

Heritage Staffing Services Limited

Heritage Staffing Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Heritage Staffing Services is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 71 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

We received negative feedback from some people and their representatives, especially when people were being supported by staff they did not know. In these instances, we were told care was rushed and task-focused. Feedback was positive about care provided by named staff.

Systems were not always being used to manage risk and promote wellbeing, such as the monitoring of visit times. The registered manager was committed to improving the service and learning lessons after feedback. However, they did not always check to see whether any changes they had made were working. The provider had not always notified CQC, as required.

Staff did not always work alongside other professionals to manage risk and ensure there were no gaps in care. Improvements were needed to the care planning and monitoring of the medicines people received. Some staff did not minimise the risk of infection when cleaning people's homes. Staff minimised the risk of COVID-19 through their use of personal protective equipment.

Staff had the skills to meet people's needs. Staff were recruited safely. Staff were positive about the registered manager and communication within the service.

The registered manager had taken action to safeguard people when concerns were raised about an individual's safety. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 10 September 2018).

Why we inspected

We received concerns following safeguarding investigations around quality of care and management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this report.

The registered manager provided assurances they were taking action in relation to the concerns we found.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Heritage Staffing Services on our website at www.cqc.org.uk.

Enforcement

We have identified a breach in relation to poor governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Heritage Staffing Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience who made phone calls to people and families for feedback about the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 4 January 2023 and ended on 19 January 2023. We visited the location's office on 5 January 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

What we did during the inspection

We spoke with the registered manager, two senior staff and three care staff. We reviewed a range of records. This included three people's care records and 3 staff files. We looked at a sample of the service's quality assurance systems including medication and care plan audits.

Following the visit to the service, we continued to seek further clarification from the registered manager. We had contact with 6 people using the service, 9 relatives and 2 professionals for feedback about the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- People were positive about their usual staff, however we received negative feedback about replacement staff. The registered manager told us they were trying to improve consistency of staff, however the feedback we received indicated improvement was still required. Two relatives told us this particularly affected people who had dementia. A relative said, "They are alright but there are lots of different carers which isn't good. [Person] gets worried about different carers coming and going."
- Although we had feedback some staff stayed the required time, people and families told us other staff were rushed. A relative told us, "[Person] will phone us and say 'they've left the house in a mess'. It seems they don't have the time to do the call properly."
- The registered manager was not able to use their systems to show us that rotas and systems ensured visits were taking place as required. For example, rotas showed visits overlapping on a day. When we looked into this, we found this was an administrative error and people had received their planned visits. The registered manager amended their systems after our visit.
- Families told us staff had the skills to complete the tasks required. The registered manager had recruited a number of staff who had previous experience in health and social care settings. A person told us, "They dress my legs for me, and they are so good at it. They know exactly what they are doing and so it is really helping me."
- People were recruited safely, and appropriate checks were carried out, including Disclosure and Barring checks: Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Not everyone had a clear care plan outlining what support they needed to take their medicines or who was responsible for ordering medicines. There were some concerns raised about lack of communication over which medicine tasks staff were responsible for. The registered manager told us they were amending care plans to provide more information following feedback from the local authority but had not yet done this for everyone.
- We had concerns about how effective the checks of medicine records were. There were systems in place, however they were not being followed effectively, as discussed further in the well-led section. Following our inspection, the registered manager implemented a new system to improve oversight.
- We did not find significant impact in relation to the issues we found with medicine administration. People

told us medicines were administered safely and staff we spoke with were knowledgeable about how to support people safely with their medicines. Care plans which had been updated were of a good quality.

Systems and processes to safeguard people from the risk of abuse

- Prior to our inspection we had received information about concerns regarding a person's safety. The local authority and the service were investigating individual issues.
- The registered manager had safeguarding policies and procedures in place, and staff had received training on how to protect people from harm. However, we had concerns the service was not always open and proactive about reporting safeguarding concerns. The local authority told us the recent safeguarding alerts by partner agencies, rather than the service. The registered manager had not always notified CQC of safeguarding incidents, as outlined in the well-led section of the report.
- The registered manager had spent time trying to understand concerns and took action to ensure people were safe. For example, they had increased the number of unannounced spot checks they carried out in to ensure staff were supporting people safely.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff did not always communicate well with other professionals to manage ongoing risk. For example, staff provided support to a person around a health condition, however they had not considered who was carrying out other tasks relating to that condition. This had led to a misunderstanding and put the person at risk of not having their needs met. Although there was no impact to the person, there was a need to look beyond a set of agreed tasks when considering people's needs.
- The registered manager was improving how well they managed incidents and accidents. A member of staff described how they recorded an incident on the electronic care system but also spoke directly to the office when they had concerns.
- Risk and needs assessments were in place prior to people receiving care. Professionals told us the service introduced new care packages safely. Care plans were in place which gave staff advice on how to meet people's needs and preferences.

Preventing and controlling infection

- We had feedback from relatives that some staff were not cleaning as required. This increased the risk of infection. The registered manager was working to improve standards of cleanliness, we saw this concern had been discussed as part of a member of staff's annual appraisal.
- We were assured the provider was using PPE effectively and safely. A person told us, "They wear masks and gloves and they take off the gloves and put them in the bin before they leave."
- We were assured the provider was responding effectively to risks and signs of infection.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Capacity was discussed in team meetings to promote staff knowledge.
- Staff had a good understanding of capacity. A member of staff told us, "[Person] can make choice about things like what to eat. They don't realise they need personal care, so we use encouragement and don't force them."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager did not always notify CQC, as required. They had notified us when people had died but not after key safeguarding concerns. This meant we could not be certain the registered manager was being open when things went wrong. In August 2022, the registered manager met with the local authority. At that meeting, social workers had reminded the registered manager of their responsibilities to notify CQC.
- After the inspection the registered manager submitted 6 notifications retrospectively and assured us they would improve notifications in the future. However, we were concerned that the registered manager had failed to meet their regulatory responsibilities, even after a reminder from the local authority.
- The registered manager told us they relied on people's feedback and spot checks to ensure staff were on time, despite having an electronic system where staff recorded visits. The system in place to check medicines was not effective. It depended on a member of staff checking the electronic system and this was not being used to pick up gaps promptly. After our visit told us they would start using their systems more effectively. However, we were not assured they were using existing systems to minimise risks to people safety and wellbeing.

Continuous learning and improving care;

- The registered manager spoke about their commitment to learning and improving care after concern were raised. However, the actions they took were not always resolved issues. For example, the local authority had highlighted in an audit in 2021 the concerns we found during our current inspection with medicine care plans and the monitoring of visit times.
- Since our last inspection and the local authority audit the registered manager had set up new systems. There was a need for the registered manager to increase their awareness of the effectiveness of any improvements measures they had put in place.

The provider had not ensured effective processes were in place to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager showed us examples of positive lessons learnt. For example, they told us that after

an incident in 2022, staff had improved communication with the office and how they reported incidents.

- The registered manager told us they had joined a local care association which provided advice and support. This had been useful to provide information during the COVID-19 pandemic.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Care was not always holistic and person-centred. A common theme from feedback we received was care provided by some staff was task focused. People told us, "They are polite and always say 'goodbye' but they don't chat" and "They always do what we need them to do and never ask if there is anything else they can do. They do the minimum which is OK."
- The registered manager told us they were aware of this concern and had been working with staff in this area. We received positive feedback about individual consistent care staff who provided compassionate care. People told us, "The carers are wonderful. I have two regulars and they are both lovely" and "It's like having another kind neighbour."
- When we interviewed staff, we found they could describe people's needs and spoke warmly about them.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- The registered manager did not always work effectively with partner organisations when there were concerns about people's safety. The service reacted to concerns raised and there was scope to develop a more collaborative, pro-active approach to working with external organisations. For example, there was limited evidence the registered manager approached the local authority for advice over safeguarding concerns.
- Some of the people receiving support had complex needs and multiple agencies were involved. Some staff were focused on the tasks which they were contracted to provide and did not always work or communicate effectively with other agencies and informal carers to make sure people received joined-up care.
- Improved communication was needed to make sure there were no gaps in the care people received. A relative told us, "[Person] has a health need which started about 2 months ago, not one of the carers told me about it and they didn't alert the District Nurse either."
- People and their families told us they were involved in the initial assessment process and in subsequent reviews. A relative told us, "The initial assessment was face to face and very thorough and then we had another assessment when [Person's] need changed." There were also regular monitoring visits where people were asked their views on the service. There were examples of positive changes resulting from these meetings, such as referrals to occupational therapy.
- Staff spoke warmly about the manager and told us the team worked and communicated well together. Team meetings were used well to improve the care people received. Concerns and feedback were discussed openly to help improve practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured effective processes were in place to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>