

Heriitage Care Ltd

# Heriitage Care Ltd

## 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 Care Ltd is a domiciliary care service providing personal care and support to seven people at the time of this inspection.

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

Staff were kind and respectful towards the people they supported. People's human rights were promoted and respected. There were enough knowledgeable and trained staff to meet people's needs. This was because the registered manager was currently carrying out care call visits to support staff, while new staff were recruited.

Pre-assessments were undertaken on new people to the service, to help make sure there were enough suitably trained staff to support people in line with current guidance and legislation. Staff were trained and opportunities to develop their skills through further training were available. Trained staff had spot checks undertaken to check their competency.

Staff were encouraged to discuss and review their performance with their registered manager through supervision and regular conversations. Potential new staff to the service had a series of checks carried out on them to make sure they were suitable to work with the people they supported.

Staff understood how to keep people safe from harm or poor care. Staff knew to report any concerns they may have had to their registered manager or the CQC. When people wanted to discuss their end of life wishes this information would be recorded to guide staff.

Staff had access to information in peoples' care plans and risk assessments that helped guide them to care and support people effectively. Staff had stocks of single use personal protective equipment (PPE), such as disposable aprons, gloves and face masks. Staff wore their PPE when supporting people to help reduce the risk of poor infection control. Systems were in place to learn lessons when an incident, accident or near miss occurred or there was a risk of this.

Staff encouraged people to drink and eat plenty. People were encouraged to make their own choices and these choices were respected. Staff helped promote and maintain people's privacy and dignity. Staff also encouraged people to be as independent as possible. Staff also supported people to be involved in discussions around their support and care needs. People and their relative felt listened to, and their wishes valued by staff. Communication was good.

The registered manager would work with external health and social care professionals. This would help people to receive joined up care and support. There was a process in place to investigate and resolve complaints. The registered manager took actions as a result of learning to try to reduce the risk of recurrence.

People, and their relatives and staff were asked to feedback on the service. Information would be available in different formats when needed to help enable a person's understanding. Audits were undertaken to monitor the quality of the service provided and drive forward any improvements needed.

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.

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

This service was registered with us on 29 September 2020 and this is the first inspection.

Why we inspected

This was the first inspection of the service since it registered with the CQC.

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 Care Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

We also asked the provider about any staffing pressures the service was experiencing and whether this was having an impact on the service.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

### Notice of inspection

We gave the service 72 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

### What we did before the inspection

We reviewed information we had received about the service since the service registered. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with five people and one relative during this inspection, we also spoke with two care staff and the registered manager. We looked at a selection of three people's care plans and risk assessments. We also looked at a staff recruitment file, a right to work permit, medication records, policies and procedures, training and supervisions records and records that monitored the quality of the service provided.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone calls and video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

This inspection started on 23 March 2022 and ended on 14 April 2022.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to safeguard people from poor care or harm. A staff member told us, "If concerned I would whistle-blow and immediately report to my (registered) manager. I could also contact the CQC." Another staff member said, "I would raise any safeguarding concerns for any type of abuse to the (registered) manager. If they ignored it, you would raise upwards to the senior manager. You would make sure you are listened to."
- Staff supported people and this assistance enabled them to carry on living independently. People told us the support from staff gave them reassurance. A person said, "I think it is working well." Another person confirmed that staff asked them before leaving their care call visit, "Is there anything else you want? Are you alright?"

Assessing risk, safety monitoring and management

- Staff followed guidance on how to support people safely with their individualised risks and promoted their human rights. This information was found within people's risk assessments and care plans. This helped staff to monitor people's known risks such as COVID-19, medicines prompting or administration support and moving and handling. These records guided staff to be alert to and to monitor people's known risks.
- A staff member confirmed to us, "Risk assessments are in place regarding people's known risks. We have an on-line app that we can look at and read (up on) people's care plans." A person told us, "Staff seem to know what they are doing."
- Staff had access to people's personal emergency evacuation plans in the event of an emergency such as a fire. These guided staff on the support a person would need in such an emergency.

Staffing and recruitment

- There were enough staff to meet people's needs safely. However, this was due to the registered manager undertaking care call visits to support staff. New staff were currently being recruited.
- People told us staff in the main were punctual and that there had been no missed care call visits. However, people told us staff could be 'rushed' at times. A person told us, "Staff timings? Well they do get held up in emergencies, the registered manager does try to call me to inform me when running late." Another person said, "Sometimes staff only stay 20 minutes. Nothing doesn't get done but staff are rushed." The registered manager had recently recruited a new staff member and they said this would help with this.
- Staff had to undergo a series of checks to help ensure that they were suitable to work with the people they supported. Checks included references from previous employers, checks on right to work permits, and explanations for any gaps in their employment history and criminal record checks.

Using medicines safely

- Staff supported people to remain as independent as possible with their medication, following a risk assessment around safety. People received an appropriate level of support according to their needs.
- Staff were trained to administer people's prescribed medication safely and had their competency to do so spot checked by the registered manager.
- Audits were undertaken of people's medicine administration records. Any necessary improvements needed to reduce the risk of recurrence would be taken. This included updating the computerised system to enable specific medication instructions to the medicines administration record.

#### Preventing and controlling infection

- Staff had training in infection control. Staff told us they had plenty of PPE to help keep themselves and the people they supported safe. A staff member said, "We are given (disposable) gloves and (face) masks and we wear them. We COVID-19 (rapid swab) test each day."
- People had a COVID-19 risk assessment in place to guide staff on how to promote good infection control practices and what PPE to wear and when. A person confirmed, "PPE is always worn."

#### Learning lessons when things go wrong

- The registered manager talked through recent learning from a near miss that was shared with staff to reduce the risk of recurrence. Staff told us they were aware of this near miss. The person involved in this incident confirmed to us, "I had one minor problem. The registered manager has been made aware. Staff are normally very careful."

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff delivered people's care in line with updated legislation and guidance. Potential new people to the service had their individualised and diverse care and support preferences reviewed before the care package was accepted. This helped ensure staff were suitably skilled and confident to meet the persons care and support requirements in line with current guidance and legislation and people's human rights.
- The registered manager belonged to several forum groups that discussed guidance updates. They told us updates were shared with staff via the private on-line app or via emails. A staff member confirmed, "We share updates and information in (virtual/written) handovers."

Staff support: induction, training, skills and experience

- People were supported by trained staff safely and effectively.
- Staff had to complete an induction, undertake shadow shifts. This meant they shadowed another staff member during care call visits. Staff had supervisions and competency spot checks to review and discuss their performance.
- A staff member told us, "Induction included training and shadowing another staff member for about a week and a half." They confirmed that this had given them confidence. The registered manager explained that new staff's inductions could be extended when needed.
- The registered manager told us they would support staff who wished to develop skills and knowledge to take on qualifications in health and social care.

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

- People were supported by staff, where risk assessed as needed, to eat and drink sufficient amounts. A person told us, "Staff make sure I have a glass of water next to me."
- Staff told us how they encouraged people to eat and drink enough. A staff member said, "When promoting food and fluid, you make the food and drink that they want and make sure they are placed close to the person. If they don't like water, you can help them take on fluid by giving them yoghurts and juice. You talk to the person about why drinking fluid is important."
- However, one person said they had to on occasion speak to staff about checking the shelf life of food for them before preparing meals. We fed this back to the registered manager who said they would also remind staff.

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

- Staff respected people's independence to make their own health and social care appointments or to be

supported by friends or family. Where people needed support with this from staff, the registered manager and staff team would assist.

- A staff member confirmed, "All incidents you would write up an incident report."

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 promoted and maintained people's rights to make their own choices. This included what to eat, drink and what to wear. A person told us, "Staff are respectful and listen to your choices."
- A staff member explained about how they helped people make their own choices. They said, "We use verbal and visual prompts. Get different food out and ask what they would like. We don't force anyone. You make the person feel safe and give them the opportunity by getting things out to help them make a choice. Any concerns report to the (registered) manager."

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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's individual preferences and protected characteristics were supported by staff.
- Records guided staff on people's likes, dislikes and how they wished to be supported. Staff listened to and respected people's preferences for gender specific staff to assist them with personal care support.
- Feedback received about the service provided by staff was in the main positive. People said, "They are very good we are getting on alright," another person told us they were, "Fairly satisfied," and a relative said "[Staff] also care for [family member] and they seem happy with the care."

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

- People were supported by the registered manager and staff team to be involved in their care decisions. The registered manager and staff gave people and their families opportunities to discuss their care and support needs. This would help make sure people's preferences would be acted on without discrimination.
- A person confirmed that they were involved in discussions about their care, and support needs and that communication was good. They said, "Yes I was involved in care discussions and my opinion matters." Another person told us, "Communication is good. The manager is easy to get hold of."

Respecting and promoting people's privacy, dignity and independence

- Staff maintained and promoted people's privacy and dignity. A person told us, "Staff are generally respectful and knock on the door before entering."
- Staff promoted and encouraged people's life skills where the person wished to remain independent wherever possible. A relative told us staff went, "Above and beyond... They do extra things when they can, so it is ok."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 had personalised care and support that met their needs.
  - Staff understood people's individual needs and wishes on how they wanted to be supported.
  - A person told us how they were involved in discussions that agreed their care and support needs.
- However, a relative told us they were unsure whether the care records were updated regularly enough. They said, "At the start when setting up the care package we were very involved. They wrote a very detailed plan... The care package was agreed a long time ago and not sure if it has been updated as we have more care calls now." The registered said they would investigate this.

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.

- No one currently using the service required information in a different language or format to help aid with their understanding. The registered manager told us they would be able to provide this information when needed.

Improving care quality in response to complaints or concerns

- Complaints about the service were taken seriously and investigated and resolved whether possible.
- Complaints or concerns raised about the service were analysed for patterns or trends as part of the services governance system. Actions were taken to try to reduce the risk of recurrence.
- People and a relative told us that if they raised any suggestions or concerns, they felt listened to and respected. A person told us how they had raised a concern following an incident. They said, "I fed (concern) back. I got an apology. The (staff) learning from this was fine and the concern resolved."

End of life care and support

- Nobody currently using the service was on end of life care.
- People's end of life wishes, for those people wishing to discuss these, would be documented to guide staff.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff promoted a culture that was person-centred to try to achieve good outcomes for people. People and a relative in the main gave us positive feedback about the registered manager and staff. A person told us, "Staff do their best and answer any questions we may have...no complaints." A relative said, "They can cut calls a few minutes short, but they have also stayed longer when needed. They do extra things when they can, so it is ok."
- Staff told us they felt supported by the registered manager and that communication was good. One staff member told us how they were supported by the provider. Another staff member told us, "I feel supported... before starting I lacked confidence, but I am really good and work with friendly people and the clients help me feel good."
- Staff had a clear understanding of what would be expected from them should an incident, accident or near miss occur. Staff told us how they would learn from incidents that had occurred and the actions put in place to reduce the risk of recurrence. A staff member said, "I feel supported by the manager, they make themselves available."

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; Continuous learning and improving care

- As the service had not yet been rated, there was no current requirement for them to display any ratings.
- The registered manager demonstrated their knowledge what type of events they needed to notify us about. There had been no notifications received by the CQC to date.
- Staff understood their roles and responsibilities towards the people they supported. A staff member said, "Any concerns report to the (registered) manager."
- Audits were carried out to monitor the quality of the service provided. Improvements required were turned into actions to improve the service and reduce the risk of recurrence. However, we discussed with the registered manager about improvements needed in staffs' daily notes. These are a record of what care and support had been given at each care call visit. Sometimes the language used to describe the support was misleading and examples were given. The registered manager told us they would discuss this with staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Communication was good. People and a relative told us communication were good and they felt engaged with the registered manager and staff from the service. A person confirmed they had recently been given a survey to complete to feedback on the quality of the service provided.
- Staff completed surveys to feedback on the service. In the place of face-to-face staff meetings due to COVID-19, had staff communications to discuss any issues, any updates, and to agree any actions to be taken to resolve any issues.

#### Working in partnership with others

- The registered manager and staff team when needed would work with external health and social care professionals to help people receive joined up care and support.