Castlepoint Services Ltd

Heritage Healthcare Windsor

Inspection report

First Floor, 5 Portland Business Centre
Manor House Lane, Datchet
Slough
Berkshire
SL3 9EG

Tel: 01753428028
Website: www.heritagehealthcare.co.uk/windsor

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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

Our inspection took place on 21 July 2017 and was announced.

Heritage Healthcare Windsor provides care at home to adults in East Berkshire, South Buckinghamshire and Slough. Only personal care is regulated by law, and our inspection has included evidence about this and not other support offered by the service. The service provides care for older adults, some of whom experience dementia. At the time of our inspection, the service provided support to about 30 people and this was growing.

The service must have a registered manager. 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 the time of our inspection there was a registered manager.

This is our first inspection of the service since their registration with us.

We found people were protected against abuse or neglect. Staff attended training that ensured their knowledge of safeguarding people was up-to-date. People had personalised risk assessments tailored to their support requirements. We saw sufficient staff were deployed to provide people's support. We found medicines were safely managed but the service should review national best practice guidance. We made a recommendation about the service's medicines policy.

Staff received appropriate support from the service and management to ensure their knowledge, skills and experience were appropriate for their roles. The service was not compliant with the provisions of the Mental Capacity Act 2005. This was because the policy and documentation used by the service to record relevant information was not in line with the legal requirements. We made a recommendation about this. People had access and support to visit community healthcare professionals.

Staff at Heritage Healthcare Windsor were caring. The service had received many compliments about the care received. Community healthcare professionals and relatives we surveyed felt staff were kind. People participated in care planning and relatives often contributed to tailoring support packages which were suitable to people's needs. The service had appropriately considered communication barriers in the provision of personal care and implemented strategies to ensure people and their relatives could hold meaningful conversations.

People had satisfactory support plans which were regularly reviewed. We found the plans contained detailed information relevant to each person who used the service. There was an appropriate complaints system in place and the management team handled concerns robustly.

The service was well-led. There was a positive workplace culture and staff felt that management listened to what they had to say. We saw there were audits and checks completed by the management and provider to measure the safety and quality of care. We found the service did not use any tool to record positive changes they made to the quality of their care. We made a recommendation about the use of an action plan or service improvement plan. The service was very active within the local community, and linked with associations and other organisations to enrich the lives of people who used the service.

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.

People were protected from abuse and neglect.

People's support risks were assessed, mitigated and documented.

People had access to sufficient staff for their support needs.

People's medicines were safely managed.

Is the service effective?

Good

The service was not always effective.

The service was not compliant with the provisions of the Mental Capacity Act 2005 and associated codes of practice.

People received care from staff with the right knowledge, skills and experience.

People were appropriately supported with access to community-based health and social care professionals.

Is the service caring?

Good

The service was caring.

People and relatives were involved in care planning and review.

People's privacy and dignity was respected and maintained.

People's confidential personal information was protected.

Is the service responsive?

Good

The service was responsive.

People received person-centred care.

People's support plans were individualised and regularly

reviewed.

People, relatives and others could make a complaint or report any concerns.

Is the service well-led?

Good

The service was well-led.

There was a positive workplace environment for staff.

Staff enjoyed providing care and support to people.

Audits and checks on the quality of care were completed.

People benefitted from the service's strong alignment with the local community.

Heritage Healthcare Windsor

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 was a comprehensive inspection.

Our inspection took place on 21 July 2017 and was announced. We gave the service 48 hours' notice of our inspection because the management team were often out of the office supporting staff or providing care. We needed to be sure that they would be in for our inspection.

The inspection was carried out by one adult social care inspectors 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. The Expert by Experience conducted telephone interviews with people who used the service.

Before our inspection, the provider completed a Provider Information Return (PIR). 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. We reviewed information we already held about the service. This included previous notifications we had received. A notification is information about important events which the service is required to send us by law. We also checked information held by Companies House and the Information Commissioner's Office.

Prior to our inspection, we sent 73 surveys to people who used the service, relatives or friends of people, staff and community healthcare professionals. We received 14 responses. Prior to our inspection, we spoke with nine people who used the service. At our inspection, we spoke with the nominated individual, registered manager and a company director.

We looked at seven people's care records, four staff personnel files and other records about the safe management of the service and quality of care. After the inspection, we asked the registered manager to send us further documents and we received and reviewed this information.

Good

Is the service safe?

Our findings

People told us that the service was safe. Eight people provided positive comments when we spoke with them about the care they received. Comments included, "Oh yes- I have the same [care worker] and we have built up a good relationship", "Yes I do. They are very nice people", "Very much so", "Oh yes. They are all very pleasant", "Oh yes, certainly", "Very much so. The staff are brilliant" and "Absolutely. On the whole they are pretty good."

People were protected from abuse and neglect. There was an appropriate safeguarding policy in place for staff to read. The registered manager also told us there was access to contact information for the local authority, that included who to contact after hours. Staff received safeguarding training during their induction and throughout their employment. Training included both classroom-based learning and a computer-based course. Staff were also regularly reminded of whistleblowing and who to report any allegations of unsafe or poor care to. Whistleblowing is when staff at a service report poor care to other agencies to protect people from harm. The registered manager had completed training that included how to complete investigations if abuse or alleged abuse occurred.

To ensure people's care was safe, appropriate risk assessments were in place. The management team usually met with people and relatives in hospital or at their own home. We saw that each person had a pre-service assessment completed. This captured key information like the type of care required, the frequency and length of required visits and how many staff were needed to complete the care. A risk management plan was formulated prior to the person receiving support, based on information from the visit with the person and relatives. Risk assessments we saw included moving and handling, nutrition and hydration and medicines management. We saw the risk assessments were updated regularly. People's risks related to care were appropriately assessed, mitigated and documented.

Any accidents or incidents during people's care were recorded. We saw the reports kept at the service. We observed that the management team completed investigated any accident or incident and kept records of this. Staff were aware of how to make an incident or accident report.

There was sufficient staff deployment to meet people's needs. The registered manager told us that people could not commence receiving care unless their needs could be managed and there were enough staff available. Staff deployment was based on the local geography and travel times between calls. The service tried to ensure that care workers visited people on time and that the distance staff drove between calls was minimised. A computer-based monitoring system situated in the service's office monitored staff visits to people's homes. If staff were delayed, the office would call people to advise of any late visits. People we spoke with confirmed this. They told us, "It is rare but they do let me know", "Yes, they let me know about everything", "Oh yes. They send a rota. If there is a change they will contact us", "Someone will always ring" and "Yes they will ring." People's care was not missed and care workers stayed for the duration of the planned call.

We looked at safe staff recruitment. We examined the content of four staff employment files. We saw

appropriate checks for new workers was completed. This included verification of new staff identities, checking criminal history via the Disclosure and Barring Service, obtaining proof of conduct from prior health and social care roles, and ensuring staff were able to perform their roles. We found the service employed only fit and proper staff to care for people.

People's medicines were safely managed. There was a medicines policy. However, recent best practice advice from the National Institute for Health and Care Excellence (NICE) was not included in the policy at the time of our inspection. NICE provides national guidance and advice to improve health and social care. We explained this to the management team and they assured us they would access the guidance document. We found staff received theoretical and practical training in how to manage people's medicines. This included a period of supervised practice and competency assessment before new staff were permitted to administer medicines on their own. People we spoke with told us their medicines were safely administered. One person said, "They do hand them to me. They make sure I have taken them. Have been known to forget to take it (medicines) in the past." Another person we asked stated, "They bring me a drink. Yes, [the medicines are] always given on time. The next person said, "[The care worker] acts as a reminder, as I am quite forgetful."

We recommend that the service reviews their medicines policy to include the latest best practice guidance.

Good

Is the service effective?

Our findings

People told us they felt that staff who supported them had appropriate knowledge, skills and experience. Comments included, "They do a very good job", "I have no concerns. "I think they are all well-trained", "Everyone we have had has been fantastic. When anyone new (staff) is taken on, they shadow a more experienced carer. Excellent service" and "I think they are pretty good. They do have training and new [staff] shadow existing staff. If they need additional help, they shadow [experienced staff] for longer."

There were approximately 20 staff at the time of our inspection. We found they received good support to enable them to have up-to-date knowledge and skills in care practices. New staff who had never worked in adult social care were required to complete Skills for Care's 'care certificate' . The 'care certificate' is a nationally-recognised set of learning modules for staff who are new to social care roles. We saw evidence this was appropriately completed using a set of workbooks. New workers were assigned a buddy who they shadowed on shifts for up to two weeks, depending on their prior experience of care at home work. A probation period was in place for new workers and this could be extended if the staff member needed further development of their skills and knowledge. Staff were required to undertake training at set intervals and the management team monitored staff completion. Staff also had regular supervision and performance development meetings with their line manager. 'Spot' checks of workers in the community were done by the management team. This ensured that people who used the service received the right care. Three staff had completed nationally-recognised qualifications in adult social care and a further 10 were completing studies to obtain their diploma.

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.

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. We checked whether the service was working within the principles of the MCA.

Six out of seven staff we surveyed prior to our inspection confirmed they had received training in and understand their responsibilities under the MCA. Two community healthcare professionals that responded also felt the staff and management of the service understood and correctly applied the requirements of the MCA.

We looked at two people's care files for evidence of the service recording consent. There was no form which recorded people's consent or inability to consent to a package of care. People or relatives signed a summary page which was a document that indicated they agreed with their care plans. We saw one person had a best interest decision recorded for them, but this was not related to consent and the person had a power of attorney.

We viewed the service's policy about mental capacity, deprivation of liberty and best interest decision-making. We also looked at the support plan that recorded people's consent, lasting power of attorney (LPA), Court of Protection (CoP) information and their do not resuscitate preference. The policy was not in line with the provisions set out in the MCA and associated codes of practice. The support plan contained only two sections about mental capacity. This included whether the person could make decisions themselves and whether the person used an advocate. The service did not always check whether people had attorneys or court-appointed deputies and did not always obtain copies of the related documents. We pointed out that copies of EPAs, LPAs and CoP documents should be obtained and the service promptly commenced checking with people whether they had an appointed attorney or deputy. People's preferences for resuscitation were incorrectly included with information about their mental capacity. Do not resuscitation preferences are completed by GPs in conjunction with a person and if necessary their relative.

We recommend that the service reviews all documents and processes associated with consent, mental capacity, best interest decision making and resuscitation preferences.

We saw a person's food intake was recorded on a chart left in their home. This helped the person's relative to review how much food the person consumed. People were free to choose their own food and drinks based on their preferences. We were told staff assisted with preparing and heating up meals and offering drinks. Staff encouraged people to assist in order to maintain or increase their independence. One person was routinely asked to put the kettle on and help make their own tea, and staff ensured their safety during this. Staff also completed training in how to manage swallowing difficulties if this occurred in people's homes.

The service provided some support for people to access community healthcare professionals. We were told this mainly included liaison with the person's GP or community pharmacy. We were told about an example where the service prevented an error when they noticed a person's dispensed medicines were incorrect. The staff involved contacted the pharmacist to have the medicines correctly dispensed before they administered them to the person.

Good

Is the service caring?

Our findings

We received a large amount of evidence that Heritage Healthcare Windsor was caring. In our pre-inspection survey, we asked if the care workers were caring and kind. One hundred per cent of people, relatives and community healthcare professionals who replied answered 'yes'. From the survey, one person added the comment, "We can't fault the care given, it is excellent." People we telephoned prior to our inspection also provided compliments about the care. One person said, "We have a good relationship". Another person commented, "They are very respectful." The next person told us, "I love them coming. I get on very well with them." Further feedback we received included, "They were attentive. We got on very well", "They understand my orientation, likes and dislikes", "Very respectable [and] never embarrassing."

People and their relatives were involved in care choice and planning before support in their home commenced. The management told us that anyone who was interested in the person's care plan was welcome to contribute to the development of it. The registered manager told us, "Some people don't know what care they need, so the service can help guide them." We were told one person's desire was to see the beach before they became unable to leave their house, and that the service had arranged plans to enable this to occur. Reviews of people's care took place at six month intervals. If the person had already used the service and was being discharged from a hospital, staff reassessed the person's needs to ensure the care needs would be met when they returned home.

The service checked people's choices for care prior to the commencement of a support package. We were told that the service would ask questions about a person's character or personality and a care worker would be matched based on common interests. The management team told us the care worker would be introduced to the person and see if a good professional rapport and relationship could be easily established. Where the person and the care worker were not an ideal match, the service would identify another suitable care worker. People had the right to choose how they were assisted and who they were supported by.

People told us their care decisions and any support provided was appropriately documented. They said, "There is no physical care involved [but] they come in frequently to see if I need extra help", "There is a book. They sign it and make notes. They know my likes and dislikes", "They come often to update it (the care documentation). It reflects all my needs" and "It was put together by Heritage. They have been in since to check all is OK."

At the time of the inspection, the provider was registered with the Information Commissioner's Office (ICO). The Data Protection Act 1998 requires every organisation that processes personal information to register with the ICO unless they are exempt. This meant the service ensured that confidential personal information was handled with sensitivity and complied with the legislation.

People told us their care was dignified and their privacy was maintained. Comments included, "They will knock before coming into my room; call out if I'm in the bathroom", "They call me by my preferred name; close doors and curtains whilst dressing", "They (staff) are all very respectful", "[I] have no problems with

them" and "They are very good." A relative provided a compliment to the service in July 2017. The relative wrote, "I find the carers that come into mum very good, very helpful and very respectful to my mum and although mum is quite difficult at times to deal with they all manage in a very professional way. Mum is very precious to me and I do feel very happy to let your carers get on knowing mum is in safe hands."

The registered manager told us staff were reminded to maintain confidentiality inside people's homes. When two care workers supported someone, they were encouraged to focus on the person and not discuss any other people who used the service. This ensured the privacy of everyone who used the service.

Good

Is the service responsive?

Our findings

We asked people whether the care from Heritage Healthcare Windsor was tailored to their needs. One person told us, "Very flexible if I need to change". The next person replied, "I believe so. I have never needed to change anything." Another person stated, "They have been extremely flexible; work with you." Other comments we were given included, "Very flexible", "There has never been a problem" and "I have had to make changes and they too have changed things for me. Yes, I would say they are very flexible."

The service ensured that people had access to the information they needed in a way they could understand it and were compliant with 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. We were told some staff could speak languages other than English. Some staff were fluent in Arabic, Urdu, Hindi, Punjabi, Croatian, French, German and Polish. People's support plan also included information about how to effectively communicate with them. In addition, the service used the Herbert protocol for people with dementia. The Herbert protocol is a national scheme adopted by police forces and other agencies which encourages providers to compile useful information which could be used in the event of a vulnerable adult going missing.

We looked at the care records for seven people who used the service. We found people's care documentation was person-centred and not task-focussed. Each person had an individual support plan that contained personal details and background, their medical history and a range of categories that specified different aspects of care and support needs. For example, the support plan recorded people's important contacts, their likes and dislikes, a social profile, the support required and the support timetable. Daily care notes were also recorded. We reviewed the notes that care workers made on past support visits. We noted these were appropriate. We provided feedback to the management team about the use of some words and crossing out of handwriting which may be considered inappropriate. The management team told us that this would be raised as a topic for discussion at the next staff meeting.

Compliments, concerns and complaints were satisfactorily managed by the service. The service received many written compliments. The Provider Information Return (PIR) recorded that in a one year period prior to our inspection, 12 compliments were received and recorded. The staff and management were aware of how to deal with complaints. There was an appropriate complaints policy in place. In addition, the service user guide or handbook explained how to report or submit any concern or complaint to the service's management. We looked at how the service dealt with some complaints they had received prior to our inspection. These were all appropriately investigated and all of the communication and documentation between the service and the complainants was stored on file. The outcomes of each complaint were clearly recorded. We saw the service used a document called 'opportunity for improvement'. This tool helped the service learn how they could change care, systems or processes to avoid similar situations.

People told us they knew how to make a complaint. Comments included, "Oh yes. I am very friendly with the directors", "There is a phone number in the folder [but] I haven't needed to make a complaint", "Heritage

have a procedure but they have said if we were unhappy in anyway to contact them", "Yes I would know. There was a [telephone] number in the package left. No, never needed to (make a complaint)", "I would phone [the manager]", "I would speak to my carer. There is a phone number in the book" and "You only have to pick up the phone. There has been no need (to make a complaint)."

Good

Is the service well-led?

Our findings

People told us the service was well-led and they knew who the management team were. Comments we received included, "There has been a recent change in management. They are all very professional", "I have met her (the registered manager) but can't remember her name", "They (the management) came in at the beginning", "Yes, I know them (the management) all well", "Yes, I have met her (the registered manager)" and "Yes. When you speak to them you realise what they are up against...such as staff changes."

Opinions from staff indicated there was a positive workplace culture at Heritage Healthcare Windsor. Comments from our survey prior to the inspection included, "Very proud to work for Heritage Healthcare", "Heritage Healthcare Windsor is one of the best care companies I have worked for. They have a great group of care workers and the management team are always very supportive. I feel like I am part of a family", "I like working for this company. I just wish that there wasn't so much traffic on the roads...", "I feel that the service supports its staff in every way so we are trained and safe in our job and that our service users care is of a high standard" and "A good agency. Fair most of the time and are making positive care decisions."

Staff were encouraged to submit suggestions for the service's improvement via a box in the office. Staff also completed a survey about their workplace in October 2016. Six staff responded. Comments from staff about the service included "supportive", "rewarding", "flexible and varied" and "time flies when caring." Staff took part in regular meetings with the management. We looked at the minutes from the June 2017 meeting. We saw discussions included how to protect people, improve care, updates and the opportunity for staff to have a say about the service. Topics covered in the meeting were medicines safety, information about changes to people's care packages, staff training and compliments received. The management told us they planned to undertake further team-building exercises to improve workplace culture even further. One staff outing of 'mini golf' had already occurred. The positive workplace at Heritage Healthcare Windsor reflected in the care people received and the feedback we were provided.

Community healthcare professionals we contacted also felt the service was well-led. One respondent wrote, "[We have] worked with Heritage Healthcare for six months. During this time we have received some very good feedback from some of the people they support. There have been some minor issues but I have found Heritage to be responsive to issues raised, and very keen to achieve a good resolution. The agency is very well managed." Another stakeholder stated, "We have worked with Heritage Healthcare on a few initiatives to enrich people's lives which have been well outside the normal remit of homecare organisation, but Heritage felt these were important to break down isolation and loneliness." Another comment we received was, "I have not personally received services but have contact with people who have and are satisfied with all aspects of the services offered."

A weekly management team meeting was held to review all aspects of the service. The purpose of the meetings was to discuss the safety of people and the quality of care provision. We looked at the minutes from the meeting held on 18 July 2017. We saw that items discussed included any reported accidents or incidents, any notifications made to us by law, any safeguarding reports to the local authority, whether any support calls were late or missed, medicines errors and compliments." This was a good method of regularly

reviewing the performance of the service and identifying any areas for improvement.

A small number of checks and audits were completed to ensure the safety of care and quality of the service. This included regular visits from the provider's nominated individual and ad hoc checks by the franchisor. These included checks of the staff personnel files, staff training and the management of incidents and accident reports.

The service was required to have a statement of purpose. A statement of purpose documents key information such as the aims and objectives of the service, contact details, information about the registered manager and provider and the legal status of the service. We found the statement of purpose for the service was appropriate and up-to-date.

Services are required to comply with the duty of candour regulation. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' in relation to care and treatment. It also sets out some specific requirements that services must follow when things go wrong with care and treatment. This includes informing people about the incident, providing reasonable support, providing truthful information and providing an apology (including in writing). We found the service had an appropriate duty of candour policy in place which gave clear and specific instructions for management to follow when the duty of candour requirement was triggered by safety incidents. There were no notifiable safety incidents where duty of candour was required. We found the management team to be open and honest, approachable and fully cooperate in our inspection process.

The service, staff and management participated in a wide range of community organisations and partnerships. The aim of this was to assist people who used the service by signposting them to relevant services, enhancement of their lives, introduction of new technology and prevent social isolation. We wrote to the service after our inspection and asked for example of how they worked with other community-based organisations. We received an extensive list. One example included taking people who used the service to a nearby mobile phone store. At the store, there was the 'discovery room' where people were shown and taught how to use mobile phones, computers and other technology. People who used the service were also treated to a VIP function in Windsor for Queen Elizabeth's 2016 birthday. The service organised the transport and personal care of people so they could go out into the community and socialise with others who also received care at home. The service was a member of many organisations and used the knowledge they gained from these associations to embed in their care practices.

We saw one company director was part of the 'Assistive Technology Strategy Group' run by the local authority, which encouraged people with communication difficulties to use technology to enhance their life. Another company director was a member of the 'Learning Disability Partnership Board' which provided strategy and advice about how to care for people in residential and community-based settings. The service's management also regularly attended the 'community partnership forum' events and other clinical commissioning group (CCG) 'information' events, where good practice about care at home was shared. The management team's strong involvement in the community ensured people who used Heritage Healthcare Windsor received the benefits of advice, care and support from a wide range of organisations they may not be able to otherwise access.