

Heritage Care Limited

East Anglia Domiciliary Care Branch

Inspection report

First Floor, 14 Alston Road
Hellesdon Park Road
Norwich
Norfolk
NR6 5DS

Tel: 01603568266

Website: www.heritagecare.co.uk

Date of inspection visit:

26 February 2019

27 February 2019

Date of publication:

05 April 2019

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: East Anglia Domiciliary Care Branch is a domiciliary care service. They provide personal care and support to people with a learning disability living in their own homes in the Norfolk and Suffolk area. At the time of our inspection 78 people were using the service and it employed 174 care staff.

People's experience of using this service:

- The management team had a good oversight of the quality of the service provided. We have recommended that the provider review its formal quality monitoring systems to ensure these are fit for purpose and provide robust support to the management team.
- People received safe care and support provided by caring and consistent staff who knew them well.
- Careful recruitment meant the staff group had shared positive values and were committed to providing good quality care.
- People were supported to be healthy, this included where people received support with food and drink.
- People were involved in the assessing and planning of their care; their consent was sought and people felt in control.
- People received individual care that met their specific needs and preferences.
- The service was well led, people and staff were engaged and involved in the running of the service.

Rating at last inspection: At our last inspection, the service was rated "good". Our last report was published on 28 July 2016.

Why we inspected: We inspected this service in line with our inspection schedule for services currently rated as Good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any information is received that we need to follow up we may inspect sooner.

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

East Anglia Domiciliary Care Branch

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One Inspector, one assistant inspector, and one expert by experience carried out this inspection. 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 homes. The service provided care to people with a learning disability. The service is required to have a registered manager. 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. At the time of our inspection, a manager was registered with us.

Notice of inspection:

We gave the service 48 hours notice of the inspection site visit because we needed to arrange to speak to people using the service and ensure we could access the service's office.

What we did:

We reviewed information we had received about the service since they were registered. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local

authority. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with 11 people and six relatives to ask about their experience of the care provided. We spoke with 14 members of care staff. This included; seven support workers, three team leaders, two managers, the regional manager and the registered manager.

We reviewed a range of records. This included eight people's care records and three people's medicine records. We also looked at five staff files which included training and supervision records. We looked at records relating to complaints and records relating to the management of the service.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management; Using medicines safely.

- Risks to people were managed well. People and relatives told us they felt the service kept people safe. One person said, "I'm not on my own, they [staff] keep me safe."
- Staff had assessed the individual risks to people using the service. The risk assessments in place gave clear detailed instructions on how to manage identified risks.
- Staff managed risks to people collaboratively. For example, a relative told us how they discussed with staff possible triggers that might make it more likely their relative would engage in behaviours that were harmful. They said staff had listened to them and made sure an identified trigger was avoided.
- Staff we spoke with understood the individual risks to the people they supported and how to manage these.
- Staff supported people to manage their medicines safely. One person said, "I have 2 tablets. I do them with their [staff] help." A relative told us, "My relative has tried to self-medicate but it didn't work so staff ensure [name] does take their medication."
- Staff had completed the medicine administration records accurately. There was guidance in place for staff on people's individual medicines and how to administer these.
- There were systems in place to monitor the amount of medicines people had. Staff audited medicines to help ensure these were administered safely.

Systems and processes to safeguard people from the risk of abuse

- There were effective safeguarding systems in place and we saw staff reported concerns appropriately and to the right agencies.
- People told us they knew they could report any concerns for their safety to staff. One person said, "I talk to [member of staff] if I'm worried. I'm not frightened or worried."
- Staff were knowledgeable about safeguarding and how to report concerns. One staff member told us, "If I needed to I would contact safeguarding myself."
- People told us they did not feel restricted or restrained and could do what they wanted. One person told us, "I can do what I want to do." A relative said, "[Name] does what they want to do with assistance and support from staff. [Name] is in control."

Staffing and recruitment

- There was careful thought and consideration about recruiting the right staff. The registered manager told us they used a, "Values led interview system" that helped them select the right staff with similar values to the service. From speaking with staff it was clear this was effective.
- Staff were recruited to specifically work with individual people using the service. The registered manager told us, "The tenant is always at the heart of everything so the tenants have to be supported by people that

are compatible to them." They told us they explored the hobbies and interests of potential staff which helped them match up the people they supported. They and another manager were able to give us a number of examples that showed how this worked well.

- People were involved in the recruitment process of staff, as were staff themselves. People that used the service were involved in recruitment interviews. Prior to hiring a member of staff to support a person, the person had the opportunity to meet the potential staff member.
- People and relatives told us they were happy with the amount of staff in the service. They said on occasion the service used bank or agency staff but this was well managed. One relative said, "They use occasional bank/agency staff but there is always someone who knows [name] well." Another relative told us, "[Name] has the same staff but they do change. I visit at weekends and there seems to be enough staff, but it's difficult for me to say. It seems enough, just about right."
- Staff told us they worked together to ensure people were supported by consistent and familiar staff.

Learning lessons when things go wrong.

- Staff reported incidents and accidents. These were used to review the support provided and if any changes might be needed. A relative told us, "Staff remember things that have happened before and learn from them." Staff confirmed incidents were discussed with them to help them learn. A member of staff told us, "We try and do a complete 360 approach to [an incident], rather than saying 'we're doing this' we try to involve people in it. We don't blame [staff] for [an incident] we try to look at how we can change what we do."
- Incident records showed incidents were investigated and actions taken in response.
- There was a lack of effective systems from the provider regarding the analysis of incidents. This meant it wasn't always clear that incidents were being used to really drive learning within the service. For example, the registered manager told us information from incident forms was sent to the provider's head office. However, they rarely received any information back, such as an analysis of incidents which might include patterns and themes, and help drive any changes in the service.
- In the absence of an effective system the registered manager had started to keep incident forms in the office filed under people's individual names. This was so they could look back over incidents to help them identify any patterns that were specific to an individual. For example, an increase in falls over a period of time. Whilst this was helpful it did not fully allow the manager to identify any themes or trends within individual supported living schemes or within the service overall.

Preventing and controlling infection

- Staff we spoke with understood infection control. People confirmed staff followed infection control procedures, such as wearing gloves when supporting them with certain tasks.
- There was clear easy read guidance in place for people and staff on how to prevent and control infection.

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

Good: ☐ People's outcomes were good, and their feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care;

- People were happy with the support provided. One person told us, "I am happy; they [staff] help me. I like the things they do. Very good." A relative said, "My relative has excellent care. [Name's] health has really changed now. [Name] did used to go out but not so able to do this now. [Staff] do their best to stimulate [name]. Their physical care is second to none."
- Staff undertook assessments of people's needs and choices. These assessments were undertaken with people, their relatives, and other relevant professionals. People and relatives told us these assessments were reviewed at regular meetings with themselves and other professionals
- People and relatives told us the support provided matched people's assessments and was in line with best practice. For example, one relative told us, "[Name] needs to be hoisted and two people always do this."
- Records showed staff worked with other agencies to ensure the care they provided was effective and followed best practice. For example, we saw staff liaised with medical professionals, social workers, and housing staff.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to be healthy and attend health care appointments if needed. One person told us, "If I was poorly then [member of staff] would help me. Staff ring up for an appointment [with the doctor]." A relative told us, "They [staff] help [name] to attend medical appointments."
- Staff provided people with information to manage any conditions and stay healthy, this included information about healthy eating. One person told us, "[Member of staff] tells me about healthy food like fish, greens and apples." A relative said, "[Name] was about to need insulin injections before they moved but with their help now [name] doesn't need to because of their diet and the care [from staff]."
- Staff demonstrated a good understanding of people's individual health conditions and how they supported people to manage these. For example, one member of staff was able to tell us in detail about a specific and quite unusual medical condition the person they supported experienced. They had ensured information from health professionals on how to manage this specific condition was included in the person's care plan.
- People were supported with their meals when needed. A relative told us how they had identified one person had difficulty purchasing food and staff had been proactive in sorting out an alternative system that worked better for the person.
- A member of staff told us how they and their colleagues had identified that one person they supported could be reacting to certain types of food which might be making them unwell. They said they had started to use a food and mood diary so they could assess this properly and aid them in discussions with the person's

doctor.

- There was clear information for staff on how to support people with eating and drinking. This included ensuring the right equipment was in place and information about any food that might be unsafe for the person to eat.

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.

- The service and staff working in it had a good understanding of the MCA and how to support people in accordance with this. For example, a staff member told us MCA was about, "Making sure people can make their [own] decisions as much as possible."
- A system was in place to help staff identify when the care being provided might amount to a deprivation of the person's liberty. If such a situation was identified the managers contacted the local authority to ensure the care in place was proportionate and correctly authorised.
- Staff worked closely with other professionals where issues with capacity had been identified to make sure decisions were made in the person's best interests.
- Recording of people's ability to make decisions regarding their support was not always consistent. For example, sometimes relatives had signed consent on behalf of the person when they did not have legal authority to do so. We discussed this with all three managers, by the second day of our inspection they had already started to take action to address this.

Staff support: induction, training, skills and experience

- People and most relatives were positive about the skills and knowledge of the staff team. One relative told us, "The team leader is experienced and has knowledge and understanding of [name's] needs." Another relative said, "The staff have the skills and knowledge to look after my [relative]." One relative told us they were happy overall with the care provided but felt some staff would benefit from additional training in managing behaviour that may challenge.
- Records showed staff did not receive mandatory training in managing behaviour that may challenge. Although some staff we spoke with said they had received such training when it had been needed to support one person effectively.
- Staff told us they felt well supported by the management team and provider. They spoke positively about the induction and training provided. One staff member said, "Lady who does the training is just brilliant, she's so approachable. All the trainers [are], never had anyone who hasn't made it easy." Another staff member told us the management team listened to feedback about the training and took action in response.
- Staff said the management team ensured they had training that was specific to the individuals they supported. A member of staff told us, "I think if we need training we ask for it and they provide it."
- Staff were supported to undertake accredited courses in health and social care.
- There was a system in place which recorded what training staff had undertaken and when it was due. However, the management team told us this was not effective in helping them monitor training as it was updated at the provider's head office and was not kept up to date. This meant it was difficult to see an accurate picture of staff training in the service. Staff we spoke with confirmed their training was up to date and team leaders monitored this.
- Staff received regular supervisions in which their learning and development was discussed.
- Staff we spoke with were competent and knowledgeable about the care they provided.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ 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

- Staff were kind and caring towards the people they supported.
- People were supported by consistent long-standing staff who knew them well. This meant good stable relationships had been established and people felt comfortable with the staff that supported them.
- We received positive comments about staff and the manner in which they supported people. One person said, "They [staff] are good, they are kind." Another person said, "[Support worker] is kind to me, a nice lady. Very good." A third person told us, "I like them all, they are all my favourite."
- Relatives also told us staff were kind and caring. One relative said, "[Name] can be very challenging and difficult but staff are kind to them." A second relative told us, "They [staff] enrich [name's] life."
- Staff spoke about people in a kind and caring way. They were enthusiastic about the people they supported and wanted the best for them. A member of staff told us about how the support they provided to one person had made a real difference to them. They said, "We did something good there, [name's] family say they are totally different, it's more than what pay could ever give you." A second staff member said, "[Work is] enjoyable every day, it's all about the tenants, you are happy and satisfied that you give them a good quality of life."
- Some people were supported by staff to visit the office to speak with us during our visit. We observed a good rapport and positive interactions between these people, staff, and the management team.
- The service was mindful of any equality and diversity needs, which were included within people's assessments. Staff advocated for people's rights where necessary.

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

- People were supported to express their views and make decisions. For example, we saw each person had a 'wish and tick list'. Staff had discussed with each person what they wanted to achieve or do and helped people to make this happen. When the person had done this, we saw staff had ticked this off the list.
- Relatives told us where appropriate staff involved them in decisions about people's care, which helped ensure people's wishes and feelings were known. A relative told us, "They listen to what my relative has to say."
- There were additional systems in place to ensure people had an opportunity to make their views known. This included regular meetings with staff to review their care as well as drop in sessions and informal support groups at the service's office.
- Some people using the service were not able to verbally communicate their wishes and needs. Staff had a good understanding of the individual communication systems people used which meant their feelings and views could be established.
- The registered manager was aware of advocacy resources within the area which could be used to support

people if necessary.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff were respectful. One person said, "They [staff] always knock on the door." A relative told us, "[Name] is treated with respect. The staff treat everyone as individuals."
- Staff spoke about people respectfully. They understood they worked in people's own homes and that they needed to be mindful and respectful of this. One member of staff told us, "We must not forget that we basically work in their own homes so that's key."
- People told us they were in control of their day to day lives and supported to be independent. For example, one person told us how they helped staff with their meals by helping with the washing up. Another person told us how staff had supported them to plan a trip out.
- There was information for staff in people's care plans regarding how people could help and be involved with various tasks. A member of staff told us, "All of them have their own little bits they can do and they are supported to continue doing that."

Is the service responsive?

Our findings

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

Good: ☐ 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

- Support provided to people was individual and met their specific needs and preferences. Staff had a good understanding of people's individual needs and how this care should be delivered. One staff member told us "I think the company does really well at supporting the individual." Another staff member said, "We are quite good at supporting people with all their different needs."

- Care plans had been put in place with the involvement of people, their relatives, and professionals involved in their care. One person told us, "I have a care plan. I keep it in a locker in my house. I have the key for the locker. [Member of staff] reads it to me." A member of staff told us, "We sit and do it with them, it is about them at the end of the day, it's about what they want."

- People and relatives, we spoke with told us they were consulted and involved in planning the support provided. A relative said, "They ask me for my input." Another relative provided us with an example where they had worked with staff to address a particular issue relating to their relative's medicines.

- People's care records had clear information regarding their personal history, relationships, preferences and interests. Staff we spoke with knew this information and knew the people they supported well.

- People's communication needs had been identified and assessed. Staff were able to tell us about the different methods and aids people communicated with. A staff member told us, "It's lovely getting to know them and getting to know all their non-verbal communication." Another member of staff told us how they used specific signs to communicate with the people they supported. They said, "[Having non-verbal communication] doesn't stop them if they want to tell us something."

- Information in people's care records was written in an accessible manner and there were easy read formats available.

- People were supported by consistent staff who in many instances had known the people they supported for a long time. This helped ensure the support provided met people's needs and preferences.

- Managers used information gathered from people about their needs, preferences, and interests to help them match staff with people so they had shared interests that they could talk about.

Improving care quality in response to complaints or concerns

- Relatives knew how to complain and felt able to do so. In most instances people and relatives tended to deal with the team leaders regarding any day to day issues or concerns.

- There was information in people's care files, kept in people's homes, which detailed in an accessible format how to make a complaint.

- Complaints records showed the management team investigated and responded to complaints or concerns about the service.

- Staff told us they felt able to raise concerns with the management team and that the management listened and acted in response.

End of life care and support

- Staff had supported people where appropriate to discuss and plan for their end of life care and support. For example, we saw staff had recorded in one person's care file, '[Name] has been supported to plan their funeral. Staff have been supporting [name] for some time with their plans and when the time was right [name] was supported to go to the funeral directors to plan and pay for it. While [name] was there they answered all the questions that were asked of [name] and they chose everything themselves. The support staff were very proud of how [name] handled this.'
- One staff member told us how they had supported one person at the end of their life. They told us it had been a team effort with family closely involved. Staff had kept in touch with family daily. They said, "There were staff who would come in to sit with [name] even when not working."
- We saw the service had received a written compliment from the person's family regarding the care that had been provided. This said the care provided had, 'surpassed all of their expectations.'
- Records showed that staff involved in the person's care had been supported to discuss their feelings and been given opportunities to say goodbye to the person.

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

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

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

- Quality monitoring systems had been introduced by the provider to monitor the quality of the service. These covered audits in areas such as medicines, mental capacity, safeguarding, and people's care records.
- Required actions from the audits had been identified but these did not feed in to an overall action plan for the service. This meant it was hard to establish and monitor what actions needed to take place, by who, and when. It also meant these actions could not be analysed to help identify any common themes or issues.
- There was also no overall plan for the carrying out of quality monitoring audits to ensure each person's care had been checked and how often.
- Other quality monitoring systems established by the provider did not fully support the managers in undertaking their roles. For example, incidents reported via the provider's system were not analysed and information was not shared with the management team. The managers had had to establish their own system to try to track incidents in the service. The overview of training for staff and when this was due was held by the provider, however this was not updated when the management team submitted information about staff training. This made it harder for the managers to monitor and check staff training in the service.
- We recommend the provider review the formal quality monitoring systems in place to ensure these are effective in monitoring and driving improvements in the service.
- Whilst the provider's systems required some improvements the management team's careful selection of staff, the clear delegation of responsibilities, and their close communication with staff and people meant they had a good overview of the quality of care being given and could drive improvements required.
- This meant the lack of robust formal quality monitoring systems was a potential risk but at the time of our inspection had little impact on the quality of care provided.
- Duty of candour requirements were met. This regulation requires safety incidents are managed transparently, apologies are provided and that 'relevant persons' are informed of all the facts in the matter.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.
- People and relatives told us they were happy with how the service was managed. One relative told us, "Staff know their roles and responsibilities and know what they are doing."
- There was a clear organisational structure in place with defined staff responsibilities. Several team leaders

told us about the importance of leading by example. One said, "If we lead from example the staff know what we are asking from them."

- A lack of dedicated administration support coupled with issues around the sharing of information by the provider meant that some management time was being taken up by simple administrative tasks in order to effectively monitor the service's quality performance. The management team and regional manager told us this was an issue that they had raised with the provider.

- The management team had a good understanding of its responsibilities and had taken action to ensure people had ownership of their own confidential information. Regulatory requirements were met.

- All staff told us they and the service had strong values and aim to put the person using the service at the forefront of what they did. One member of staff told us, "They are very person centred, they are all about the tenant" whilst a second staff member said, "I can see that the [staff] here have the same vision that I have."

- Staff spoke positively of the support from the provider and management team. A staff member told us, "[Management team] very good, [registered manager] is very supportive." Another staff member told us, "I really like how open minded the regional management are." A third staff member told us how management had supported them to take action if necessary to ensure the quality of people's care was not compromised and people were kept safe. They said, "You know you have the back up and support from the company."

- Support staff and relatives also spoke positively about the support they received from team leaders regarding the day to day care provided. One staff member said, "[Team leader] always at the end of the phone if we have any queries, they are very good." A relative told us, "The Team Leader is so good I can approach them about anything and it is always resolved amicably. [Team leader] is very approachable and goes beyond and above."

- Staff worked well together to support each other and ensure the quality of people's care was not compromised. One staff member told us, "We all help each other out." Another said, "We work really well"

- The management team were supportive of each other and had regular contact with the provider's regional manager. There were regular meetings to share information about the support provided and any quality performance risks.

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

- People and staff were involved in the running of the service. For example, people were involved in the recruitment of staff and also attended conferences run by the provider. One person told us, "I'm a checker." They said this involved visiting other people using the service and checking they were happy.

- Systems were in place to provide people, relatives, and staff opportunities to provide feedback on the service. For example, the office held a weekly drop in session for people and staff to see the management team. The service also ran regular social meetings for people using the service which helped to engage people in the service. There were also regular formal meetings with people and staff to discuss the service.

- Feedback questionnaires were sent out to people and staff. A recent survey had been completed in December 2018 and the management team were waiting for the provider to send them the results.

- The service worked closely with other professionals and organisations. For example, staff participated in regular reviews of people's care with the local authority.

- Records showed staff liaised where appropriate with other professionals to ensure people's care needs were met. For example, we saw staff had supported people to complete hospital health books so hospital staff would have the information they needed to support them.

Continuous learning and improving care.

- The management were open, transparent, and keen to discuss how they could drive improvements during our inspection.

- The management team had identified that the provider's audits and systems did not fully support them in

monitoring the performance of the service. They had taken action to adapt these systems to support them better and had raised this issue with the provider.

- The management team were active in developing their own knowledge. For example, they had undertaken training in becoming dementia facilitators. They also participated in local and regional forums to help keep their learning up to date.