

BC Care Limited

# BC CARE LIMITED T/A Heritage Healthcare - Epping Forest

## Inspection report

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07 October 2016  
14 October 2016

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place with a visit to the provider's office on 6 October 2016. We also completed telephone interviews with four people using the service and two relatives on 7 October 2016. We reviewed information received from staff by email on 14 October 2016.

Heritage Healthcare Epping Forest is registered to provide personal care to people who live in their own home. There were 23 people receiving a service at the time of our inspection.

A registered manager was not in post. 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. The registered manager and manager had resigned recently and we were assisted by the Nominated Individual (refer to in the report as the provider), another director of the company and the franchise support manager. Systems were in place to monitor and assess the quality of the service people received, however improvement was needed to ensure they were fully completed and in a timely manner.

People and their relatives felt confident that people were safe and secure when receiving care in their own homes. Staff knew how to identify potential abuse and report concerns. People were supported to take their medicines safely. Potential risks to people's health and safety were being identified and managed effectively to support people to have as much independence as possible while keeping them safe. Robust staff recruitment processes were in place. There were sufficient numbers of suitable staff available to meet people's individual needs.

People received their care and support from a staff team that had a full understanding of people's care needs and the skills and knowledge to meet them. People's consent was obtained prior to support being given and staff were familiar with the Mental Capacity Act and how this may affect them in their role. Staff respected people's right to make their own decisions. People were provided with appropriate levels of support to eat and drink and maintain their health and wellbeing.

People's dignity and privacy was respected and people found the staff to be reliable, friendly and caring. People and their relatives where appropriate, were fully involved in the planning, delivery and reviews of the support provided. Care records overall included people's preferences and individual needs so that staff had information on how to give people the support that they needed. People confirmed they received the care they required.

People knew the provider and the other director and found them to be approachable and available. People had the opportunity to say how they felt about the service provided.

## 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 felt safe using the service and potential risks to people's health and well-being were identified and managed safely overall. Robust recruitment practices were followed to ensure people's safety.

People's individual risks were known to staff, who also had a good understanding of how to prevent abuse. People were supported with their medicines in a safe way by trained staff. Sufficient numbers of staff were available to meet people's individual needs in a consistent and timely way.

### Is the service effective?

Good ●

The service was effective.

Staff received effective support and training to enable them to carry out their roles and responsibilities.

People were asked for their consent before care was given.

Staff supported people to meet their nutritional needs to maintain their health and well-being.

### Is the service caring?

Good ●

The service was caring.

People and their relatives where appropriate were involved in the planning and review of the care and support provided.

People were cared for in a kind and compassionate way by staff who knew them well and were familiar to them. People's privacy and dignity was respected and their independence was promoted.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support that met their needs and took account of their preferences and personal circumstances.

People's care was planned and kept under review to help ensure their needs were consistently met.

People were confident to raise concerns and knew how to complain if the need arose.

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

The service was not consistently well led.

A registered manager was not in post. Systems in place to monitor and improve the service needed to be fully implemented to ensure required standards are met.

Systems were in place to seek people's views on the service to ensure its quality and continuous improvement.

People were supported by a management team and staff group who shared the view that people came first. Staff felt well supported and valued.

**Requires Improvement** 

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## **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 was undertaken by one inspector on 6, 7 and 14 October 2016. The provider was given 24 hours' notice of our inspection to ensure we could gain access to the information we needed. We visited the office on 6 October 2016. We spoke with people and their relatives by telephone on 7 October 2016. We sent a request for information by email to 11 staff and received four responses by our review date of 14 October 2016.

Before the inspection, we looked at information that we had received about the service. This included information we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law. The provider also completed a Provider Information Return (PIR) immediately after the inspection visit. 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.

During the inspection process, we spoke with four people who received a service and two people's relatives. We also spoke with the registered provider, who was leading the service while a suitable manager was being recruited, a director of the company and a member of the franchise organisation who was supporting the provider.

We looked at four people's care records. We looked at records relating to three staff. We also looked at the provider's arrangements for managing medicines, supporting staff, managing complaints and monitoring and assessing the quality of the services provided.

# Is the service safe?

## Our findings

People confirmed they felt safe when supported by staff in their own home. One person told us this was because of the staff approach. The person said, "I do feel safe, it is due to the way that they look after me and they do not leave me until I am alright. They give me time." Another person told us it was because staff were so polite. People also told us that staff always wore their uniform and while they knew staff now, staff carried the organisation's identity badge which reassured people as to who was coming into their home. One person told us that staff always used safe infection control practices such as wearing disposable aprons and gloves when needed.

The provider had systems, policies and procedures in place to safeguard people. Staff had attended training and were knowledgeable about identifying abuse and how to report it to safeguard people. The provider was aware of their responsibility in regards to protecting people from the risk of abuse and how to report concerns. The provider advised of a recent situation where a staff member had noted concerns. Records showed that appropriate actions had been taken to report these appropriately to safeguard the person. The service user guide contained clear information for people on what constituted abuse and the contact details of a number of agencies people could approach if they had any concerns. People confirmed they had received this document and had a copy of it in their homes.

Assessments were undertaken to identify any individual risks to people who received a service including medicines and manual handling. However we found that a full risk assessment relating to two people's moving and handling was not available in the office. The provider confirmed that that they would attend each person's home immediately following the inspection to ensure this was in place and subsequently confirmed this to us that was in place. Assessments were also in place to identify any environmental risks to people who received a service and to the staff who supported them. Contingency plans were in place to ensure the continued operation for people in the event of emergency such as fuel shortages that could make it difficult for staff to travel to people's homes.

Recruitment processes were in place for the safe employment of staff to limit risks to people using the service. Relevant checks were carried out as to the suitability of applicants in line with legal requirements. These checks included taking up references and ensuring that the member of staff was not prohibited from working with people who required care and support.

There were enough staff available at all times to meet people's individual needs. People told us that they were supported by familiar staff from a core staff group. All the people we spoke with were able to tell us the names of the staff members who supported them. People confirmed that staff stayed for the full amount of time allocated to ensure the person's needs were met. People told us staff arrived at the agreed time and were flexible when needed. One person said, "We have regular staff that we know and they come when they should. They stay for the time agreed and sometimes they stay longer as we ask them to do extra things that day."

Staff felt there were sufficient staff available to enable people's needs to be safely met by the service. One

staff member told us that changes were planned to the rota planning systems which they viewed as an improvement. The provider confirmed this was being implemented to ensure that staff deployment was sufficient and suitable as the business grew. Further staff recruitment was ongoing. The provider told us that both they and the other director were trained in all aspects of care and so could provide cover if needed. Many of the staff also worked part time and could be called upon to provide cover in an emergency. The Provider's Information Return [PIR] told us of plans to implement an electronic call monitoring system. This was to enable them to ensure that calls were delivered in a timely manner to people and reduce the safety risks for staff working alone.

People told us they received their medication as they should. Many people managed their own medicines, often with the support of family members and this was identified within the person's records. Policies and procedures provided by the franchise organisation were in place to guide staff. The provider and the franchise support manager confirmed that these could be improved in terms of clarity and this would be actioned. Records were maintained of what medicines people were prescribed and when these were administered. Body maps were in place to show staff the area where each cream was to be applied to the person's body. One person said, "They do apply the patch for [person] and do [person's] eye drops. They record it each time." Records also showed that staff had received training on safe medicines and competency assessment to ensure their ongoing competency in supporting people's medicines safely.



## Is the service effective?

### Our findings

People told us that staff provided effective support. One person said, "Staff do their job well, they are all very good. They are very efficient."

Staff told us that they received a suitable induction when they started working at the service. Records confirmed that staff had completed an organisational induction as well as a full induction to a recognised industry standard. Records also showed that staff completed a range of training when they started working at the service to support them to meet people's needs. Staff confirmed that they received the training they needed to enable them to fulfil their role. One staff member said, "Yes, I have had the opportunity to attend several training courses and further discussions of me developing my training has been discussed." The provider confirmed that following a training needs analysis a personal development plan was being implemented for each staff member.

Staff told us they were provided with supervision. Records confirmed that staff had the opportunity to meet individually with their supervisor to discuss issues relevant to their development and to their wellbeing and that of the people they supported. Observation of staff practice was also completed to assess staff competence in completing their role. The provider told us that the timeframe of some staff supervisions had slipped recently and was not fully in line with the regularity stated within their own policy. This was advised as due to the lack of a manager and steps were being taken to ensure this was given due attention. Formats were also in place to introduce staff appraisals for those staff who had now been in post for a suitable time period.

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. Staff employed at the service had received Mental Capacity Act 2005 (MCA) training. Staff were able to demonstrate an understanding of the requirements of the Mental Capacity Act 2005 and what this meant for people using the service.

People's care plans included information on their capacity and also on those people designated to act on the person's behalf where this was indicated. Staff had an understanding of supporting people's right to make decisions and stated they always sought people's consent. This was confirmed by the people we spoke with and or their relatives. One person said, "They always ask for agreement, an example today was asking about having a shower, as sometimes [person] does not want this. They always ask and only do what [person] decides that day." The provider confirmed that written rather verbal consent would in future be requested from people before observations of staff practice in the person's home were undertaken.

People told us that staff gave them the support they needed such as preparing meals, snacks and drinks. The provider told us that none of the people using the service were assessed as being at nutritional risk. Information on whether people needed any specific support with their nutrition was included within their

plan of care, such as the need for food to be cut up in manageable sized pieces. Records also noted where, for example, a person had a health condition that could be affected by what they ate. Matters relating to people's health were identified within people's care records and how this impacted on the person. Care records identified who was responsible for supporting these on a daily basis, including relatives and health professionals, and their contact details should staff need to contact, for example the GP, on the person's behalf.

## Is the service caring?

### Our findings

People told us that staff supported them in a kind and caring way. One person said, "They are very good, very kind and caring." Another person said, "They are all very nice, we cannot fault them." A written compliment from the relative of a person using the service contained the comment, 'Thank you for the excellent care [person] has received. [Staff members' names] have been outstanding, making life easier and much happier for both of us. We appreciate the dedication shown to us by both carers.'

People were involved in decisions about their care, lifestyle and about the support they were provided with. People and their relatives, where appropriate, confirmed that they had been involved in the assessment and planning of the care and support provided. This was evidenced in people's care records which confirmed information on their life history, what their requirements of the service were and how they wanted to be supported. One person said, "The manager and [director] came to visit me at home and asked about my needs and what I liked and didn't like." We saw that people had signed their care records to confirm their participation and agreement in decisions about their care.

Information on independent advocacy services was included in the service user guide given to each person when they started using the service. An advocate offers an independent voice to support people to express their views when they are unable to do this for themselves.

People received personal care and support that was provided in a way which maintained their privacy and dignity. People told us that where staff used a key to gain entry to people's homes, staff always shouted out to them to let them know they were entering and to confirm who they [staff] were. People told us that staff treated them with dignity ensuring, for example, that the person were covered while personal care was being provided. A staff member stated, "I always make sure doors and curtains are closed." A comment in the report of a monitoring visit to a person's home noted the person's comment, 'All carers are cheerful, courteous and respectful'. One person said, "They do treat me with dignity when doing my personal care."

People's independence was promoted and supported. One person told us, "They are very good and don't take over. They encourage me to walk and do what I can." This approach was evident in people's care plans which advised staff of the aspects of care people could achieve and where they needed support. One person told us, "They don't support me with medication. I prefer to keep control myself as I am perfectly capable." Staff confirmed the importance of maintaining people's skills and independence and supporting them to complete tasks they needed assistance with only after asking the person if they wished staff to do so. One staff member commented, 'I discuss with the person how much they want me to do and how much they want to do for themselves.'

# Is the service responsive?

## Our findings

People told us they received care that met their individual needs, choices and preferences. One person told us, "I am very satisfied with the service; they do everything I want them to do." Another person said, "They always ask what you want and do it without a fuss."

Each person had a care plan in place based on the assessment of their needs and wishes. Care plans showed the agreed support people required and the times and days this was to be provided. The provider confirmed that some aspects of the care records would benefit from greater clarity, for example, to differentiate between prompting and administering medicines in some cases and confirmed they would review this. The service was responsive to providing the level of support people needed. Care records showed where people were perhaps able to administer their own medicines but needed staff support to apply topical creams.

People received care that was personalised to their needs and this was supported by person centred care plans. One person's care plan, for example, showed their preference for the carers to make the person a cup of tea before the person got out of bed in the morning. Care plans were written in large print and an easy read format to be more accessible. People confirmed that they had a copy of their care documents available in their home and that staff used them well. One person said, "We have a copy of the care plan and staff do what it says and more. They always read it and sign to say what they have done." Care records showed review so that staff had up to date guidance on how best to meet people's current needs. While the service user guide stated that people would have a minimum of two reviews each year, the provider told us that care plans were reviewed at least annually and also in response to any changes in people's needs. This was confirmed in the care plans and by people we spoke with. One person said, "We only arranged for some personal care and heating a meal to begin with. Now we need more care. They came out again to ask what else we needed and they have sorted it out for us."

People told us that the service was responsive to their needs. People told us, for example, that they had expressed a preference regarding the gender of the staff that came to their home to provide support and that was always met. Another person said, "They asked lots of questions and try to pair you to care staff that suit you and your personality." A staff member told us, "I feel Heritage provides and wants the best for their clients and carers. Heritage is like a family of carers that strive for accuracy and best care possible."

People told us that they felt confident to raise any concerns if they had any issues, although they had not had any reason to do so. People told us they would go to the provider or another director of the service, both of whom they knew by name. One person said, "I cannot think they would do anything to make me complain. If that did happen I would speak to the staff member, or [director's name], as they are one of the owners."

People had access to a clear complaints procedure. People told us that they received information on how to raise concerns or make a complaint when they started using the service and felt sure that they would be listened to and action would be taken. The complaint procedure gave timescales for responses and actions

so that people knew what they could expect to happen and when. It told people how to take their complaint further should they not be satisfied with the provider's response. The provider confirmed that they had not received any complaints about the service; we were therefore unable to judge its effectiveness.

The provider showed us a number of written compliments that had been received by the service.

## Is the service well-led?

### Our findings

The service did not have a registered manager in post. The provider told us that the registered manager had left in June 2016. A new manager had been appointed; however, this manager had left on the day prior to our inspection. The provider confirmed they would be advertising immediately to recruit a suitable manager and that application would be made for the manager's registration in a timely way. The service was currently being managed by the provider who was not familiar with all aspects of the record keeping and systems of the service.

Systems were in place to assess and monitor the quality and safety of the service. The provider told us that they had come to realise very recently that the organisation's systems were not being fully implemented to the expected standard, for example, the slippage in timescales for staff supervision and timely completion of records and audits. While these were mainly records based and no evidence of impact for people was noted, the provider told us they accepted responsibility for not having taken more action to reassure themselves as to the best management of the service. They had learnt from this and had already put actions in place to address it. A member of the franchise organisation was already in the service auditing all areas and putting action plans in place to address any identified shortfalls. Additional days were booked during the week following the inspection to provide training for the provider on all aspects of management processes and supporting systems. The provider had the support of detailed policies and procedures provided and updated annually by the franchise organisation.

People and staff felt supported and valued by the service. The service had an open and inclusive approach and all the people we spoke with told us they were satisfied with the service. One person said, "It is an excellent service." Another person told us that had used another service prior to Heritage Healthcare Epping Forest. They said, "This service is absolutely one hundred per cent with an approach that is so much better than my previous experience." A staff member told us, "I do feel valued by Heritage. I am free to contact them whenever I have a client concern. They are patient and approachable." Staff told us they had not worked anywhere that they had felt so valued. One staff member told us, "I do feel valued. My bosses always say thank you for everything we do. I like working here because they care about the clients more than other companies I have worked for. It is not all about making money, it is about providing a service to people who are in need and I feel this service goes beyond that all the time. Also they care about staff and treat us with respect."

People had opportunity to express their views. Care package reviews showed that people's views were sought as to the suitability of the service provided to them. People's comments from reviews included, 'I feel we have an excellent package of care'. The service was in the process of completing its first annual satisfaction survey of people using the service. The provider confirmed that once the 'return by' date was reached, the outcomes would be analysed by a director of the company so they could pick up on any areas that needed improvement. While a summary was not yet available, all the responses we saw were positive. Comments included, 'Good care, lovely carers, very happy' and 'After six months, I am very satisfied.'