

Heritage Staffing Services Limited

Heritage Staffing Services

Inspection report

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Tel: 01279944392

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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

The inspection took place on 10 September 2018 and was announced. We gave the provider 48 hours' notice of our visit as we wanted to ensure the registered manager was available.

Heritage Staffing Services is a domiciliary care agency. It provides personal care to adults of all ages living in their own homes. There was only one person using the service at the time of this inspection.

The person using the service received their care and support safely. Staff understood how to support them and protect them from the risk of harm. The service recruited and employed people safely and had sufficient staff to meet people's needs now and if the service increased in the future.

Processes were in place for the management and administration of medicines. Staff had access to personal protective equipment such as gloves and aprons when needed and knew how to protect people from the risk of infection.

The person's care needs had been assessed and their care plan reviewed as their needs changed. Staff were well trained and supervised. They knew how to support the person effectively and this included personal care, drinks and meals if required and companionship.

Staff were available to help people attend healthcare appointments if needed. The service worked well in partnership with other services to ensure the person received care which was seamless and reassuring to the person.

The service worked in line with the Mental Capacity Act 2005 (MCA) to ensure people had as much choice and control over their lives as possible. The service had carried out appropriate assessments in line with legislation and the person was asked their consent before any care and support was given.

Staff were caring, kind and friendly. The person supported was encouraged to maintain and improve their independence where possible. Staff gave them the time they needed and respected their dignity and privacy.

People received personalised care that was responsive to their needs and care plans and daily notes were informative about the time spent with people. There was a complaints procedure and the family member we talked with had confidence that any complaints would be dealt with quickly. Staff were trained to care for people at their end of their life if this was required.

Staff and relatives told us they thought the service was well led. They knew who the registered manager was, and had confidence in them. Staff were well supported and happy in their work.

A quality assurance system was in place and working effectively. The registered manager had learnt from

previous experiences and audits and investigations had been used to make the necessary improvements. Confidential information was stored safely in line with current legislation.

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?

Good ●

The service was safe.

Safeguarding procedures were in place to keep people. Staff knew how to protect people from harm. Risks to people's health and wellbeing were assessed and well managed.

There was a recruitment system in place and the service employed sufficient staff to meet people's needs.

The medicine administration process was appropriate for the needs of people who required support.

The service had effective infection control practices in place and continually improved the service by learning from incidents and issues.

Is the service effective?

Good ●

The service was effective

People were fully involved in the assessment process.

There was an effective staff induction and training process in place.

Where people were supported to eat and drink, they had sufficient nutrition to meet their needs.

The service worked well with other professionals and provided people with effective support.

People and their relatives participated in, and consented to their care and support. Staff had an understanding of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and sensitivity and their privacy, dignity and independence was respected and promoted.

People and their families were fully involved in their care arrangements.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that reflected their circumstances and changing needs. Care plans contained good information about people's likes, dislikes, preferences and times of calls.

There was an effective complaints system in place and relatives were confident their concerns would be dealt with swiftly.

There was a system in place to support people at the end of their life.

Is the service well-led?

Good ●

The service was well led.

People and their families knew the registered manager and staff were well supported by them. There was a shared vision to provide good quality care.

The provider had learnt from previous experiences and systems to monitor and manage the quality of the service were in place. People's personal information was protected.

Heritage Staffing Services

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 checked 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.

Before the inspection, we reviewed information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

This was the service's first inspection at this location.

The inspection took place on 10 September 2018 and was announced. We gave the provider 48 hours' notice of our visit as we wanted to ensure the registered manager was available. The inspection team consisted of one inspector.

As part of the inspection we visited the office and spoke with the registered manager and one staff member. We also telephoned and spoke with one relative and two staff members. We reviewed one person's care file and three staff recruitment and support records. We also looked at a sample of the service's quality assurance systems, training records, medicine management and compliments and complaints records.

Is the service safe?

Our findings

There were processes in place to protect people from harm. A family member told us, "My [relative] is very safe with all of the staff who come, always saying they are nice."

There were policies and procedures in place which supported staff in carrying out their role. Staff gave us examples of what they would do should they suspect that anyone in their care was at harm. One staff member said, "I would know when things were not right, and would go straight to [name of registered manager]. Another said, "Anything I notice I write in the book so the next staff knows about it and we report it straight away."

No safeguarding issues had been raised with us, so we were not able to assess how the service dealt with them. However, the registered manager knew how to raise a safeguarding with the local authority and the safeguarding policy was in the process of being reviewed and updated to reflect the most current safeguarding guidance.

Risks to the person's health and safety were monitored and managed to support them to stay safe. For example, their personal care needs and environmental risks were assessed including their mobility and use of equipment, medicines, falls, and any safety concerns within their home such as any tripping hazards. Staff had the information from the care plan they needed to provide safe care, for example, "[Name of person] uses a stair lift, frame and has handrails, observe [name of person] when mobilising to keep them safe and prevent falls." The registered manager and staff had a good knowledge of the person's individual's risks and described how they helped them to be as independent as possible.

There were sufficient staff with the right knowledge and skills. Staff were punctual and stayed the full allotted time. A relative told us that one staff member was, "Always extremely punctual." Staff had sufficient time with the person and provided companionship as well as personal and practical support.

Staff were safely recruited. The registered provider had a recruitment process which was in line with regulatory requirements. We saw in the staff recruitment files a completed application form, evidence of the person's identity and satisfactory references. Disclosure and Barring Service (DBS) checks had been undertaken before the member of staff could be employed to ensure the person was not barred from working with people who required care and support. We found gaps in the employment history of three staff. We asked the registered manager to update their records to ensure that all gaps in employment were recorded. They informed us they had done this after the inspection and all files were up to date in line with legal requirements.

The support the person required with their medicines was clearly recorded. It showed they did not require staff support with medicines as their relative undertook this for them. However, during the relative's absence for a week, staff administered medicines for the person in conjunction and agreement with another relative. Whilst the medicine administration records (MARs) were used and completed and the person received their medicine correctly and as prescribed, the instructions in the care plan did not record that medicines were to

be administered in times of the relative's absence. The registered manager informed us after the inspection that this had now been clarified and all staff were aware of their responsibilities.

The person was protected from the risk of infection. Checks were completed by the registered manager to ensure staff followed the policy and procedures for the prevention and control of infection.

Staff understood their responsibility to record all safety incidents and concerns. The registered manager monitored any accidents and incidents. We saw that lessons had been learnt from past experiences and improvements made to the management and quality of the service to prevent them from happening in the future.

Is the service effective?

Our findings

The person's needs had been assessed before their service started. The registered manager told us this ensured the service was tailor made and they could meet their needs appropriately. The person's needs and choices were taken into account, and they were being supported effectively.

A family member told us they had been fully involved in the assessment process, and the records confirmed this. They told us, "[Name of registered manager] came and listened to what we needed and put together a care plan for my [relative] and it has worked well since."

The registered manager had systems in place to update their policies and procedures with current good practice. They were members of professional organisations, to keep abreast of guidance, advice and current thinking in health and social care. They used this knowledge to ensure the service was providing good care.

A comprehensive training programme was available to all staff. The records confirmed staff had received training in a wide range of subjects related to health and social care. They had completed knowledge tests to ensure they had retained the learning and had the skills and knowledge to meet the needs of the person using the service. Most of the staff had relevant health and social care qualifications and the registered manager had undertaken training to train staff in medicine management, safeguarding adults and moving and handling people. All staff completed the Care Certificate. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life. One staff member currently completing it said, "I have learnt a great deal, training is no problem and it helps me in everything I do."

Staff told us they had received a thorough induction and had shadowed more experienced staff so they got to know the person before they started working with them alone. Practical training in moving and handling had been completed and competency checks recorded their observed practice. Face to face supervision was held every three months and we saw that the discussions involved staff and recorded their views and performance respectfully. Annual appraisals were also undertaken.

The person was supported with their nutrition and hydration. Drinks of their choice were provided as and when requested and meals prepared if required.

The registered manager and staff worked well in partnership with other organisations. For example, they worked well alongside another provider to deliver joined up effective care and support so that the person had a consistent and seamless service. Staff had got to know the person they supported and, if required by the family, would liaise with professionals on their behalf.

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. We checked whether the service was working within the principles of the MCA.

Staff had received training in the MCA and were aware of people's human rights, changes to their level of capacity and how people were affected illnesses, such as memory loss and dementia. One staff member told us, "I go with what the person wants, it doesn't matter that they forget and change their mind, to them it's important."

The person's capacity and ability to make their own decisions and choices had been discussed with them and their family and consent to their care had been agreed and signed. The family member told us staff always asked their relative for consent before carrying out any tasks. They told us they had observed staff being respectful, encouraging and patient in relation to the choices and decisions their relative made.

Is the service caring?

Our findings

Staff were kind and caring. A family member told us, "All the staff that [relative] has are friendly. They are very helpful and supportive." They listen to my [relative] and talk with them nicely and always respectfully.

The registered manager and staff talked to us about the person and their family in a lovely, sensitive and caring way. They were aware of the person's individual ways of communicating and of their history and circumstances. Staff were responsive to their needs and supported them appropriately. This was evidenced in the care plan and daily notes we saw.

The family member told us, and the records confirmed, they were kept fully involved in decision-making and, if there was anything to add to the care plan, this was never a problem. The registered manager was proactive in making sure everyone had a say. This was confirmed by a staff member who said, "[Registered manager] checks we are doing our work well and checks with the family they are happy with the care we provide."

Staff worked with the person to encourage and support them to maintain their independence and this was evidenced in the person centred care plan and daily activities. The person's sense of wellbeing was also supported as much as possible. The family member told us, "The other day I popped into see [relative] and [staff member] was dancing to [relative's] favourite music and they were singing along. This did make her happy."

The registered manager knew about advocacy services should people need them. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

Is the service responsive?

Our findings

Care provided by Heritage Staffing Service was personalised and responsive to the individual person's needs. Their care plan had been developed from the assessment process. The persons' choices, likes, dislikes, preferences and a brief family history were recorded. The assessment process took into account people's age, gender, ethnicity, faith, sexual orientation and background. We saw that this information had been recorded to ensure their needs were met and any assistance needed could be made available.

The care plan was written in a person centred, clear, sensitive and respectful way. The day to day care of the person could be understood from the daily notes which showed tasks undertaken at each visit. However, a description of the person's health, mood, conversation and their feelings at the time would make the daily notes more person centred. Reviews and spot checks had taken place to ensure the care was up to date and that any changes were recorded. Spot checks supported the registered manager to know that care staff were working well with the person and in line with the persons needs and the providers policies and procedures.

The person's sensory needs had been identified, recorded, flagged, shared and met by the service as required by the Accessible Information Standard. For example, in the care plan it said, "Ensure the glasses for [person's name] are kept within reach to prevent eye straining," and, "Staff to ask for clarification from [person's name] if unsure of what they have said so you are clear. Please report any deterioration or changes in [person's name] speech."

Communication was effective between the person and the staff. The family member told us, "[Relative] doesn't have any problem understanding the staff despite them having strong accents as they have one themselves. One of the staff has the same name as [relative's name] but they call all the staff the same name anyway."

There was a clear complaints policy and procedure in place and this information was given to people when they first joined the service. The family member told us they knew who to contact if they had any concerns but did not have any complaints about the service at this time. The registered manager told us they had not received any complaints about the service as they tried to make sure people were satisfied with the service by communicating and listening to their views.

At the time of the inspection, no-one was receiving end of life care from the service. However, staff had received training in end of life care and had the skills and knowledge should a person need it at any time. The registered manager told us they kept links with a local hospice where they had completed their training.

Is the service well-led?

Our findings

There was a registered manager 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 family member who had commissioned the service knew who the registered manager was, and said they were confident in their ability to provide good quality care. They told us they felt the service was well led and were satisfied with the quality of the care provided to their relative.

The registered manager had a clear vision for the service and promoted a positive culture that was open and inclusive. Staff shared this vision to provide people with good quality person centred care. When we talked with them, they were motivated, enthusiastic and committed and said they were well supported by the registered manager. One staff member told us, "I can go to them for anything and they have been very good to me." Another said, "It's such a good agency and I want to make it work so we can have more clients and do what we do best, care."

The registered manager understood their role and responsibilities as did the staff. Open communication and discussion was part of their day to day work. Staff were supported to question practice and to raise concerns.

The service had links with other organisations for recruitment, support and guidance. However, they did not, at this time, have many links with the community.

People's personal records were stored securely in locked cabinets and on the computerised system that was password protected. The service had policies and procedures in place for dealing with confidential information.

The registered manager had not carried out any quality surveys due to the lack of people using the service. However, they had a process in place for monitoring the service and told us surveys would be carried out to obtain the views of all interested parties as and when the service increased.

There was a quality assurance system in place where audits and checks of care plans, daily notes, risk assessments and medicine administration had been completed. Incidents and concerns were picked up very quickly (such as in supervision) and any learning from these was used to improve the service.