Heritage Care Limited

London & South East Domiciliary Care Branch

Inspection report

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28 November 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?	Good

Summary of findings

Overall summary

London & South East Domiciliary Care is part of Heritage Care. The service provides personal care to people living in their own home on a 24 hour basis. The service was supporting 51 people with personal care at the time of our inspection

Two registered managers were 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 knew how to identify potential abuse and report concerns. Potential risks to people's health and well-being were identified, reviewed and managed effectively to support people safely. Staff recruitment processes were thorough to ensure staff employed at the service were suitable and able to work with vulnerable people. People were supported by consistent staff who knew them well and were available in sufficient numbers to meet people's individual needs effectively. People were supported to take their medicines safely.

People's dignity and privacy was respected and staff were friendly and caring. People were supported to participate in social activities including community based events that suited them. People had support to access healthcare professionals and services. People had choices of food and drinks that supported their nutritional or health care needs and their personal preferences and beliefs.

People received their care from a well supported staff team that had a clear understanding of people's care needs and the skills and knowledge to meet them. The registered manager and staff understood the requirements of the Mental Capacity Act 2005 (MCA) and demonstrated how to apply the principles of this legislation to their everyday practice and maintain people's rights. Staff obtained people's consent before providing support and respected people's right to make their own decisions.

Care records were regularly reviewed and showed that the person had been involved in the planning of their care. They included people's preferences and individual needs so that staff had comprehensive information on how to give people the support that they needed and wished for. People's care was person centred and well supported Complaints were responded to promptly and effectively.

The service was well led; people knew the registered managers and found them to be approachable and available in the home. People living and working in the service had the opportunity to say how they felt about the home and the service it provided. Their views were listened to and actions were taken in response. The provider and registered manager had systems in place to check on the quality and safety of the service provided and to put actions plans in place where needed.

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. 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 consistently available to meet people's individual needs.

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. People were well supported to access healthcare professionals when needed.

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 with their needs. People's privacy and dignity was respected and their independence supported.

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 regular review to help ensure their needs were consistently met.

Complaints were responded to appropriately.

Is the service well-led?

Good

The service was well led.

There was strong leadership in the service and clear lines of responsibility and accountability. Staff felt valued and were provided with the support and guidance to deliver a good standard of care to people.

The provider had arrangements in place to monitor, manage and continuously improve the quality of the service.

Opportunities were available for people to give feedback, express their views and be listened to.

London & South East 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 was undertaken by one inspector on 10 November, 11 November and 28 November 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 10 November 2016 and visited people in their own homes by arrangement on 11 November 2016, where we also met with staff. We contacted health and social care professionals by email and spoke with staff by telephone on 28 November 2016.

Before the inspection, we looked at information that we had received about the service. This included any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law. 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.

During the inspection process, we met with eight people who received a service and two of their visiting friends. We did not receive any responses to the nine email requests made to health and social care professionals. We spoke with the registered managers and eight staff working in the service. We looked at seven people's care records and four people's medicines records. 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.

Good

Is the service safe?

Our findings

People told us they felt safe as the staff were nice to them. Their visitors confirmed that the service provided people with safe care. The Provider's Information Return (PIR) told us of the procedures in place to help to ensure that people were cared for in a safe way. All concerns were scrutinised by both the organisation's Quality Committee and the individual service to identify any themes. Learning was shared with in-house trainers to support any necessary practice development.

Staff had attended training and were knowledgeable about identifying abuse and how to report it to safeguard people. The confirmed they would do this without question, including whistleblowing and contacting external agencies, to ensure the well-being of the people using the service. One staff member told us, "You cannot keep quiet. People are not here to be abused. You have to take it up and report to the manager or phone CQC straight away." The registered managers were aware of their responsibility in regards to protecting people from the risk of abuse and of how to report concerns promptly. Records confirmed that, where appropriate, the registered managers had taken action in line the organisation's staff performance procedures.

Processes were in place to identify, manage and review risks, to individual people, the staff and to the safe operation of the service. These included environmental risks and those that related to the health and support needs of the person. Risk assessments included information about action to be taken to reduce the hazard as much as possible, such as supporting people to eat and drink safely. Staff were aware of people's individual risks and how to help people in a safe way. Staff were provided with training to enable them to practice in a safe way, including managing infection and fire safety. Health and safety checks were routinely completed with people's own home environment. Contingency plans were in place to ensure the continued operation of the service in the event of emergency such as power and electronic recording systems failing.

Recruitment procedures were robust and made sure, as far as possible, staff were safe to work with people who used the service. Staff told us that they were not permitted to start working in the service before appropriate references had been received and all other checks were complete. 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.

People confirmed that they knew the staff who supported them and that there were always staff available when people needed them. The registered managers advised that staffing levels were agreed with the commissioning authority as part of the person's individual assessed needs and included specific one to one hours. Records showed and staff confirmed that people were supported by familiar staff. Staff worked within specific people's home as an identified team with a team leader and rotas were planned in advance. This was to ensure continuity along with flexibility and the availability of the right staff member to support people's individual activities. Staff in one of the homes' we visited told us that staff in that team had worked for the organisation for between 10 and 25 years and while they had one new staff member, that person had worked as a bank staff member and so was also well known to the people living there.

People's medicines were safely managed. The registered managers told us that following recent review of the provider's medicines policy and procedure, detailed assessments of staff competence had been introduced and were being completed for all staff involved in medicines support. This was confirmed by staff. Records showed that staff were observed on six occasions and their knowledge checked to ensure they could support peoples with their medicines safely. People were protected by safe systems for the storage, administration, recording and disposal of medicines. People confirmed that staff provided the level of support needed to help to manage their medicines safely. Staff members told us they had received training on how to administer medicines safely and we saw that they had clear procedures to follow. Medicines were securely stored. Clear records were maintained of what medicines people were prescribed and when these were administered. These records were consistently completed and tallied with the medicines available.

Good

Is the service effective?

Our findings

People received care from staff who had been trained and well supported to meet their needs in a safe and effective way. People confirmed that staff were able to help them in the way that they needed and that staff knew what to do. A visitor said, "Staff really do seem to know how to look after people and encourage them." The record of a first review of one person's care noted their relative as saying that they were very pleased with the care the person was receiving.

Staff and records confirmed the information in the Provider Information Return (PIR) in relation to staff induction and training. New staff members completed a structured induction that included an industry recognised programme for staff who did not already have a recognised qualification in health and social care. Staff told us that they had found the induction helpful, that they had shadowed more experienced colleagues and were introduced to the staff and people within the service that they would be supporting. One staff member said, "I spent a week at head office and did lots of training and we went through all the procedures. Then I was introduced to the staff and service users here."

Staff told us they had ongoing training to ensure their competence and knowledge was maintained. One staff member said, "We have a very good training system and a separate department at head office. They will arrange any specialist training we need that reflects our service user needs. They will train us as a team in the service. There is also a system that tells us when core training needs updating and arranges this for us."

Staff told us they received regular supervision and appraisal. This was confirmed within staff records. One staff member said, "It is really useful and gives us time to reflect on the service." Another staff member told us, "We can use it to think about and ask for any training we need." Records showed that the registered managers had used supervision meetings effectively such as to follow up issues of concern with staff and support developments in practice.

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection we found that the provider was working within the principles of the MCA where necessary and appropriate to the needs of the people they supported.

Staff had received training about the MCA and were knowledgeable about how it should be applied in practice. Staff told us that people's capacity to consent was considered and we saw this in their care records. While many people could not communicate verbally, staff told us they were able to ascertain people's consent through knowing the person well and responding to their non-verbal communications for day to day decisions. Staff also knew when to invoke additional processes to make other decisions on

people's behalf by including relatives where appropriate or other professionals to ensure least restrictive practice. A best interests meeting had been arranged, for example, in preparation for a person who may need medicines covertly. The registered managers advised that they were in communication with a number of local authorities to consider any restrictions that might occur for people. An assessment had been completed by the Public Guardian for one person as part of a DOLS application.

Staff were knowledgeable about people's nutritional needs and personal requirements. People confirmed that staff encouraged and supported people to have a nutritionally balanced diet in line with the person's assessed needs while respecting people's right to make their own decisions. Staff had received training in food handling and nutrition. Care plans showed where people were to be supported with meals and drinks and what that support entailed. Staff were aware of people's specific dietary requirements and any associated risks and were able to tell us how they supported this to ensure the person had a diet that met their needs. Care records showed shared communication with, for example, the speech and language team, to ensure the person was able to eat and drink safely and well so that their nutritional needs could be met.

The registered managers and the staff showed commitment to promoting people's health and wellbeing. Each person had an individual and detailed health action plan in an easy to read pictorial format. It provided guidance for people and staff on how to monitor and improve people's health and wellbeing. People also had a 'hospital passport' in place which provided key information for health professionals who may be involved with the person. Staff were knowledgeable regarding people's healthcare needs and of the actions required to ensure people had access to all the healthcare services that would benefit them. Records also clearly showed that staff supported people to access a wide range of healthcare professionals and services to ensure people's well-being.

Good

Is the service caring?

Our findings

People lived in a caring environment and confirmed that staff were kind to them. One person said about the staff, "They are nice." A visitor told us, "It is wonderful here. Staff are always so kind and patient. There is always such a nice atmosphere here."

People were cared for by familiar staff with whom they had had opportunity to develop relationships. We saw staff supporting people who did not use words to communicate and we saw that this interaction was positive, encouraging and professional. A visitor said, "People go to the staff freely and seem happy with them." Staff engaged people in social conversations and listened to what people had to say. Staff knew the people they cared for very well. Staff told us about individual people's likes and dislikes and this matched with what was recorded in people's individual care records. This included a detailed knowledge of people's individual communication skills, preferences and abilities.

People's relationships with others were also encouraged. People's care plans contained a 'circle of support' that identified all the people who were important in each person's life. Visitors told us they always felt welcomed and they were invited to events and celebrations in the service, such as parties. One visitor said, "The staff are so friendly and welcoming." Records showed that, where appropriate, advocacy services had been accessed for people. An advocate is an independent person who represents a person's interests.

People were treated with respect and dignity and encouraged to treat themselves and others in the same way. People's communication plans recorded the name that each person liked to be called. Staff introduced us to people and asked their consent for us to see people's individual bedrooms, and to talk with them. Staff and people were clear about people's bedroom being their own private space and personal possessions being valued.

People were treated as though they mattered and were encouraged to express their individuality. They were also supported to make decisions and choices in their everyday lives and to have these respected. This included their personal appearance and the decor in their own bedrooms. People and staff confirmed that people had been involved in choosing furnishings and colours schemes, and were also encouraged and supported to buy new clothes of their choosing. A visitor said, "People are respected here. People are always wearing nice clothes. They wear jewellery that they like. Their nails are always beautifully done."

We observed that staff demonstrated a caring approach to encouraging people's independence and improving the quality of their lives. Staff encouraged people to do tasks for themselves and this was a clearly demonstrated goal throughout people's care plans. A member of staff told us how much they appreciated the change of philosophy in supporting people's independence and rights throughout the care sector compared to the institutional type practices of their earlier days in care work. A visitor said, "Staff really provide encouragement to people to enjoy their lives."

Good

Is the service responsive?

Our findings

People received consistent personalised care and support. One visitor told us about the careful transition of the person to this supported living service and how much staff worked with the person and family members to ensure it was the right home for the person. The visitor said, "[Person] has settled and seems really happy here." Records of another person's first review showed their relative as stating they were very pleased with the care provided to the person by the staff.

Records and staff confirmed the information in the PIR that people were involved in a comprehensive assessment in an easily accessible format prior to moving into their home. Staff confirmed that where appropriate, family members were involved to help ensure that as much detail as possible was gathered so that staff had the information required to provide responsive care that best met the person's needs. Care plans showed the agreed support people required and how it was to be provided. There was clear emphasis on providing care that people wished for and in a way that encouraged their independence. The registered managers confirmed that some limited aspects of the care records would benefit from greater clarity, for example, to identify how covert medicine was supported for an individual and confirmed they would review this.

People received personalised care that met their needs. The service was responsive to providing the level of support people needed and to helping them reach individual goals. We saw for example that staff were 'matched' to people who had a shared culture and language. A staff member confirmed that they accompanied a person to the cinema showing films in their first language and that involved them in the community. A staff member had translated the recent satisfaction survey into a person's first language so that they and their family's views on the suitability of the service could be assured. One person's care plan showed that when the person was becoming anxious or distressed when they acted in a certain way. It guided staff on how to respond to this in a way that helped the person feel comfortable and calm. Another person had expressed that having a pet was very important to them. Staff and records confirmed that the agreement of other people living in the property had been obtained before the person and the pet moved in. People confirmed that they really liked the pet.

Individual preferences and abilities were taken into account to provide personalised, meaningful activities and each person had their own activity planner in place. One person, for example, was out at a music club and other people were going out to the local pub for Friday fish and chips. One person liked to explore new areas so staff accompanied the person on bus rides to different areas. A range of activities including cooking, art and aromatherapy sessions were available at home.

The provider had a system in place respond to people's complaints. A pictorial easy read version of the complaint procedure was also available in people's homes. Staff were aware of how to respond to any concerns or complaints people might raise with them in line with the provider's complaints procedure. Staff confirmed they would support the person to make a complaint and would telephone the office for people to pass on the concern on the person's behalf for the registered managers to deal with. Records showed that complaints were responded to in a timely way and the complainant kept informed of outcomes and actions

taken. The provider's representative advised us of their disappointment in the initial findings of the very recent satisfaction survey which indicated that some people felt unable to raise complaints. The provider's representative told us that this will be reviewed immediately and a plan of action put in place to address it.

Good

Is the service well-led?

Our findings

The service was well led. Two registered managers were in post and had clearly designated areas and services that they supported and had lead responsibility for. The provider had a number of teams in place such as in relation to human resources, finance or health and safety to support the service to operate effectively. The registered managers and the provider had clear values that included offering person centred care, choice and independence. This helped to provide a service that ensured the needs and values of people were respected.

Staff felt well supported and valued by the organisation. Staff were clear about their roles and responsibilities within the organisational structure. Systems to support good communication and accountability in the overall staff team were well established which impacted positively on the quality and safety of the service people received. Staff told us that the aims of the service were well met and that people received a service that met their needs.

There was a positive culture within the service driven by the registered managers and the provider. Members of the management team visited people's homes regularly to check the quality of the service being provided. People and staff knew who the registered manager was. Staff told us that the registered managers and team leaders in each service were always available and listened to them and to people living in the service. The service had a clear vision of supporting people to have a positive community experience where their individual aspirations were met and to have as much choice and control in their lives as possible.

The service had effective audit and quality assurance systems in place to regularly assess and monitor the quality of service which they used to drive continuous improvement. The service had a schedule of internal audits to measure the success in meeting the objectives of the organisation through staff training, supervision and appraisals, accidents and incidents, complaints, people's care and support plans and staff's record keeping. A robust financial management system was in place to monitor and manage people's personal finances. Information was reported to the provider and discussed at board level so there was full oversight of the service. The provider was also part of a number of other quality initiatives, in some cases involving local authorities who commissioned the provider's services.

Records showed that team's leaders and the registered managers regularly completed audits within each of the premises that people were supported in and followed up on any issues raised. The registered managers told us for example that in-house meetings for people had slipped in some areas but this had been identified and they were now re-established. The registered managers had recently started to record their routine spot checks to each premises. These visits included observation of staff practice when working with people and, for example, checked that planned activities were completed and the right staff were on duty to support people's needs fully. Any issues identified were discussed directly with staff and also included for sharing in team meetings so that learning for improvement was shared.

As part of the provider's quality monitoring systems, arrangements were in place to support people who used the service to influence the way the service was delivered. This included seeking people's views

through participation in regular reviews and through an annual quality survey as a measure of the organisation's success in meeting its aim of providing safe, quality care. Some people using the service acted as 'quality checkers' and were trained and paid to actively participate in the provider's monitoring approach.