Blessing Family Limited

Heritage Healthcare - Enfield

Inspection report

10-12 Lumina Way
Enfield
Middlesex
EN1 1FS

Tel: 02039033933
Website: www.heritagehealthcare.co.uk/enfield

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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 19 December 2018 and was announced.

This service is a domiciliary care agency. It provides personal care to adults living in their own homes with physical or mental health needs.

The service registered with the Care Quality Commission on 22 December 2017. This is the first inspection of the service. At the time of the inspection there were four people using the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People and their relatives told us they were happy with the care provided, and staff were kind. Staff understood their role in safeguarding adults and were able to tell us what they would do if they had any safeguarding concerns.

Care support plans were detailed, comprehensive and up to date and provided a holistic view of people's abilities, preferences and needs. Risk assessments were in place to guide staff and minimise harm for all identified risks.

People and their relatives told us there was a stable staff team and that care was provided by familiar carers. There were enough staff to meet people's needs and people and their relatives told us staff were on time or the office notified family members if staff were running late.

People were supported with medicines by staff who were competent to do so.

The service worked with healthcare professionals to deliver effective care and support to people.

Staff recruitment was safe and staff were supported to meet people's needs through a combination of comprehensive induction, supervision and training. Staff meetings took place so staff were able to contribute to how the service was run and were kept informed. Staff told us they were well supported in their roles.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

At the time of the inspection the registered manager had carried out a range of audits to check the quality of the care provided, and was working to improve others. The service learnt lessons and made improvements

when things went wrong.

There was a complaints process in place and people and their relatives told us they knew how to make a complaint, and that the registered manager would respond to issues they raised.

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. Risk assessments were in place to guide staff and minimise harm for identified risks.

Safe recruitment processes were in place.

Adequate infection control processes were in place.

Medicines were safely managed.

Is the service effective?

Good

The service was effective. Staff had a thorough induction, and were supported to provide good care through training and supervision.

The service worked with healthcare professionals to support people with their health needs.

Staff understood the need to gain consent before providing care, and care records had detailed information on people's capacity to make decisions.

Is the service caring?

Good

The service was caring. People and their relatives told us staff were kind to their family member.

Care records promoted people's independence.

Care records noted people's religious and cultural needs.

Is the service responsive?

Good

The service was responsive. Support plans were comprehensive and person-centred with details of people's daily routines.

There was a complaints process in place and we could see complaints were dealt with by the registered manager.

Is the service well-led?

Good

The service was well-led. The service was part of a franchise

organisation which offered support in the setting up and ongoing auditing of the service.

The registered manager had developed systems to monitor quality and was embedding these at the time of the inspection.

Staff told us the registered manager was available, supportive and they had opportunities to develop and progress.

Heritage Healthcare - Enfield

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 19 December 2018. The provider was given 48 hours' notice because this was a small service and the registered manager may have been out of the office supporting staff or providing care. We needed to be sure that they would be available to support the inspection.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law. We reviewed the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plans to make.

The inspection was carried out by one adult social care inspector. As part of the inspection we spoke with two staff members. At the time of the inspection two people receiving a service were not able to communicate with us to give us feedback on their care so we asked the views of their family carers who lived with them. We spoke directly with one person who was receiving a service.

We looked at care records for two people using the service. We also looked at recruitment records for two members of staff, and details of their training and supervision. We looked at provider policies, and other management documents including complaints and staff meeting records. We viewed quality audits including medicine administration records (MARs). We received feedback from one health and social care professional after the inspection.

Good

Is the service safe?

Our findings

People and their relatives told us "yes" they felt safe with the carers that were supporting them. The service had safeguarding processes in place, staff had been trained, and they understood what safeguarding was, the types of abuse that can occur and what to do if they had any concerns. Staff were able to tell us about whistleblowing and who they would contact if they had concerns.

The service had individualised, up to date risk assessments in place to guide staff in caring for people safely. These included the home environment, moving and handling and falls. Specific information was also provided in how to support one person when they were agitated. There was also a behaviour chart in place for staff to complete if there were incidences of behaviour. Medicines care plans included information on the side effects of medicines and symptoms of conditions to support staff in their role..

Staff supported people with prompting of medicines from blister packs and received training and were competency checked to do so. Staff completed MAR charts when medicines were prompted and these records were audited by the registered manager on a monthly basis. The audit form had an action plan which included actions taken, for example, talking with staff if there were any issues identified on the MAR.

The service had processes in place to prevent the spread of infection. Staff had disposable gloves and aprons and relatives told us that they used them when providing care to their family member if providing personal care.

The registered manager was recording incidents that occurred and was able to give us examples of how they learnt from incidents. At the time of the inspection, the form did not capture lessons learnt. They told us they would amend the form to record this information so they could see if there were trends to incidents.

The registered manager followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers before new staff began work at the service. This meant staff were considered safe to work with people who may be vulnerable.

Staff told us they had enough time to get from one call to another and relatives and people told us staff were on time or they were alerted by the office if staff were running late. Where there were issues of lateness due to public transport, a family member told us the registered manager was in the process of changing the staff to those with cars to overcome the issue. Staff told us they contacted each other to ensure they arrived at the same time to people who required two staff to provide care so people did not wait for care.

Good

Is the service effective?

Our findings

People and their relatives were positive about the service provided to them and their family members. One relative told us staff were, "Ever so good". Another person told us the staff were, "Very helpful". One relative told us staff had a mixture of skills and some were better managing their family member's behaviours. They told us the registered manager took this on board and changed carers to those who had "more experience" to work with this person. A health and social care professional told us the staff had the skills for their role.

Records showed the service had a comprehensive induction in place prior to staff starting work and this was confirmed by staff. Staff told us the induction included training and shadowing experienced staff, including the registered manager, and staff were introduced to people prior to starting work with them.

Staff were expected to complete the Care Certificate before starting work, as part of their induction. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Training took place in a range of ways, through face to face, online and via staff meetings when issues and best practice were discussed. Training included medicines management, moving and handling, first aid, and safeguarding. We noted on the day of the inspection that staff had not been trained in how to work with people with behaviours that can be challenging despite some staff working with a person with these needs. By the time of writing this report, the registered manager sent us confirmation training in these skills had been provided.

Records showed staff received regular supervision and had a personal development and training plan. Annual appraisals took place. Staff skills were checked at the outset of starting work through induction and then throughout the year using a combination of spot checks and competency evaluations. Competency evaluations covered a range of skills such as use of electric mobility equipment, catheter care, providing personal care and medicines management. Staff records showed spot checks took place on a regular basis of people's care and staff skills.

Staff told us the registered manager was very supportive of their personal development. One staff member was being financially supported to attend a nationally recognised level three course in social care and another was being facilitated and encouraged to attend a nationally recognised level five management course to further their skills..

People's rights to make their own decisions, where possible, were protected. 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 people being provided a service were not subject to any restrictions and had full capacity. Care records had a section on people's mental capacity that was in-depth and covered a wide range of subjects including consent to personal care, administration of medicines, and consent to support with hydration and

nutritional needs. Staff were able to able to tell us how they obtained consent from people. One staff member told us of someone who could not communicate her needs verbally and said, "I always ask her how she is, and I always tell her what I am about to do. Some things she can understand. She smiles and can communicate non- verbally, her facial expression would show if she didn't want me to do something."

We could see from records that the registered manager worked in partnership with health professionals to ensure people had access to healthcare and their good health was maximised. For example, one person was breathless and the service contacted the GP to ask for a home visit. On another occasion a person had taken additional medicine by mistake and the registered manager had contacted health professionals to check if this posed a risk to this person. Following another person's deterioration in mental health, the registered manager contacted the referrer to seek medical support and additional resources during this difficult period. Care records provided detailed information on people's health conditions and provided details of the symptoms of particular conditions for staff to recognise these.

Staff assisted some people with meal preparation, and drinking and were able to discuss their needs clearly including telling us what people liked to eat. Care records gave clear guidance to staff on people's likes, for example, "Likes mashed foods", "Likes okra" and reminded them to leave drinks out where it was required.

Good

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring to them and their family members and said, "Yes they are kind." and they "Couldn't ask for better staff". Staff spoke with compassion when discussing their caring role. A health and social care professional confirmed in their view staff were kind and caring.

Care records highlighted important family and friends in people's lives so staff could understand who was important to people. On one care record there was a family tree diagram with relatives' names so staff members understood how they fitted in with this person's life.

Staff were able to tell us how they showed dignity and respect to people. "Sometimes if she's distressed, I leave her and let her calm down. Ask her what she wants to eat, ask her whether she wants a walk; play games and have a laugh." Another staff member told us they "Don't leave her exposed, cover her up" when providing personal care. People and their relatives told us staff treated them and their family members with respect.

Staff had a good understanding of equality and diversity. One staff member told us it was important to "Respect people's views and don't be judgemental of their views." Care records highlighted people's religious and cultural needs and their sexuality.

Staff understood people's preferences and likes and dislikes and this was reflected in the care records. For example, one staff member told us that a person loved specific vegetables and we saw this was in the care plan. It was clear from the level of detail in care records that people and their relatives had been involved in setting out how their care should be provided and people told us care was provided when they wanted it.

Care records highlighted and promoted people's independence. There was a section on care records 'What I can still do for myself' and for one person this stated they could still walk using their Zimmer frame and mobilise with supervision. A staff member told us they always encouraged people, for example, "Shall I wash your face or would you like to? People respond well when you ask them like that."

Good

Is the service responsive?

Our findings

Care records were person-centred, up to date and gave detailed information to staff on how to meet people's needs.

Prior to the service starting the registered manager visited the person and completed a support plan assessment. This then informed the support plan which had a one-page profile outlining key information about the person, their likes and dislikes and a summary of their support needs.

The support plan was comprehensive and had various sections outlining people's needs including communication, nutrition, health conditions, skin integrity; mental capacity and personality. Carers were given important, personalised information, for example, reminded to 'check the person had their stick and stroller with them and about them at all times'. Another stated, 'label any food taken from the freezer to defrost and is not used'. Domestic arrangements were set out, for example what tasks family members and the person were doing as well as the staff member. This provided a holistic picture of people's needs and how these needs were met. People's care was reviewed every six months or more often if their needs changed.

Person centred information outlined what was important to people. For example, one stated they liked family visiting. Information told the carer when this person's wife had died. Another support plan asked the staff member to phone the person 30 minutes before they arrived and to 'Greet me with a hug'.

People's interests were set out. for example, one support plan stated the person 'likes company, painting, dislikes loud noises, arguments, shouting and disrespectful behaviour'.

For one person who received a sitting service we found limited information to assist staff in understanding how to spend time with them, but the person was able to talk and so could tell staff. The registered manager told us they would update the plan to capture this information.

The service had an end of life policy in place and in addition to the usual care plan, had an additional care plan format to set out end of life wishes should a person have that need. The service did not have anyone receiving end of life care at the time of the inspection. Neither had staff completed end of life care training, but the registered manager told us staff would be completing this in 2019.

The service had a complaints policy in place and we could see from records that complaints were dealt with and issues were resolved. Relatives, people and a health and social care professional told us that the registered manager was responsive and dealt with issues if they raised them.

Good

Is the service well-led?

Our findings

Heritage Healthcare Enfield operated as a franchise. A franchise business is a business in which the owners, in this case Heritage Healthcare, a national organisation, sell the rights to their business logo, name, and model to third party outlets, owned by independent, third party operators. Heritage Healthcare Enfield was operating as a third party operator, franchisee, and was being supported in setting up their service by staff employed by the national organisation. The registered manager had systems in place to quality monitor the service. Spot checks of the care provided and of staff competency were routinely carried out.

MAR's were audited monthly and recruitment records had been audited to check all the relevant documentation was in place. Care records were also audited.
As a franchisee there was an expectation that the service would provide information on key performance indicators (KPI) to the national organisation, Heritage Healthcare. KPI included information such as the number of safeguarding alerts, supervisions completed, complaints and compliments, packages of care started and finished and staff recruited. Additional quality audits were in the process of being completed by the registered manager at the time of the inspection. Following the inspection we were sent completed audit documents although we noted they required further work to fully evidence quality checks had taken place. The registered manager told us they were reviewing how they completed quality audits.

At the time of the inspection the registered manager was in the process of setting up systems to prompt management tasks for supervision and spot checks. There was a training matrix showing when staff had completed training and when refresher training was due. The registered manager was aware that as the service grew they would need a range of established systems in place.

The registered manager got feedback from people using their service and their relatives in a number of ways; through spot checks, reviews and periodic phone calls to people and their relatives. We saw completed feedback forms from people which were positive. The registered manager planned to send out a questionnaire to people, relatives, referring organisations and other stakeholders in January 2019. A health and social care professional told us they thought the service was well-led.

Staff meetings had taken place in the last two months. Otherwise staff were kept up to date through e-mail, telephone meetings and visits to the office. Staff told us the registered manager was supportive, and available in the day and out of hours. When the registered manager was on leave there was another staff member who was available and competent to provide support to staff. One staff member said, "I love it so much. It's really nice working here." Another told us, "It's a lovely place to work." The registered manager told us that retention of well trained staff was critical in maintaining quality of care.

At the time of the inspection the service used an electronic recording system which also rostered staff. The registered manager told us that if the service expanded, in line with other Heritage Healthcare franchises, they would expand the use of electronic monitoring systems.