatives and other staff involved in people's care. These assessments enabled staff to identify people's support needs and any risks to their health and welfare. There were regular formal care reviews to ensure continuous assessment and identify any changes in people's care needs.

Staff support: induction, training, skills and experience

- Staff received training to ensure they had the knowledge and skills to undertake their duties in line with best practice guidance. This included training on supporting people with dementia and people with a learning disability. The business development manager told us they would extend their training to include supporting autistic people in line with the mandate to all health and social care providers to provide this training. A staff member said, "They remind us to undertake our training and do refresher courses." Another staff member said, "The training is brilliant."
- The management team undertook training needs analysis and competency checks with care workers to assess their knowledge and skills and give staff the opportunity for professional development.
- Staff received regular supervision and felt supported in their role. A staff member told us, "They [the management team] are very supportive. They are always ready to help."

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

- Staff supported people with their meals and nutritional needs, when required. Information was included in people's care records about their nutritional needs and how staff were to support them safely. Including information about texture modified diets when required to minimise the risk of people choking.
- We saw from care notes that people were supported with their nutritional needs to ensure they ate and drank sufficient amounts in line with their needs. If staff had concerns that a person was not eating much this was reported to the office so appropriate action could be taken.
- People confirmed that staff supported them with meal preparation in line with their wishes.

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

- Staff supported people with their health needs when required. This included informing the staff and liaising with people's relatives if they had concerns about a person's health. A relative said, "Care workers would let us know if there were any concerns with physical health or mental health. They would let us know if there was any redness or signs of infection. They would also tell us if she was a bit low."

- Staff liaised with other healthcare professionals about people's health needs and what support they required. This included supporting people to undertake their exercises in line with guidance from the physiotherapy team to support their recovery and rehabilitation.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 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 checked whether the service was working within the principles of the MCA.

- Staff obtained people's consent prior to providing support.
- Where people did not have the capacity to consent to certain aspects of their care, staff liaised with people who had the legal authority to make decisions on the person's behalf.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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 supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received support from a consistent staff team which enabled them to build trusting, friendly relationships with their care workers. People told us they felt respected and staff went out of their way to provide them with any additional support they wanted. One person said, "Very happy with the care. The [care workers] are wonderful... They are very good [care workers] and they go out of their way." A care worker told us, "I have got know people really well. I have one client that I've been with for 5 years, so I know any changes in their health and they are comfortable with me."
- People's care records outlined people's religious, cultural and personal beliefs so that staff could support them in line with these.
- Staff respected people's preferences regarding how they liked to be referred to, their preferred name, and preferred gender of care worker.

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

- People and their families were involved in decisions about their care. Staff liaised with people as part of the assessment process and throughout their care to ensure the support delivered was in line with their wishes. One person said, "They are brilliant. They do anything I want. They always ask."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. A relative said, "They treat her with respect and respect her dignity. They maintain her privacy. They do a caring job as well as a support job."
- Staff also took a key role in supporting people's rehabilitation and recovery. They supported and encouraged people to maintain as much independence as possible. One person told us, "The support I'm getting enables me to be as active as I can." Another person said, "They let me do as much as I can." A relative said, "They try and encourage her to be as independent as possible."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that met their needs. A person told us, "I have wonderful care workers... They look after us well. They do any little thing we want done. You only have to ask." Another person said, "They help with anything else that needs doing."
- An electronic care system was in place which gave care workers, people and relatives access to their care records. The care records were detailed and provided accurate, up to date information about people and their support needs. A care worker told us, "The [electronic care records] app tells you everything about the person. You can check their backgrounds for likes, previous occupation, and what they enjoy so you have a basic idea about what to talk about with them."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was available in a format which was understandable to the people receiving care. Staff understood how people communicated and adapted their approach to ensure people understood what was being communicated.
- People's care records clearly identified any needs people had regarding communication, including ensuring people had access to glasses and hearing aids where these were required so people could see and hear what was being communicated.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Some people received social calls as part of their care package. This included providing social stimulation to help stimulate and engage people and minimise the risk of loneliness, as well supporting some people who had recently had a stroke with speech therapy.

Improving care quality in response to complaints or concerns

- A complaints process was in place. Any concerns received were recorded and investigated appropriately, to ensure they were resolved to the satisfaction of the complainant to ensure safe, high quality care. One relative said, "There was one incident and it was taken very seriously. It was some time ago. They handled it really well."

## End of life care and support

- People were supported at the end of their life in line with their wishes, taking account of their faith, culture and personal choices. Staff liaised with the palliative care team involved in people's care to ensure there was consistent, well-coordinated end of life care. People were involved in Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions.

# 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 has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The manager was aware of their duty to submit statutory notifications about key events that occurred at the service in line with the service's CQC registration.
- The manager was relatively new in their position but had worked for the company for some time. They were aware of the requirement to register with the CQC and had begun their application.
- There were systems in place to review and improve the quality of service provision. This included regular spot checks and monitoring calls to ensure people received quality care that met their individual needs. If any improvements were identified as being required through these processes, timely action was taken to make those improvements.
- The electronic care records system had a built in governance system which would alert the management team if there were concerns regarding staff attendance or timing of visits. There were also alerts built in to identify to the management team when staff were due to undertake refresher training and to ensure they had regular supervision and spot checks.

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 service apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate

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 provider had not asked for people's and their relative's formal feedback over the last year. At the time of inspection, they had recently sent out satisfaction surveys to obtain people and relative's feedback, however, they had not yet received any completed feedback. Nevertheless, people and relatives felt engaged with and able to speak with the management team in order to inform and improve service delivery. A relative said, "They [the management team] do encourage you to feedback. We converse on a regular basis."
- The frequency of staff meetings had also reduced during the pandemic and when they had taken place these were held virtually to reduce the risk of spread of infection. However, the manager told us they had plans to reintroduce regular team meetings every three months to obtain staff's feedback and engage them in service development.

### Continuous learning and improving care

- There was a commitment to continuous development and the management team had high standards to ensure people received high quality care. Through regular review of practices and discussion with people and their relatives, the team looked to continuously improve and develop the service. A staff member said, "If you are doing something that is not right then [the management team] let you know."
- Since our last inspection the service had grown considerably and were supporting more people, however, this had been done carefully and well thought out so that it did not negatively impact on the quality of care delivery. The management team were looking to continue to grow the business, but this was being done safely.

### Working in partnership with others

- The manager felt well supported in their role and worked in partnership with other managers within the Heritage Healthcare franchise. They had not yet developed links with the local authority or forums for managers of social care services, however, they told us they had plans to do so.