

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

### About the service:

Care2Home Ltd. is registered to provide personal care to people living in their own homes. At the time of the inspection the service was supporting 31 people with their personal care, most of whom have a disability or are living with dementia.

### People's experience of using this service:

People and their relatives consistently told us they were happy with the way the care and support was delivered and were positive about the staff team. Typical comments included "My relative always gets the same carer who goes over and above and does extra tasks" and "The carers are all very kind and caring."

People told us they felt safe being supported by the staff team and staff had a good awareness of how to protect people from harm and potential abuse. Checks on new staff were carried out to make sure they were suitable for this type of work and people received the right medication at the right time.

The provider ensured staff received training to enable them to carry out their roles effectively. Staff were proactive in monitoring and promoting people's health and ensured that healthcare professionals were involved in assessing and planning for people's health needs. People were supported to eat and drink when they needed this help.

People received care and support from a consistent team of staff who knew people well and understood how best to communicate with people. People's individual preferences were known and respected and people had the opportunity to make choices about their daily life.

The provider had effective systems in place to respond to complaints and people and their relatives were happy that their concerns were listened to. Care and support was changed when people's needs changed to ensure people received care that was up to date.

The registered manager had promoted a strong sense of person centred care amongst the staff team and feedback indicated that people, relatives and staff were happy with the way the service was being led. Staff performance was closely monitored and audits were carried out to check the quality of the service. The service was well organised and ran smoothly to ensure staff had the time to spend delivering care that was not rushed.

### Rating at last inspection:

Good (report published 19 October 2016).

### Why we inspected:

This was a planned inspection to check the service remained good.

Follow up:

We will also continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 remained Good

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service remained Good

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service remained Good

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service remained Good

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service remained Good

Details are in our Well-Led findings below.

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## **Detailed findings**

### Background to this inspection

The 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.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Care2Home Ltd. is a domiciliary care agency which means it provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because the staff and the management team are often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We visited the office location to see the manager and office staff; and to review care records and policies and procedures. Telephone calls were made to people using the service and their relatives on 23 April 2019.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local

authority and other professionals who work with the service. We assessed the Provider Information Return (PIR) that had been submitted. Providers are required to send us a PIR at least once annually to give some key information about their service, what they do well and improvements they plan to make. This information helps support our inspections

We spoke with three people and five relatives to gather their views on the service being delivered. We also spoke with the registered manager, the care manager, two care supervisors and three care staff. We used this information to form part of our judgement.

We looked at five people's care records to see how their care and treatment was planned and delivered. Other records looked at included two recruitment files to check suitable staff members were recruited and received appropriate training. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us that they felt safe and that staff took care to keep people safe. For example, most people had a key cupboard by their front door to ensure staff could let themselves in and lock the door behind them.
- The provider had safeguarding systems in place and all the staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse. One member of staff said, "I would ring my manager if I was concerned and I feel confident they would listen."

Assessing risk, safety monitoring and management

- People and relatives told us they had access to equipment such as walking aids and alarm calls which helped them keep safe. One relative said, "The staff have all the right equipment and there are always two staff present." Records showed that equipment had been serviced regularly.
- Staff were knowledgeable about risks to people and how people's needs had changed so that they could support people safely. For example, staff were able to tell us how some people were offered bed rest to reduce the risk of pressure sores.

Staffing and recruitment

- Checks were carried out consistently to ensure staff were suitable to work with vulnerable people. These checks included obtaining Disclosure and Barring Service (DBS) clearance and references from previous employers. A DBS check is way for employers to assure themselves that staff are suitable to work for the service.
- There were enough staff to support people's needs. People told us staff generally arrived on time and would call ahead if they were running late. One person said, "The carers are on time" and a relative said, "They will always let me know if they are running late."

Using medicines safely

- People and their relatives told us staff took care to ensure people received their medication when required. For example, one person said, "I have a patch for pain relief and they [the staff] put this on for me every day."
- Staff had completed training on how to administer medicines and their competence in giving medicines was checked by managers.

Preventing and controlling infection

- Staff spoken with told us they were given a plentiful supply of protective equipment such as gloves that they used when delivering personal care. This ensured people were protected from cross contamination and infection.

### Learning lessons when things go wrong

- The provider had a system in place to record incidents and the action they had taken to reduce the risk of further harm. Records showed that risk assessments had been reviewed and amended following incidents and accidents.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and relative's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Relatives confirmed that assessments of people's needs were completed prior to joining the service to ensure their needs could be met.
- This included people's needs in relation to their gender, age, culture, religion, ethnicity, disability and sexual orientation. People's gender preferences for staff support were known and respected.

Staff support: induction, training, skills and experience

- Staff were knowledgeable and experienced which meant they could deliver care that was effective and relevant to people's needs. Records showed that staff completed regular training to keep themselves up to date and a number of senior staff had been trained to deliver training to the staff team. One member of staff said, "The training is good here. I asked the manager about a moving and handling issue and she came out and showed us how we could improve things."
- New staff received initial induction training and completed the Care Certificate if they were new to the job. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and effective care.

Supporting people to eat and drink enough to maintain a balanced diet

- Some people did not require support from staff to eat and drink to maintain a balanced diet because they were supported by their relatives or could do this independently. However, some people required help to eat and drink and relatives told us that staff took care to do this. One relative said, "They [the staff] take time to spoon feed [person's name] when needed."
- One member of staff told us about one person who had not been eating well recently. They said, "I have referred them to the district nurse who is monitoring their weight. We are giving her extra butter and cream in her coffee on the advice of a dietician".

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives, access to healthcare services and support.

- Staff monitored people's health care needs and would inform relatives and healthcare professionals if there was any change in people's health needs. One relative told us how staff had asked a physiotherapist to come and visit them to give advice on wheelchairs. This had helped their family member to continue to attend regular activities.
- One relative told us how staff had advised the family in finding the right equipment to promote their family's members health. They said, "The staff have been very helpful and have advised us to get special beds and other things to avoid pressure sores. They talked to the district nurse about this".

Ensuring consent to care and treatment in line with law and guidance

- 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 to receive care and treatment with appropriate legal authority.
- Everyone currently using the service had capacity to make some decisions about their care and support. Staff told us they would always seek their consent before supporting them and they understood that people's capacity could fluctuate. One member of staff said, "Some people have good and bad days but always know who I am. I always tell them what is happening".
- Two members of staff told us how one person they supported had been advised by healthcare professionals to spend some time having bed rest each afternoon but that sometimes they chose not to which staff respected.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and their relatives provided consistently positive feedback about staff and the service confirming they were treated with kindness. One person said, "I get four calls a day and it's brilliant; the care is great."
- Staff spoke with kindness and compassion about the people they supported and told us they enjoyed their jobs. One member of staff said "I am proud of my work. The families are so grateful for the work I do".
- Care plans included details of people's life histories, wishes and preferences. For example, one person was being supported to dress in cross gender clothes when they so wished in line with their preferences.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives told us they were involved in the planning of their care and were actively encouraged to make their own choices. Staff were able to give us examples of how people were supported to make choices using different ways of communication. For example, one staff member said, "[Person's name] uses thumbs up and thumbs down to tell me what they think."
- Care plans showed people were involved and consulted about how they wanted their care to be provided. One person expressed a preference for staff who spoke Punjabi and this was arranged. One member of staff told us, "[Person's name] can pick things if you give them a choice but you have to show them things visually as this helps."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff protected their right to receive care and support in a dignified way. One relative told us, "The staff do all the personal care and it's never rushed. They are very careful as [person's name] has back pain so they take extra care."
- People were supported to do as much as possible for themselves. One member of staff told us how one person had been supported to change their bedroom and bathroom to the ground floor which meant they could now shower independently.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff were knowledgeable about people and their needs and people told us they received personalised support from staff. One person said, "They look after me properly."
- The provider ensured consistency of staff for people, so staff got to know people well. One relative told us how important that was for their family member as it had allowed trust and understanding to develop.
- Staff responded promptly to changes in people's needs and ensured relatives were informed if there were any concerns. One member of staff told us about one person whose condition had deteriorated. They said, "I thought we needed more time so I asked the manager and they agreed with commissioners to extend the length of the call. This gave [person's name] more time to do things for himself."

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise a complaint and were confident that if they did, it would be dealt with quickly and professionally. One relative told us, "I did raise a concern about a missed call and it was sorted quickly by the manager." Another relative confirmed that they had been unhappy with one specific carer and the registered manager ensured that member of staff did not support that person again.
- Records showed that the provider had received seven complaints in the last 12 months. All of these complaints had been investigated promptly and feedback had been given to the people who had complained. Records showed that action had been taken in response to complaints such as providing additional training for staff. The provider had also received many compliments from relatives and professionals praising the quality of care delivered by staff.

End of life care and support

- The provider had processes in place to support people who required end of life care and support. Staff had received training as how best to support people with dignity at the end of their lives.
- There were no people using the service who required this level of support at the time of our inspection. However, we saw compliments from families regarding the support staff had given people at the end of their lives.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The registered manager had carried out checks to ensure the quality of care was monitored. For example, care plans, medication records and risk assessments were checked and reviewed regularly.
- The provider had recently implemented a new IT system which enabled the registered manager to monitor calls, the completion of tasks and changes to care plans. Some records, such as risk assessments had not yet been put onto the system; however, staff knowledge of people's risks was good and people did not raise any issues with us concerning staff practice.
- Spot checks on staff's performance took place on a regular basis so the provider could identify any areas for improvement in staff practice. One care supervisor told us, "I will do spot checks if I am working with someone and give them some pointers about how they could improve."
- The provider had ensured that people and staff could call managers outside of office hours if there were any urgent concerns. Staff confirmed that this system worked well. The provider also had plans in place in case of emergency such as bad weather.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were supported to share their views about their care and the service through direct contact with the registered manager during monitoring visits to people's homes. Surveys were also sent out to people and their relatives and we saw that responses were all positive.
- Staff told us they felt supported and appreciated by managers. One member of staff said, "I was new to this kind of work so it was quite an adjustment for me when I started. I have received a good level of support from the manager and had lots of opportunity to learn from experienced staff". We saw evidence that staff received rewards and recognition for gaining qualifications and hard work.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Peoples' relatives and staff told us they felt listened to and that the management team were approachable.
- Records showed that rotas were carefully planned to ensure staff had enough time to travel between calls so that people's care and support was not rushed.
- People and staff we spoke with were positive about the leadership of the service. One member of staff said, "[Registered manager] is very responsive and is very concerned about the people. They always come first".

- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that required registered persons to act in an open and transparent way with people in relation to the care and treatment they receive. Records showed that relatives were notified following any incidents or accidents.

#### Working in partnership with others

- The service had worked in partnership with other health care organisations for people's benefit. For example, records showed that healthcare professionals had been invited to deliver training to the staff team.