DCS&D Limited

Heritage Healthcare - Darlington

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

Heritage Healthcare Darlington is a domiciliary care agency providing support to people living in their own homes. At the time of the inspection 102 people were using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

The provider had policies and procedures in place to keep people safe. Risks to people were assessed and control measures in place to reduce risks. Staff had an understanding of safeguarding and what may constitute abuse. Any concerns were reported to the registered manager who acted appropriately. Staff were confident in reporting concerns. Medicines were managed safely. Weekly schedules were developed to ensure people received their calls at the correct time. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff.

Care and support was provided using best practice, such as following health and safety guidance. Training plans were in place, along with spot checks, supervision and appraisal planners. Staff felt supported in their roles. People felt staff were well trained and knew how to support them well. People were supported with their nutritional needs where necessary. Staff contacted health care professionals when appropriate. Staff understood the Mental Capacity Act and gained consent prior to any care being delivered. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People and relatives felt the staff were kind and caring. People told us they had good relationships with staff and enjoyed their company. People felt staff showed respect and promoted dignity when supporting with care. People were encouraged to be independent. Staff spoke with fondness about the people they supported. When changes in support were needed, people and/or their relatives were involved.

Care plans were in place setting out individual needs, likes, dislikes and preferences. People were involved in care planning where ever possible. Care plans were reviewed and updated when necessary. The provider worked in partnership with other health care professionals to support people who required end of life care. The provider had a policy and procedure in place to manage complaints. Concerns were investigated and a response made to the complainant. Several compliments had been received from people and relatives with positive comments about the service.

The provider had a quality assurance process in place to monitor the service and drive improvements which included audits of care file, staff files and spot checks. A new electronic system was being introduced to

enhance the care management process. The registered manager held regular meetings with staff. People and relatives felt the registered manager was open and approachable. Staff told us the registered manager was supportive and always ready to help. The service worked in partnership with other health care professionals and the local authority. The registered provider ensured staff had access to best practice and guidance from health care professionals.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Heritage Healthcare - Darlington

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 3 and 15 May and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service. We needed to be sure that someone would be in the office to support the inspection.
The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed other information we held about the service and the provider. This included statutory notifications we had received from the provider. Notifications are changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also contacted the local Healthwatch, the local authority commissioners for the service and the local authority safeguarding team. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with the registered manager, deputy manager and three coordinators and four members of staff. We also spoke with four people who used the service and two relatives.

At the location's office we viewed a range of records and how the service was managed. These included the care records of six people supported by the service, the recruitment records of four staff members and their

training records, and records in relation to the management of the service including a range of policies and procedures.

Good

Is the service safe?

Our findings

People and relatives felt the service was safe. One person told us, "I feel safe with staff". Another said, "I have been with them [the service] a long time, that say's something." One relative told us, "Oh [name] is safe, they are very good".

The provider had policies in place to keep people safe, such as safeguarding and whistleblowing. Staff were trained in safeguarding and had a clear understanding of what constitutes abuse and how to report their concerns. The registered manager told us they used lessons learnt from safeguarding in team meetings and staff supervisions to prevent issues reoccurring.

The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks such as Disclosure and Barring Service checks (DBS). DBS checks are completed to ensure prospective staff were able to work with vulnerable adults and that they could do so without restriction. Staff completed an induction into the workplace and spent time shadowing more experienced staff before they took over the calls. This meant staff knew people and how to support them safely.

Risks to people were assessed at the start of their care package and reviewed on a regular basis or whenever there was a change in need. A health and safety risk assessment was also completed to ensure staff were working safely in people's homes.

We discussed the staffing rota with the coordinator who was responsible for planning weekly schedules. We saw that some calls were completed by single carers and some with a double up call to ensure care was delivered safely. We found that where people had a preference of a male or female carer this was taken into account when planning the rota. People told us staff mainly arrived on time and stayed for the correct amount of time. One person told us, "Sometimes it's the traffic, but you can't help that." The coordinators told us, "We always ring [people] if a carer is running late, so people don't worry. If a call can't be covered then we would go out and pick it up."

Some people required support with their medicines. Staff were trained in the safe handling of medicines. Medicine administration records (MAR) were kept at people's houses for staff to sign. We saw a selection of MAR charts and found these were completed with no gaps or anomalies. The registered manager carried out regular audits on the MAR as part of the quality assurance process. Staff were observed on a regular basis to ensure their competency in supporting people with their medicines. One care coordinator told us, "If we feel they need a refresher then they are put on training. Sometimes, it is about us having a chat about the observation, if there is a concern then I would arrange to pop back out again just to check."

Staff received training in infection control and had access to personal protective equipment such as gloves and aprons. We found co-ordinators covered the compliance with infection control policies and procedures as part of their spot checks.

The provider had a business continuity plan in place in case of emergencies. An on-call system was used out

of office hours so staff had immediate access to senior staff for advice and guidance. The provider had extended the office hours to include weekends. This meant that people using the service also had access to coordinators over the weekend.

Good

Is the service effective?

Our findings

People and relatives told us they were happy with the service. One person told us, "I have no complaints, they [staff] know what to do and when". Another said "They [staff] are amazing. I like to give credit where it's due". One relative told us "Lovely, they [staff] really look after [name] well".

The provider completed an initial assessment for people who were new to the service. People's needs and choices were assessed to ensure Heritage Healthcare could deliver the care and support the person required. The assessment took into account current legislation and best practice such as moving and handling and support with medicines. Outcomes for people were recorded in their care plans for example, "Respect my privacy, allow me to do what I can," and "Monitor my skin integrity, apply prescribed creams and sprays."

We reviewed the training arrangements for the service and found staff completed regular training and refresher courses to meet the needs of the service. For example, moving and handling, dementia awareness, food hygiene and health and safety. A training matrix was in place which the registered manager used to track training levels. Staff told us they enjoyed the training and felt they had the knowledge and skills to support the people using the service. One staff member told us they supported one person with a Percutaneous Endoscopic Gastrostomy (PEG) and had received training. We discussed the specific care needed with a PEG. The staff member had the knowledge regarding the correct position a person should be in to receive their feed. PEG is a tube which is passed into the stomach to provide a means of feeding when oral intake is not adequate.

The registered manger had a supervision and appraisal planner. We found staff received regular supervisions and had an annual appraisal. New staff received a 12 week appraisal meeting to discuss how they were progressing and to plan next steps in their development.

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.

The staff were aware of the MCA and understood the principles of the act. One staff member told us, "We always let people make their own decisions but I would ring the office if I was concerned about someone." Staff told us they always sought consent before engaging in any support. One person told us, "They always ask if I am happy for them to help me to have my shower."

Staff supported people with their nutritional needs where necessary. People told us staff always asked what they preferred to eat and prepared it for them. We asked staff what action they would take if they were worried about a person's nutritional intake. One staff member told us, "I would mention it to [family member] as well as the office. We always make a note in the records as well."

We found records to suggest staff advised people to contact their GP if they were unwell. The registered manager told us, "Staff will ask if they [people] want the doctor calling. On occasions, we have made the calls. In an emergency they would ring 999 and contact the office". Care records contained information of when health care professionals had been involved in people's care.

Good

Is the service caring?

Our findings

People and relatives felt the service was caring and that they had good relationships with their carers. We received many positive comments. One person told us, "They [staff] are very polite, I have some delightful carers. The younger ones [staff] are also very good". Another said, "They [staff] are amazing, I like to give credit where it's due. I am treated with respect". A third person told us "They [staff] treat me nicely. They [staff] are polite and jolly, we have a laugh". A fourth said, "They [staff] are wonderful. [Staff member] comes, we have a good relationship". One relative told us, "They are lovely and caring".

We found several positive compliments had been made to the service. Comments included, "My current home carer is an absolute star, I could not wish for anything better", "Thank all the staff for the care given to [name]," and "I am very impressed by her [staff member] wonderful consideration and professional manner.

Staff told us they developed positive relationships and spoke fondly of the people they supported. One staff member told us, "I will go that extra mile." They gave an example of how they had supported someone who required a visit by the district nurse and had to remain in bed until the nurse had been. This meant they could not assist them to get up and dressed on the arranged call. They told us, "I rang the nurse to see if she had been, I then went back to help [name] get up. I couldn't not go back; otherwise they would have been in bed for hours." Another staff member told us, "It's important to have a happy attitude, I always take the time to have a conversation, it makes people's day better."

We looked to see how people were involved in their care and decisions and how support was delivered. People received an assessment prior to the support being planned, we saw that people and their family members were appropriately involved. People's preferences were acknowledged and recorded.

Where people required aids to support with communication this was incorporated in to care plans, such as the need for spectacles and hearing aids. One care coordinator told us of how they adapted the weekly rota for someone with sight impairment. They told us, "I make sure I print it in large print so [person] can read it". Another person does not like the timings of calls in the 24 hours clock so this is amended before it goes out. A staff member told us, "We use a note pad with [person] as well as gestures."

The people we spoke to told us staff treated them with respect. Staff maintained people's privacy and dignity when supporting them with personal care. One person told us, "They always make sure I am covered". Another told us, "I am treated with respect." Staff told us they tried to encourage people to do as much as they can for themselves. Comments included, "I always help but would not take over, it is important," and, "People need to be as independent as possible." The provider had collated the responses form the recent quality survey, this demonstrated people felt the service was caring with positive comments such as, "I am very happy with the support and care provided by Heritage Healthcare." And, "Your carers are superb and never ever refuse to help me as long as the tasks are within their limit," and "Carers are lovely and considerate.

We found the provider had signed up to the Dignity in care commitment. The registered manager advised a

member of staff would act as a Dignity Champion in order to disseminate information to other staff members. This meant the provider ensured staff had access to support and guidance to promote people's dignity.

The provider had contact numbers for the local authority if they felt an advocate was required. Advocates help to ensure that people's views and preferences are heard.

Good

Is the service responsive?

Our findings

The registered manager explained the provider had purchased a new electronic care management system. They told us, "We are in the process of changing everyone from paper records to electronic; staff will be able to access records remotely using a password. We will still have paper records in people's houses though." We found almost 50% of people's records were now held electronically.

We reviewed both paper records and electronic records. Care plans were personalised, reviewed and updated whenever there was a change in need. We found care records contained personal information such as relative's contact details. Support was written in a personalised manner such as, "I don't enjoy the sling and can be come agitated, as long as carers talk to me I am fine". And, "I can manage my teeth if the carer places me in front of the sink." Care plans were reviewed regularly and updated if there were any changes to support.

People were issued with a plan of care and support for their information. An information pack was also provided which gave important advice and details of the service.

People told us they felt the service was responsive. One person told us, "We talk about plans. Are they right? Do they need changing? Another person told us, "I have a plan at home, it tells the girls [staff] what to do, and they [co-ordinators] check it's up to date."

Relatives gave positive comments about the responsiveness of the service. Comments included, "They [management] check how we think things are going," and, "We get a call if there are any changes."

The provider had a complaints policy and procedure in place which was shared with people as part of their information pack. Records were kept of any concerns that were reported to the office, such as a late call, or a concern from relatives. The registered manager had investigated all concerns and where appropriate had given an apology, spoke to staff or put in measures to prevent any further incident. Records were maintained to demonstrate the corrective action taken by the service and any improvements made to the quality of the service. People and relatives we spoke with said they knew how to make a complaint and felt confident in doing so. Comments included, "I would complain if I needed to." And, "Any concerns I have had, I rang and they were sorted." And, "I have no complaints."

No one using the service was in receipt of end of life care. However the registered manager advised support would be provided when necessary and that staff would work closely with health care professionals such as district nurses and GPs.

Good

Is the service well-led?

Our findings

People and their relatives told us they thought the management of the service was good and the registered manager was open and approachable. Comments included. "I have no problems", "I have contacted the office and they dealt with my call", "The office is good," and "They come out and do spot checks". "No problem with the management at all".

Staff told us they felt supported in their roles by the registered manager. Comments included, "They are brilliant", "[Registered manager] does spot checks and supervisions", "[Registered manger is good, we can go to her with anything" and "A good manager".

We examined policies and procedures relating to the running of the service to ensure staff had access to up to date information and guidance. For example, health and safety, lone working policies. Staff were encouraged to read these as part of their induction and when any changes were made after a policy review.

Staff meetings were held, which gave staff opportunity to gain important information about the service. We found evidence of partnership working between commissioners and health and social care professionals. Communication between agencies was recorded in peoples care records.

There were no issues or concerns raised by any other agencies that we contacted prior to the inspection regarding the support the service provided to people and their relatives. The service had received a compliment from the local authority following the recent severe weather thanking them for their hard work and commitment to supporting vulnerable people stating "this is a real testament to you all".

The provider had a quality assurance process in place. Monthly care record audits were completed using CQC's key lines of enquiry (KLOEs) as a method of monitoring compliance. KLOEs are questions and prompts that inspectors use to gather evidence in order to make a judgement when inspecting a service. Any shortfalls found in the audit process were addressed and signed off by the registered manager. The audit process also covered staff files, MAR charts and spot checks. Audit records were submitted to one of the company directors electronically for their review.

We asked what formal support was in place for the registered manager. The registered manager told us, "I attend the managers meetings, and [Director and Responsible Person] are good and always available I can contact them if I need anything." We found this contact was informal and not formally recorded. We contacted the director who confirmed that regular meetings took place with the registered manager both face to face and via the telephone to discuss the service. They advised formal appraisals were planned with the registered manager commencing May 2018. This meant the registered manager would receive written feedback in terms of support and development.

We asked about any improvements the service had made since our last visit. The registered manager explained processes were being introduced to improve the service. A new electronic care management system was being implemented which would support the quality monitoring of the service. We saw the

system allows remote monitoring of calls, MAR audits and training analysis. Co-ordinators now used a tablet to record initial assessments when out in the community these are then uploaded on to the electronic system. Care staff had mobile phones to access the system remotely. This meant they had access to up to date information whilst out in the community.

The registered manager was aware of their responsibilities in line with regulatory requirements. We found records to demonstrate statutory notifications were submitted to CQC when appropriate.

The registered manager ensured staff had access to information by way of a notice board kept in the office. We found NHS guidance and support leaflets to cover subjects such as epilepsy, stroke, MS and diabetes. Information regarding skin integrity to advise staff of how pressure areas occur.

The provider had scored 9.4 out of 10 on an online 'Invite to Review' system operated by a national home care review company.