

Heritage Care At Home Ltd

# Heritage Care At Home Ltd (HCH)

## Inspection report

Leiston Enterprise Centre  
Eastlands Industrial Estate  
Leiston  
Suffolk  
IP16 4US

Tel: 01728833899

Website: [www.heritagecareathome.co.uk](http://www.heritagecareathome.co.uk)

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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

This inspection took place on 17 and 19 May 2017. The service supports people in their own home in rural and coastal areas of Suffolk. At the time of our inspection they were supporting approximately 70 people.

The service had a registered manager who was also a director of the provider company. 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.

Care staff knew how to keep people safe from harm and what action they should take if they considered anyone was at risk. Where the service had identified risks to people, they put measures in place to minimise them and help prevent re-occurrences. The provider undertook a number of checks prior to employing new staff to make sure only suitable staff were employed.

Care staff received training and support to make sure the care they provided was in line with best practice and met people's needs. They sought consent and knew how to maintain people's privacy and dignity when providing personal care.

People told us the management team was approachable and if they had any issues or concerns they would be able to raise them, and that they would be listened to and taken seriously. The registered manager undertook a range of checks and audits to continually monitor the quality of the service. Support plans were reviewed regularly so they reflected people's changing needs.

People benefitted from a regular team of care staff who knew them well. Care was provided in accordance with the needs and preferences of the individual.

## 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.

Staff were aware of different types of abuse, how to identify abuse and what steps they should take if they had safeguarding concerns.

Risks to people who used the service were identified and managed effectively

There were sufficient staff available to ensure that people's needs were met

People were supported to have their medicines safely.

### Is the service effective?

Good ●

The service was effective.

Staff had regular training, supervision which supported them to carry out their role effectively.

The Mental Capacity Act 2005 was understood and principles of the code of practice were being followed.

Where required people were supported to maintain a balanced diet.

### Is the service caring?

Good ●

The service was caring.

People were treated in a kind and caring way.

Staff knew about people's individual needs and wishes.

People's privacy was respected and they were treated with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

Assessments and care plans had been developed and contained suitable guidance for staff.

Care and support was centred on the person's individual needs.

People felt comfortable speaking with the service about any changes to their needs or concerns.

### **Is the service well-led?**

The service was well-led.

Care staff said the registered manager was approachable and they felt valued.

The registered manager had introduced a number of measures to monitor and assess the quality of the service provided.

The registered manager was aware of their responsibilities to notify CQC of any significant events that might affect the wellbeing of people.

**Good** ●

# Heritage Care At Home Ltd (HCH)

## **Detailed findings**

### **Background to this inspection**

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 and 19 May 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and staff are often out during the day; we needed to be sure that someone would be available to speak with us.

The inspection team consisted of an 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. Our expert on this inspection had experience of using domiciliary services.

Before the 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 also reviewed the information we held about the service. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example where a person who uses the service experiences a serious injury.

During the inspection we spoke with 10 people being supported by the service and 15 relatives. We looked at records in relation to four people's care. We also spoke with the registered manager who is also a director of the provider company, the nominated individual, and four members of care staff. We looked at records relating to the management of the service and systems for monitoring the quality of the service.

## Is the service safe?

### Our findings

People who used the service and relatives we spoke with told us they were safe. One person said, "Very supported to feel fully safe, especially going into the shower and making a pot of tea." A relative said, "Staff support is very good, they are excellent, more like a family than an agency, so [relative] feels safe." A relative told us they would pass on any concerns to the management, who were very approachable and that appropriate action would be taken.

Staff knew what their responsibilities were to keep people safe and had completed safeguarding adults training as part of their induction programme. This training was refreshed on a regular basis. Staff we spoke with were able to describe what constituted abuse and what they would do if they suspected abuse. All staff told us they would report any concerns to the registered manager and were confident that these would be dealt with appropriately by the management team. Staff were also aware that they could report concerns to other responsible agencies. Our records showed that the service had reported and investigated safeguarding issues appropriately.

Risk assessments were completed as part of the overall assessment of a person's needs when the service was started. These were reviewed regularly. One person said, "The bosses come out to see if everything is OK." Risk assessments were completed for people in respects of the likelihood of falls, nutrition and food safety, and moving and handling. A mobility assessment identified if people required support with their mobility and any issues with moving and handling which were particular to the person. They set out the equipment to be used and the number of staff required.

A safety and security assessment of the person's home was undertaken at the start of service provision to ensure it was a safe place for the staff team to work. The service notified the local fire service of people who may be at increased risk in case of a fire in their home, for example those confined to bed. This ensured that the fire service had the information to react appropriately.

People told us that staff arrived on time and stayed for the agreed amount of time, unless they were delayed by an emergency at a preceding call. One person said, "Carers always arrive five minutes early which is a great start. If another client is in trouble staff call saying, we are running five minutes late but we're on our way." We asked the registered manager how they ensured they had sufficient staff to cover the visits. They told us, "We will not take on anything until we have staff to cover." They then went on to explain how this had worked recently when the service had opened a satellite office. We also observed, when visiting the offices, the management team discussing whether they were able to accept a new referral from the local authority.

People told us that they were supported by a consistent staff team which made them feel safe. A relative said, "We prefer regular ones." They then went on to explain their relatives condition and how they benefitted from support from a regular team.

Staff personnel files evidenced that the service followed robust recruitment procedures. Appropriate pre-

employment checks had been completed and these include written references from previous employers and an enhanced disclosure and barring service (DBS) check. A DBS check allows employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. These measures supported in ensuring they did not employ unsuitable staff.

If people needed to be supported with their medicines the exact level of support was recorded in their care plan. People retained responsibility for their own medicines where possible. Care and support staff did not help people with their medicines until they had completed safe medicine administration training. Care staff were given a small card to keep with them describing the differences between administering, prompting and supervising a person with their medication. This supported staff to provide the correct level of support to people with their medicines. Following training, spot checks were carried out to ensure medicines were administered safely. Staff we spoke with confirmed they had received training and the spot checks had been carried out. Staff had to complete a medicine record after medicines had been given; these were returned to the office and audited. Any discrepancies found were followed up and if necessary care staff were re-trained and had a supervision session. Because of the measures in place people were protected against the risks associated with medicines.

## Is the service effective?

### Our findings

We received positive feedback from people and their relatives regarding staff and how they were skilled to meet their needs. One relative said, "Staff are well trained to [relative's] condition and are more than capable for any requirement we need. Exquisite company." Another relative said, "Heritage are very thorough, everyone knows what to do, same carer almost every day which is good."

Staff had the knowledge and skills which enabled them to support people effectively. Records confirmed that new staff completed an induction which included shadowing an experienced member of staff prior to working alone. One member of staff who had not worked in care prior to joining the service described the training as, "Fantastic, they taught me everything I needed. I am supported in my work and everything else." Any new-to-care staff completed the Care Certificate training. The Care Certificate was introduced in April 2015 as the new minimum standard for induction for those commencing a career in adult social care. Staff also told us that the management team encouraged them to gain further qualifications in care to develop their knowledge and abilities.

Training records showed that people had completed training in areas that support them to meet people's needs. Mandatory training for all staff included; medicines, safeguarding, first aid, moving and handling and the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). One person who received support with a particular individual condition confirmed that staff had received training to support them.

Staff told us that they had a regular supervision session and that team meetings were also held regularly. They told us they felt supported in their role. One person said, "I have regular supervisions, they stand and watch or will butt in and made suggestions". They went on to say that any suggestions for improvement were communicated in a constructive manner. These measures ensured the staff team worked together and communicated any changes needed.

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.

People told us that they were always offered choice and asked for their consent before care and support was provided. One person said, "Heritage Care at Home follow my instructions and reply, do you prefer us to do this this way? Shall we begin?" Another person said, "No complaints with staff, they ask, is that okay? Shall we do it like this?" A relative told us that their relative had dementia as well as other physical disabilities. They said, "Staff talk to [person] on a face to face basis and are close and hold her hand,

conversing that way. This method works very well; they ask [relative] if they [relative] are OK for them to perform their duties."

Where people could display challenging behaviour care plans contained information on how this should be managed. For example one person's care plan described the behaviour they may display and how carers should distract the person and thereby stop the behaviour.

Where necessary, people were supported with meal preparation and this was detailed in their care plans. People's likes, dislikes and meal preferences were noted. A senior carer told us that most people supported with meals used ready meals delivered on a regular basis which were prepared by support staff. If a person had been identified as at risk of malnutrition, the service used recognised risk assessment standards to monitor the person.

Some people told us that they were supported to access health services. However, many people and relatives we spoke to did not require assistance from the provider to access healthcare services. Care plans demonstrated that, where appropriate, referrals were made to other healthcare professionals, for example occupational health.

## Is the service caring?

### Our findings

People told us that they valued their relationship with their care staff and were also complimentary about the caring culture of the whole service. One person said, "Management listen to us in a kind way, we never feel unwanted. If emergency help is needed Heritage can be here with 20 minutes maximum" A relative said, "I can't speak highly enough of this particular company; we are pleased [relative] looks up to the girls and is happy." Another relative said, "When my [relative] was alive and bedridden for three years at 97, staff were so good to [relative]. Then I fell and broke my leg so Heritage look after me and are like friends and family. They are a supportive group coming and keeping to their word, being reliable."

People gave examples of staff going the extra mile to improve their quality of life. One person who used an electric wheelchair told us how a member of care staff had fixed electric lights to their chair. They told us that this meant that they could go out to the library, to clubs and courses and not have to rush to get home before it got too dark. Another person told us how they liked to write poetry. They had written a poem which they had given to a member of staff. They proudly showed us the poem which the member of care staff had put into a frame and which was now on display in the person's home.

Care staff and the registered manager demonstrated that they knew people very well, when they spoke about people they were able to describe in detail how they offered support. The registered manager said, "There is not many of our customers we do not know on a first name basis." Care staff told us that, as they provided care to a group of people on a regular basis, this enabled them to get to know them well. People also valued receiving support from a regular staff team. A relative said, "Heritage has continuity which is pleasing and less distressing for [relative]."

The registered manager told us that at Christmas, the service spoke with care staff to identify a suitable gift for people. One person had expressed a particular interest in an aircraft. The service identified a suitable photograph taken by a manager's family member and had the photograph framed. The person showed the photograph to the inspector when they were visited in their home and expressed their appreciation of what the service had done.

People were supported to express their views and be involved in making decisions about their care and support. One person said, "Meetings take place every couple of months. On a day to day basis if any changes Heritage call me." A relative said, "I always attend reviews but I have no complaints, staff are brilliantly trained 11/10 marking." Another relative said, "Heritage are very efficient and approachable, always willing to listen whatever it may be. If any problems I can ring the office and the issue is dealt with as quickly as possible."

People were very complimentary about how staff protected their dignity whilst providing support. One person said, "My privacy and dignity is very important to me and Heritage maintain this perfectly indeed. I have a shower when possible but yes I'm covered with towels." Another person said, "They put a towel around me to keep my privacy and dignity. I always have females."

Information about people was treated confidentially and respected by staff. This was demonstrated when a person, telling us that if care staff were delayed the service phoned them, added, "They apologise for the delay but never say the client's name due to confidential information."

## Is the service responsive?

### Our findings

People told us that the service was flexible when providing their care and support, for example by changing the times they received their care and support to allow them to attend social activities. One person gave us an example of going out to a concert and needing their support at quite a late hour. They described how the service had put this in place and told us how this had allowed them to enjoy the experience without worry.

Care plans were regularly reviewed and updated and the care provided was amended if people's needs had changed. Daily records of the care and support provided were kept and people confirmed staff read and completed the record to ensure everyone was kept up to date. Staff told us that they would report any concerns or issues to the care co-ordinator or registered manager and that any issues would be addressed.

The service involved people and, where appropriate, those acting on their behalf in the planning of their care. One person said, "Heritage listen and act on your wishes and do treat people well." Another person said, "Reviews are scheduled every six months, if there is problem I go to the office with immediate effect." This meant that people's care was planned to meet their individual needs and was updated to meet their changing needs. Care plans detailed what people wanted and when they wanted support; these could be further strengthened by including information about people's life and any hobbies and interests they may have or had. Care staff we spoke with knew people well and were able to tell us about people's preferences and history but recording would ensure consistency.

The service supported people to engage in social activities, this support was enhanced by staff knowledge of individuals. For example staff noticed that one person who lived with dementia always developed an illness when the transport arrived to take them to the day centre. Staff recognised this as a problem and arranged to take the person in a car. The person now attends the day centre regularly, benefitting from the social engagement, and has since told staff that the bus ride made them feel ill.

People told us that the service supported them with the level of independence they had. One person describing their night time routine said, "I put myself in but it's really nice to have some support." Another person said, "They safely get me up out of bed into my wheelchair then I independently wheel myself into the kitchen."

People told us they knew how to report concerns or make a complaint. One person said, "I know how to report concerns, I'd speak to the one in charge. We've never complained which is good, quite often asked to fill in questionnaires each six months or so." People also told us that they had no concerns speaking with care staff. One person said, "I can talk to staff easily and there's an understanding between us." The registered manager told us that the service mobile phone was answered 24 hours a day should people wish to contact the service to request changes to their care or make a complaint. There was also a formal complaints procedure should people wish to make a complaint.

## Is the service well-led?

### Our findings

People and relatives we spoke with talked positively about the service they received, the management of the service and communication within the service. All the people and relatives we spoke with knew who the registered manager was and how to contact them. A relative said, "I cannot speak highly enough of this particular company." Another person describing the service said, "Heritage are wonderful, very professional."

Staff had a good understanding of their roles and responsibilities and felt involved with the development of the service. Those we spoke with praised the management team and the support they received. One member of staff told us, "The management is always there for you." Another said, "If ever I have a problem I ring the office and they are on top of it straight away." Staff had also provided written feedback to the service. One person had written, "I have been made to feel part of a team and that anything I have to say is treated seriously and any concerns acted on immediately."

The service recognises and acknowledges the commitment of staff. Where staff show commitment to the values of the service this is recognised by means of buying flowers or chocolates or sending a card to say thank you.

The registered manager had clear objectives for the direction of the service with an emphasis on good quality care. This was confirmed by people we spoke with and by staff. One person said, "I know this company is there for us."

The management team led by example and undertook all training attended by staff. This enabled them to monitor the standard and quality of the training received by care staff.

The registered manager was knowledgeable about their responsibilities with regard to registration requirements which included notifying CQC of significant events which impacted upon people who used the service or affected the running of the service. The registered manager was also aware of other protocols which they had to adhere to in order to protect people from harm.

The provider used a range of audits and checks to monitor the quality of the service provided to people. For example, we saw there were spot checks on care workers which considered if workers were arriving at the allotted time, whether they were wearing the appropriate uniform and identity badges and whether they were carrying out tasks in a kind and safe way.

The registered manager told us, that as the agency was relatively small, the management team was actively involved in providing direct care to people in their homes and as such had regular oversight of much of the work undertaken by care workers and could ensure information was regularly reviewed and updated. They went on to say that people often speak more freely in an informal setting when they are providing care than at a formal review meeting.

Over the past two years the service has been awarded four awards for care. Going The Extra Mile Winner in My Life My Home category when the service ensured that people using the service in Aldeburgh had hot food and water during a widespread power cut which lasted two days. In 2016 the service was a finalist in the Customer Focus Award from Suffolk Coastal Business and Community Awards. The service has also received a top ten rating for a homecare service in the East of England by an internet site which uses feedback from service users.