

Care2Home Ltd

# Care2Home Ltd Known As Heritage Healthcare Solihull

## 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

This inspection took place on the 13 September 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting. This was because the provider offers a supported service to people living in their own homes and we wanted to make sure that people and staff would be available to speak with us.

Care2Home Ltd (known as Heritage Healthcare (Solihull)) is a community based adult social care service, registered to provide personal care for persons within their own home. They currently provide a service to six people.

There was a registered manager in post at the time of our inspection. 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.

Care2Home Ltd (known as Heritage Healthcare Solihull) became a registered provider on 24 March 2016 and this was their first ratings inspection.

People were kept safe. Relatives believed their family members were kept safe. Staff had received training and understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm. Staff were provided with sufficient guidance on how to support people's medical support needs. People were kept safe by staff that were able to recognise the signs of abuse and raise concerns if needed.

People were supported to have their medical needs met.

People were supported by staff that had been safely recruited.

People were supported with their medication by staff that had received appropriate training.

Relatives felt that their family members were being supported by staff with the appropriate skills and knowledge to care and support them.

Staff were trained and supported so that they had the knowledge and skills to enable them to care for people in a way that met their individual needs and preferences.

People were supported to make choices and were involved in the care and support they received.

Staff had an awareness of the Mental Capacity Act and Deprivation of Liberty Safeguarding (DoLS).

Staff were caring and treated people with dignity and respect. People's choices and independence was respected and promoted and staff responded to people's support needs.

People and relatives felt they could speak with the provider about their worries or concerns and felt they would be listened to and have their concerns addressed.

The provider had quality assurance and audit systems in place to monitor the care and support people received to ensure the service remained consistent and effective.

## 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 the risk of harm and abuse because the provider had effective systems in place and staff were aware of the processes they needed to follow.

Risks to people were appropriately assessed.

People were supported by adequate numbers of staff on duty so that their needs would be met.

People were kept safe as staff knew how to support them in cases of an emergency.

### Is the service effective?

Good ●

The service was effective.

People were supported to eat healthily.

People's needs were being met because staff had effective skills and knowledge to meet those needs.

People's consent was obtained before care and support was provided by staff.

People were involved in deciding how they received care and support.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People's privacy was upheld at all times.

People's view and opinions were listened to.

People were supported to maintain their independence.

### Is the service responsive?

Good ●

The service was responsive.

People's consent was sought by staff when providing care and support.

People were supported to make decisions about their lives and discuss things that were important to them.

Staff were responsive when supporting people's changing needs.

### Is the service well-led?

Good ●

The service was well-led.

Systems were in place to assess and monitor the quality of the service.

Relatives and people knew the manager and had a positive relationship.

Staff were happy working for the provider and felt valued.

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## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 13 September 2016 and was announced. The inspection team consisted of one inspector.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. The provider had not completed a Provider Information Return (PIR), as it was not possible in the time period between inspection planning and visit. The PIR is a form that asks the provider to offer some key information about the service they provide to assist with the inspection. We also contacted the local authority commissioning teams to identify any information that might support our inspection.

During our inspection we spoke with one person who uses the service, three relatives, two care staff members and the registered manager. Of the six people currently using the service, only two had capacity to be interviewed, and of those two, only one was available during our inspection. We visited the provider's office and reviewed the care records of three people to see how their care was planned and delivered, as well as their medicine administration records. We looked at recruitment, training and supervision records for staff. We also looked at records which supported the provider to monitor the quality and management of the service.

# Is the service safe?

## Our findings

People and relatives told us that they felt safe with the service provided and that staff supported them with their care needs. A person we spoke with said, "They're [staff] very good, they come out to see me twice a day. I feel very safe with my carers [staff]". A relative we spoke with told us, "We're [family] very happy with the care mom's getting". Another relative told us, "She's [person using the service] certainly safe with the staff, they look after her very well, I'm not worried at all". Staff we spoke with confirmed they had received training on how to reduce the risk of people being harmed. They were knowledgeable in recognising signs of potential abuse and how to follow the provider's safeguarding procedures. Staff we spoke with were able to explain the range of different types of abuse to look out for when supporting people. A staff member we spoke with told us, "I've had safeguarding training and I'd notice if someone was being abused, for example; If they were being physically abused, I'd look for any strange marks or bruising on their body". Another staff member gave us an example of when they had noticed a safeguarding concern and reported it to their manager, who then contacted CQC. Staff knew how to escalate concerns about people's safety to the provider and other external agencies if required.

We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. A member of staff we spoke with told us, "We [staff] check for things around the house, for example; loose cables or broken crockery". Another staff member told us, "I look after someone with a dementia and I always ensure that their cooker's turned off". We saw that the provider carried out regular risk assessments which involved the person, their family and staff. We saw that risk assessments were updated regularly. Any changes that were required to maintain a person's safety were discussed and recorded to ensure that potential risks were minimised.

Staff were able to explain what action they should take in the event of an emergency. One staff member gave us an example of when they found a person they were caring for had fallen, "I called for an ambulance and made sure that he was safe. It's just a case of staying calm and following protocol". We saw the provider had an accident and incident policy in place to support staff and safeguard people in the event of an emergency. We saw that incidents and accidents were reported and used by the provider to improve practice and to reduce the risk of harm.

Everyone we spoke with felt there were sufficient numbers of staff to meet people's needs. The provider had systems in place to ensure that there were enough staff to carry out care calls, with the appropriate skills and knowledge to ensure that people were cared for safely. A relative told us, "She [person using the service] has one carer [staff] per day, and she's always on time". Another relative we spoke with said, "The staff are very good at their job, they all seem to be very professional". A member of staff told us, "There seems to be enough of us [staff] and they all seem friendly and professional".

The provider had a recruitment policy in place and staff told us that they had completed a range of checks before they started work. A staff member we spoke with told us, "The recruitment process was good. I saw the advert, had an informal telephone interview, I completed an application form, then had a formal interview and all the relevant employment checks were done. [Manager's name] wouldn't let me work with

anyone until my DBS came through". Another member of staff we spoke with said, "They [provider] seem to have done everything properly as far as I'm concerned". We reviewed the recruitment process that confirmed staff were suitably recruited to safely support people living within their own home. Staff we spoke with confirmed that the provider had completed all the necessary checks prior to them commencing work. We saw these included references and checks made through the Disclosure and Barring Service (DBS).

Staff told us that they had received training on handling and administering medicines. A relative we spoke with told us, "Yes, they [staff] help her [person using the service] with her medicine, it comes in packs. She gets her medicine, once in the morning and once at night. They [staff] don't miss any". We saw that the provider had systems in place to ensure that medicines were managed appropriately. We saw that daily records were maintained by staff showing when people had received their medicines as prescribed. Staff were able to explain how they recorded information about people's medicines by completing Medicine Administration Record (MAR) sheets.



## Is the service effective?

### Our findings

Staff told us they received induction, and on-going training to enable them to support people effectively. Staff we spoke with told us that they felt they were provided with the appropriate training to support people effectively. A staff member told us, "My induction was intense, but good. I learnt a lot and it was really interesting". Another staff member told us, "My induction was good, I received lots of training and shadowed a senior person until I was ready". People and relatives told us that they felt confident that staff had the correct training and knowledge to meet their needs. A person we spoke with said, "They [staff] seem good and they know what they're doing". A relative we spoke with said, "I think they're [staff] all trained well enough, I'm no expert on the training they receive, but they know enough to look after him (person using the service) properly". Another relative said, "The carers [staff] all seem good at what they do, I'm sure they're all trained properly". We saw that new staff were trained in accordance with the Care Certificate which offers guidance on the basic skills and knowledge needed to work with people requiring health and social care support. We saw that the provider maintained training records for each member of staff ensuring that they were appropriately skilled to perform their duties. We saw that records were maintained highlighting when refresher training was due.

The staff we spoke with told us that they had supervision conducted by their manager. A staff member we spoke with said, "We have regular supervision and the manager does spot checks, she just appears out of the blue". The manager explained that staff supervision is carried out monthly, and they were in regular contact with all of the staff. We saw evidence that the provider had supervision and appraisal processes in place to support staff.

We saw that the provider had processes in place that involved people and relatives in how people received personalised care support. People and relative's we spoke with told us they felt that care needs were supported and that they were involved in decisions made about care. A person we spoke with told us, "They [staff] ask me what I need". A relative said, "We're involved in making decisions about mom's care, we have been from the start. They [staff] always ask how she likes things done, they're polite and respectful". Another relative we spoke with told us, "We discussed mom's care at the start and they [staff] know how to look after her properly". Staff were able to explain to us about people's needs and how they supported them. Staff explained how they gained consent from people when supporting their care needs. A staff member told us, "People are involved in developing their own care plans and we [staff] talk to them all the time about what they want. I'm always asking them if I'm doing things the way they want it". Another staff member we spoke with explained, "I ask them [people using the service] for their consent to make sure they're okay with what I'm doing. You wouldn't want someone coming into your home and just telling you what to do would you".

Staff told us they had completed mental capacity training and were able to explain their understanding of how to support someone who did not have capacity to make informed decisions about their care and support. We saw staff offered people choices, gained consent and encouraged people to make decisions about their support. 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. There was no one whose liberty was being restricted and systems were in place to ensure people's rights were protected

People and relatives we spoke with were happy with how they were supported at meal times. One person we spoke with told us, "They [staff] are very good with my meals, I've got plenty to eat and they do it well. I've always got a drink here too". A relative we spoke with told us, "[Staff member's name] supports her [person using the service] with her meals and makes sure she's eating well". Another relative explained to us, "They [staff] support him [person using the service] with his meals. We [relatives] cook them and leave notes about how he likes them and then they heat them up and make sure he gets them. He's never complained, he seems fine". A member of staff we spoke with told us, "I make sure they've [people using the service] had enough to eat. I sit with them sometimes and occasionally I check their bins to see if they've thrown anything away instead of eating it". Another staff member told us, "We [staff] keep a record of what people have to eat".

People told us that their relatives supported them to attend medical appointments. We saw from care records that health and social care professionals were involved in people's care. We saw care records that provided information about regular appointments to doctors, opticians and dentists and staff told us they were aware of how to contact health care professionals if they needed to.

## Is the service caring?

### Our findings

People and relatives we spoke with told us they were pleased with the care and support provided. A person we spoke with told us, "The carers [staff] are nice and kind, I like them". A relative said, "Mom's happy with them [staff], they're kind and I know she's okay". A staff member told us how they 'got to know' the people they were caring for; "I read their care plans, talk to them and their family". Another staff member told us, "We talk [person using the service and staff], I listen to them and communicate with the family. I also look at their care plans to get a 'picture' of their life".

We saw that people and their relatives were involved in care planning that ensured people's individual support needs were met. A person we spoke with told us, "Yes, I'm involved in my care plan". A relative told us, "We've [relative and person using the service] been involved in mom's care planning from day one". Another relative we spoke with said, "[Manager's name] discussed with us, what mom needed as far as her care was concerned, and up to date it's all been going well, we're [person using the service and relatives]happy". A third relative said, "The care planning's been excellent. We [relatives] sat down with dad and [manager's name] and went through everything meticulously. And they follow it to the letter". We saw from people's care plans that people and relatives were supported to express their views and to be involved in making decisions about care and support. We saw that care and support review meetings had taken place that involved the person using the service and their family members.

We saw that staff treated people with dignity, respect and upheld their rights to privacy. A person we spoke with told us, "They [staff] respect my privacy, for example; when they help me wash, they cover me up". A staff member told us, "When we do personal care, we let them [people using the service] do as much as possible. We cover them up to maintain their privacy as much as possible". Staff told us that they received guidance during their induction in relation to treating people with dignity and respect.

Staff we spoke with understood the importance of promoting people's independence and how to encourage people to do as much for themselves as possible. A relative we spoke with said, "They [staff] encourage her [person using the service] to do as much as possible. The next step for mom would be to go into residential care, but they're supporting her independence so that she can stay in her own home for as long as possible". Another relative told us, "I guess they [staff] promote his [person using the service] independence as much as they can really. They encourage him to wash himself and walk around a bit".

## Is the service responsive?

### Our findings

People using the service and relatives told us they felt that the provider was responsive to people's needs. A person we spoke with told us, "I can call [manager's name] anytime, and she phones me a lot, to make sure I'm okay". One relative gave an example of how staff were flexible in their approach. "We're [person using the service and relative] pretty flexible about visit times and it works well for us and [staff members name]. She fits in around our needs". A staff member we spoke with told us, "People like doing things differently, for example; what one person likes to eat, another person wouldn't". From talking to staff we could see that they were aware of people individual needs and how to support their personal wishes.

We saw from people's care plans that assessments had been undertaken to identify people's support needs and were developed outlining how these needs were to be met. Care plans were reviewed on a regular basis and any significant changes were documented. A person we spoke with explained that they hadn't had a care plan review yet, due to the short period of time they had been supported by the provider. They also told us, "I can call [manager's name] anytime and she phones me a lot to make sure I'm okay". A relative we spoke with told us, "We're [person using the service and relative] involved in review meetings and we discuss things with [manager's name] all the time". Another relative said, "We [person using the service and relative] haven't had a review meeting yet as he's relatively new with them [provider]. But [manager's name] and I have had lots of conversations and if there were any concerns or alterations needed, I know she'd be in touch". Staff were aware of people's preferences and interests as well as their health and support needs, which enabled them to provide a personalised and responsive service.

We saw that the provider had a complaints and compliments policy in place, however due to the short time they had been in operation, no complaints had been registered. People and relatives were aware of how to raise any complaints if they needed to. A person we spoke with told us, "I'm confident that [manager's name] would sort any problems out for me". A relative we spoke with told us, "We [person using the service and relative] really don't have any concerns or reason to complain, but I'd let them [provider] know if anything was troubling us". Another relative said, "The complaints procedure is in his [person using the service] care plan if we need to refer to it". A staff member told us, "If anyone had a complaint I'd let the manager know, even if it was about me".

The provider had systems in place for people and relatives to provide feedback about the care and support being provided. People and relatives told us that they had regular contact with the manager to discuss the care and support being provided. A person we spoke with told us, "[Manager's name] calls and comes 'round to see me sometimes". A relative we spoke with said, "[Manager's name] and I talk on the phone or e-mail each other, she's very good". We saw that the provider regularly sought feedback from people using the service and their relatives on the service being provided.

## Is the service well-led?

### Our findings

We saw that the provider supported staff and that they were clear about their roles and responsibilities. A staff member told us "I like working for them [provider], they're a good company and everybody gets on well". Another staff member told us, "I drive home with a smile on my face. I love my job, it's a pleasure doing what I do". We saw evidence from review meetings and returned questionnaires that people, staff and relatives were involved in how the provider delivered a quality service to people. A staff member told us that the manager or senior staff members completed spot checks to ensure consistency and quality of care was being provided. Staff told us they felt supported and valued by the management team. A staff member told us, "They [management] help me, they're supportive and work around my childcare needs, which is great".

The person and relatives we spoke with told us they were satisfied with the service they received from the provider. A relative told us, "We're [relatives] very happy with the way mom's care is delivered".

Staff told us that they understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority or CQC. Prior to our visit there had been no whistle blowing notifications raised at the location.

At the time of our inspection there was a registered manager in place and they understood the responsibilities and requirements of their registration. We saw that there were systems in place to record any accidents and incidents that occurred and that the information was shared with staff to improve quality of care.

Staff and relatives we spoke with told us that the manager was very approachable. A relative told us, "If we [person using the service and relative] had any problems, I know we could contact [manager's name]". Staff told us they would have no concerns about raising anything they were worried about with the manager. A staff member we spoke with said, "[Manager's name] is very supportive and I can talk to her about anything". Another staff member told us, "I feel comfortable going to the manager with suggestions, I can discuss anything with [Manager's name] she's very supportive".

We saw that quality assurance systems were in place for monitoring the service provision. People and relatives were encouraged to share their experiences and views of the service provided. We saw evidence that regular audits were taking place, for example; individual care plans, risk assessments and medicine records which ensured that people received a consistent quality of care.