

Heritage Care Limited

West Midlands Domiciliary Care Branch

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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 23, 24 and 26 September 2016. At our last inspection on 26 September 2014 the provider was meeting the requirements we inspected. West Midlands Domiciliary Care is registered to provide personal care services to people with learning disabilities living in their own homes. At the time of our inspection 30 people were being supported at 11 premises.

There were two registered managers 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.

Staff were working more than their contracted hours to provide care for people and felt that internal communication could be improved. People's risk were identified, assessed and managed in a way that supported their independence. People were protected from unnecessary harm by staff who knew them well, understood how to recognise signs of poor care or abuse and knew how to escalate their concerns. Staff understood why people's anxieties sometimes led to behaviours that challenged their safety and that of others and had plans in place to avoid incidents and manage risks.

People were supported to take their medicines correctly and safely. Staff had access to training to improve their knowledge of care and enhance their skills. Staff sought people's consent before providing care and supported people when they needed help with their decision making.

People were provided with a varied diet and plentiful drinks which met their individual needs. Mealtimes were flexible and based around people's plans for the day. People received kind and compassionate care. Staff supported people to maintain their dignity, independence and privacy. Staff gained information about what was important to people so that they could provide care which met their preferences. People were able to spend their time doing what they enjoyed when they were at home and had opportunities to go out alone or with support from staff.

People were provided with information about raising concerns or complaints and were happy to speak with staff about their worries. People were given opportunities to share their views of the service and were involved in the recruitment of staff. There were audits in place to monitor the quality of the service to identify where improvements could be made.

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 poor treatment because staff were suitably recruited and understood how to keep them safe. People's risks had been identified and there were arrangements in place to reduce them. People received their medicines at the right time and in the correct way.

Is the service effective?

Good ●

The service was effective. People were supported by staff with the skills and knowledge to care for them. Staff understood the importance of gaining people's consent and provided appropriate support to people who needed help with decision making. People received a choice of food that was suitable for their individual needs. People had support from healthcare professionals to support and maintain their wellbeing.

Is the service caring?

Good ●

The service was caring. People and staff had developed good relationships with each other. Staff recognised and promoted people's independence and their right to privacy. People were supported to maintain their important relationships with friends and family.

Is the service responsive?

Good ●

The service was responsive. People's care was planned with them to meet their personal preferences. Staff knew what was important to people. People were able to take part in activities and pastimes which they enjoyed. People were provided with information about how to raise concerns and complaints and were confident to do so.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led. Staff were working above their contracted hours to ensure people received their care. Staff felt the support they received from the provider could be improved.
People were asked for their opinion of the service they received and were encouraged to take part in the recruitment of new staff

and the monitoring of services. There were arrangements in place to monitor the quality of the service to drive improvements in care.

West Midlands Domiciliary Care Branch

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 23, 24 and 26 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a supported living service to people with a learning disability living in their own homes and we needed to be sure there was someone available in the office. We also needed to ask for permission from people to visit them in their homes. The inspection was completed by one inspector with telephone interviews conducted by 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.

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 reviewed this information and other information we held about the provider when we planned the inspection.

We met with one of the registered managers and the regional manager at the provider's office to look at the records relating to the management of the service. We visited seven people being supported in two homes to understand their experience of support. We spoke with a further three people and three relatives by telephone to listen to their opinions of the service. We also spoke with five members of the care staff to hear how they were supported to care for people.

Is the service safe?

Our findings

People were safe and felt secure. One person said, "I feel safe, I do". A relative told us, "I am very happy that my relation is safe there". Staff told us they had processes in place to report any concerns they had about people's safety, potential for harm or ill treatment. One member of staff told us, "We've had regular training in safeguarding. We report our concerns straightaway and have a collaborative approach. For example we always inform the person's social worker as well". We reviewed the safeguarding concerns that had been reported by the provider and saw they reflected a good knowledge of the types of abuse and harm which could affect people.

People received the level of staff support which was planned and funded for them. Staff told us that most of them had worked for the provider supporting people in the same homes, for several years. We saw, in the homes we visited that there were adequate staff to care for people. One person told us, "I have a monitor in my room and when I call the staff they come to me".

There was a recruitment process in place. We looked at recruitment records for four members of staff which confirmed that references and police checks were completed before new staff were able to work with people in the home. This demonstrated that there were checks in place to ensure staff were suitable to work in a caring environment.

People's individual risks had been identified. We saw that one person went out alone and there was a risk assessment in place for their road safety. The person told us, "When I go to church they make sure I look both ways before I cross the road". Another person said, "When I have a shower the staff stay by the door to make sure I'm alright and don't fall". Risk assessments that were relevant to people's individual needs and abilities had been completed. The assessments covered risks related to people's mobility, nutrition, communication and risks resulting from specific health needs such as diabetes or seizures.

There were arrangements in place to support people who presented with behaviours that challenged their safety and that of others. Staff told us that they knew people well and recognised when they were unhappy or the situations which could influence a change in their mood. One member of staff told us, "Sometimes it will just be a person's slight change of expression which we recognise as a sign they're not happy. That's why it's important we know people. It means we can use distraction to stop a 'behaviour' developing". We saw that staff recorded people's behaviours including the identification, if known of what may have caused the person to become unsettled and the effectiveness of the strategies they used to support them.

We saw that people's medicines were managed appropriately and there were systems in place to ensure that people received the treatments which were prescribed for them. One person showed us where their medicines were stored and told us, "The staff look after my medicines for me and give them to me". Another person said, "I have tablets in the morning and some in the afternoon. The carers bring them to me". Staff told us they received regular training in the administration of medicines to people and that their competency to do so was reviewed regularly. There was an audit programme in place to ensure that any

errors were identified and reported as required. This demonstrated that there were processes in place to ensure people's medicines were managed safely.

People's homes were maintained and there were checks in place to identify when repairs or maintenance was necessary to protect their health and safety. There were plans in place to ensure people were supported if an emergency, such as a fire occurred. Each person had a personal evacuation plan which provided staff with information about their mobility, the support they would need and how to ensure they complied with important instructions. For example, we saw in one person's plan staff were advised to use words such as 'we need to go out' rather than 'you need to go out' to reduce the risk of people objecting and delaying their evacuation in an emergency.

Is the service effective?

Our findings

Staff were supported to learn new skills and update their knowledge to ensure they cared for people appropriately. People and relatives we spoke with said the staff knew how to look after them. One relative told us, "They definitely do, they're very good". Staff told us they received regular training which included specialised knowledge to support people with specific needs. For example, we saw that staff had training on supporting people with diabetes when people had been diagnosed with the condition. One member of staff told us, "Our own trainer does a day on 'Understanding Diabetes'. It was a really good session and we've also been trained how to give insulin". Another member of staff explained how the training on autism gave them a 'light bulb moment' and said, "Learning that people with autism often like strong tasting food and drinks changed how we supported [name of person] and made their care more relevant for them". New staff were provided with an induction. Staff told us the induction period supported staff to learn about people and work with experienced members of the team to ensure they were fully aware of people's needs. One member of staff told us, "It takes time for new staff to get to know people properly. Some people may ask for something by using a different word and they get upset if staff don't understand them". This meant that new staff were given time to learn about the people they cared for.

Staff understood the importance of gaining consent from people and offering them choices before providing care and support. One person told us, "When I go shopping with staff I can pick what I want to buy". 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 the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. There were capacity assessments in place for those people who needed them. Where decisions had been made of people's behalf staff had demonstrated why this had been taken in their best interest. 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. Some people who were supported were unable to go out without the supervision of staff as they did not understand the risks this would present to their continued health and safety. Staff we spoke with had an understanding of the Act and the necessity to apply to the court of protection if people were being restricted.

People were offered a variety of food and drinks. We saw that meals were flexible and provided to fit in with people's plans for the day. For example, if there was an evening outing planned the main meal was served at lunchtime. We saw that some people were able to make their own drinks and had free access to the kitchens and others were offered drinks regularly throughout the day. When people had specific dietary requirements they were provided with meals which met their needs and supported their health. One person had been diagnosed with diabetes and showed us the information they had been given so that they understood how to choose healthy foods.

People were seen by other healthcare professionals when they needed support to maintain their physical, mental and psychological health. One person told us, "They call the doctor when I need one". We saw from

people's care plans that referrals were made promptly when specific support was required and people were supported to attend appointments with the dentist and optician to promote their wellbeing. One relative told us, "There's no problem with this. I trust the staff completely to see if one is needed".

Is the service caring?

Our findings

People liked their homes and received kind and considerate care from the staff. One person told us, "The carers are great. I'm very happy". Another person said, "I'm very happy here. They look after me very much". A relative told us, "I can't fault the care. They are very good". We saw that people and staff had developed good relationships with each other. We heard people laughing with staff and enjoying light hearted banter with each other. One person told us, "The staff are my friends, they're always pleased to see me".

People were supported to maintain their privacy and dignity. Staff understood that some people preferred to spend time alone in their bedroom and supported their right to privacy. One person showed us their bedroom and we saw that they had a key to their room so that they could choose to keep their private space secure if they wanted to. The person told us, "The only time I leave my door open is when I'm ironing so that the staff can keep an eye on me". A relative told us, "My relation is always tidily dressed and they do respect their privacy and dignity in my opinion". We heard staff talking with people quietly and discreetly to protect their dignity when they enquired about their personal needs or offered support to them.

People's independence was promoted by staff and we saw they were praised when they participated with household chores. One person told us, "I make my own bed and help around the house with cleaning". We saw one person taking their mug to the kitchen after they'd finished their drink and receiving praise from staff for doing so. A member of staff told us, "One person gets grumpy with us if we try to do the washing up ourselves". This demonstrated that staff recognised people's involvement and offered positive comments to encourage their participation in household tasks.

Staff understood the relationships which were important to people and supported them to remain in touch. One relative told us, "The staff bring [name of person] to visit us". Another relative said, "We ring regularly and they keep us well informed". A member of staff told us, "Some people have regular visits and get a lot out of them".

Is the service responsive?

Our findings

People received care that met their individual needs. Before people moved into their home an assessment of their needs was undertaken. A member of staff told us, "As well as assessing people's individual needs we do consider how the person's level of support and personality will impact on the dynamics within the home before introducing someone new". We saw that people's care plans contained information about them which they or their relatives had provided on their behalf. One person showed us their care plan which we saw provided staff with information about their likes and dislikes and important family relationships. One person told us, "They listen to what I want". Relatives told us they were also involved in planning and reviewing their relations care. One relative said, "Yes, we're involved and they ring us to let us know what's going on". Staff demonstrated that they knew people well and understood how to provide care and support which met their individual needs. One member of staff told us, "We know people so well that we can tell how they are by just looking at their expression". Another member of staff said, "Our approach to people is very different. We have to do quick gear changes, some people need a lot of support whilst others need their confidence boosting to remain independent". We saw there were regular reviews of people's care to ensure it continued to meet their needs.

People were supported to spend their time doing what they enjoyed. We saw that people were involved in pastimes within their homes and had opportunities to go out regularly. One person told us, "I go to the football and to the cinema. I'm going to watch a match tomorrow". Another person said, "I go shopping and the staff come and pick me up when I've finished". One person showed us their handicrafts and drawings they had done. People told us about holidays they'd enjoyed and had planned. One person told us they had been to the seaside. A relative said, "My relation is on holiday at the moment. They get good choices about their activities". Another relative told us, "They've been to Blackpool and they're off to the Isle of Wight in October".

People were supported to raise any concerns or complaints. We saw that people were provided with information, in a format that was suitable for them, on how to speak up about anything that was worrying them. One person told us, "If I'm not happy I just tell them". Another person said, "My shower stopped working and I told them and they mended it". Relatives said they felt comfortable raising concerns with the staff if necessary. We looked at the way the provider responded to complaints. We saw that on receipt of a complaint, an investigation was undertaken and the complainant received a response within a timely manner.

Is the service well-led?

Our findings

Staff told us they were working more than their contracted hours to ensure people received the support they required. One member of staff told us, "We are juggling to cover any gaps in the rota between us". Another member of staff said, "We do a lot of plate spinning. Staffing has been difficult for about a year. We're doing double shifts and some staff work on their day off. This has had an effect on morale". Staff told us that the provider employed bank staff to cover gaps in the rota but that this was not always sufficient. A member of staff told us, "If people want to do anything staff will come in and support them so they don't miss out". Staff said they felt well supported at a local level by their immediate managers, but felt that communication from the provider level could be improved. One member of staff said, "We get information via an email newsletter but it's not always easy to access the computer when you're working in people's homes. A phone call or a visit would be better". This meant the provider did not have effective arrangements in place to keep staff up to date.

There was an ongoing recruitment process in place to improve the staffing levels. One person told us, "When there are new staff I help out at the meeting [interview]. I'm sitting in to see if I like them". The registered manager told us, "We've changed our interview process. We do a telephone interview first and then take the applicant to meet people in their home so they have the opportunity to ask questions. It also means we can observe how they interact with people".

People were encouraged to voice their opinions about the service they received. There was an annual satisfaction survey for people who used the service and their relatives. The regional manager told us they had reviewed the usability of the satisfaction survey and decided, with input from people who used the service, to amend it to make it less complicated.

There were quality monitoring systems in place to drive improvements in care at all levels within the organisation. Staff working in people's houses told us that they provided information on a regular basis with information about people's care and support. In addition there were audits completed by the registered managers and at district level for the provider. We saw there were regular monitoring visits to each of the homes where people were supported. The registered manager told us that team leaders, accompanied by a person who used services were about to embark on a programme of monitoring visits to other homes for which the person would be paid. We saw this was discussed in a staff meeting and one member of staff told us who, in their home, would be taking part. We saw that accidents and incidents were reported when they occurred. The registered managers and the provider analysed the information from the incident reporting and audits to identify trends and areas for improvement. We saw there were action plans in place to ensure any shortfalls were addressed.