

Heritage Care Limited

Peppercorn House

Inspection report

31 Peppercorn Way
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Ipswich
Suffolk
IP2 8RT

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

Peppercorn House is a domiciliary care agency. It provides personal care to people living in their own flats in a sheltered housing complex. It provides a service to adults. At the time of this announced inspection of 17 May 2018 there were 22 people who used the service. We gave the service 24 hours' notice of our inspection to make sure that someone was available.

At our last inspection of 3 February 2016 the service was rated Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service continued to be safe. This included systems designed to minimise the risks to people, including from abuse and in their daily lives. There were systems in place for the service to learn from incidents to improve the service. There were care workers to cover people's planned care visits. Recruitment of care workers was done safely. Where people required support with their medicines, these were administered safely. There were infection control procedures in place to guide care workers in how to minimise the risks of cross infection.

The service continued to be effective. People were supported by care workers who were trained and supported to meet their needs. People were supported to have maximum choice and control of their lives and care workers cared for them in the least restrictive way possible; the policies and systems in the service supported this practice. Where people required support with their dietary needs, systems were in place to deliver this. People were supported to have access to health professionals where needed. The service worked with other organisations involved in people's care to provide consistent care.

The service continued to be caring. People had positive relationships with the care workers. People's dignity, privacy and independence were respected and promoted. Their views were listened to and valued.

The service continued to be responsive. People received care which was assessed, planned and delivered to meet their individual needs. There were systems in place to support and care for people at the end of their lives, where required. A complaints procedure was in place and concerns were acted upon and used to improve the service.

The service continued to be well-led. The service used comments from people and incidents to learn from and to drive improvement. The service had a quality assurance system and shortfalls were identified and addressed. As a result the quality of the service continued to improve.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Peppercorn House

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 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.

This announced comprehensive inspection was carried out by one inspector on 17 May 2018. We gave the service 24 hours' notice of the inspection visit because we needed to be sure that someone would be available.

We used information the provider sent us in the Provider Information Return. This is 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 looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with five people who used the service and two relatives. One person who used the service had plans to go out when we were inspecting, they left a letter with the registered manager with their comments about the service. We spoke with the registered manager, the deputy manager, a team leader and three care workers. We reviewed four people's care records, policies and procedures, records relating to the management of the service, training records and the recruitment records of three care workers.

Prior to our inspection we sent questionnaires to four people who used the service, four relatives and eight community professionals. This was to gain their views about the service. We received completed questionnaires from two people, one relative and one community professional.

Is the service safe?

Our findings

At our last inspection of 3 February 2016 the key question Safe was rated Good. At this inspection we found Safe remained Good.

People told us that they felt safe with their care workers. One person said that they wore a pendant alarm and if they needed assistance, such as if they fell, "I just press it and they come. I have used it three times and they [care workers] were here within five minutes. Makes me know I am safe." One person's relative commented that they felt that their relative was safe with their care workers.

The service continued to have systems in place designed to protect people from avoidable harm and abuse. People received support from care workers who were trained in safeguarding. Care workers we spoke with understood their roles and responsibilities relating to safeguarding. This included actions they should take if a person disclosed a concern to them and asked for it to be kept confidential. A care worker told us that they would explain to the person their role and that they needed to report the information to keep them safe. The registered manager took appropriate action when they had received concerns. This included reporting to the appropriate authorities and disciplinary action where needed. Actions were taken to learn from incidents and use them to drive improvement in the service to reduce the risks of future incidents.

Risks to people's safety continued to be managed well. People's care records included risk assessments which identified how risks were minimised, this included risks associated with mobility, and in people's home environment. In addition there were risk assessments relating to people's specific conditions to guide care workers how to reduce the risks to people.

People told us that their care visits were always completed. One person told us that sometimes visits could run late if someone else required more support. They said, "They [care workers] always apologise if they are a bit late." The staffing level continued to be appropriate to ensure that there were enough care workers to meet people's needs safely. As well as the care workers employed in the service there were bank care workers who were used to staff any uncovered shifts. The deputy manager showed us how they completed the rota to ensure that all visits to people were covered. This was kept under constant review to manage any changes in people's times or increased visits. The service continued to maintain recruitment procedures to check that prospective care workers were of good character and suitable to work in the service.

People told us that they were satisfied with how their care workers supported them with their medicines. We saw a team leader giving a person their medicines to take, this was done safely. The person told us, "I think they are always on time." Care workers were trained in the safe management of medicines and their competency was checked. Records included the support that people required with their medicines and confirmed that people received them when needed and as prescribed. There were checks and audits undertaken to identify shortfalls with medicines administration and management. This supported the service to address them quickly, such as omissions in the medicines administration records (MAR). This demonstrated that the service had systems in place to identify when things had gone wrong and take actions to drive improvement in the service and reduce the risks of recurrence.

Care workers were provided with training in infection control and food hygiene and understood their responsibilities relating to these subjects. There were systems in place to reduce the risks of cross infection including providing care workers with personal protection equipment (PPE), such as disposable gloves and aprons.

Is the service effective?

Our findings

At our last inspection of 3 February 2016 the key question Effective was rated Good. At this inspection we found Effective remained Good.

People's care needs continued to be assessed holistically. This included their physical, mental and social needs. The registered manager and the care workers worked with other professionals, such as health professionals, involved in people's care to ensure that their needs were met in a consistent and effective way.

People continued to be supported to maintain good health and had access to health professionals where required. We saw a team leader make a telephone call to a health professional relating to a person's wellbeing, which demonstrated that actions were taken where needed. People's records identified that where care workers were concerned about people's wellbeing, health professionals were contacted for guidance. The records included information about treatment received from health professionals and any recommendations made to improve their health were incorporated into care plans.

The service continued to support people to maintain a healthy diet, where required. Records demonstrated that people were provided with the support they needed in this area. Where concerns about people's nutrition were noted, such as weight loss or the risk of choking, referrals were made to the appropriate professionals.

There were systems in place to support people in transitions to and from other care services. One person wrote us a letter and stated, "They [staff] have made my settlement here very happy." One person's relative told us about the support the person and they were provided with by the service when they moved from another service, which was positive. There was information in people's records to provide to other services, for example if a person was admitted to hospital.

The service continued to have systems in place to provide care workers with the training they needed to meet people's needs effectively and to achieve qualifications in care. One person wrote us a letter about their experiences of the service. They commented about the skills of care workers, "They execute their duties excellently."

Records showed that training provided included safeguarding, moving and handling, health and safety, and medicines. Care workers were also provided with training in people's diverse needs and conditions to meet the needs of the people they supported. This included training in dementia, diabetes, pressure care and end of life. Before they started working in the service care workers were provided with an induction which provided them with the training they needed to meet people's needs and shadowed more experienced care workers. Care workers were assessed on the Care Certificate, which is a set of induction standards that care workers should be working to.

Records and discussions with care workers showed that they continued to receive one to one supervision

and appraisal meetings. These provided care workers with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had.

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 told us that the care workers asked for their consent before providing any care. One person said, "They always ask for my permission."

People had signed their care records to show that they consented to the care they were being provided with. Care workers had been trained in the MCA and continued to demonstrate they understood this and how it applied to the people they supported.

Is the service caring?

Our findings

At our last inspection of 3 February 2016 the key question Caring was rated Good. At this inspection we found Caring remained Good.

People told us that their care workers treated them with kindness and respect. One person said, "They are all very good, all kind, I like them all anyway." Another person told us, "All the carers here are lovely." Another person said, "They are all kind, we have a laugh and a joke and they always ask if I am alright." One person's relative commented, "Staff are friendly, when they go into [family member] they are smiley." One person wrote us a letter about their experiences of the service and said about the care workers, "I like every one of the staff."

The registered manager and care workers spoke about people in a compassionate manner. Care workers knew the people they cared for well. This showed that the people using the service were provided with a consistent service. They were provided with guidance on how people's rights to dignity and respect were promoted in their care plans. One person told us, "They always give the door a knock before they come in." The person also told us how the care workers respected their privacy and dignity whilst providing personal care support. This was confirmed in our observations.

People's care plans identified the areas of their care that they could attend to independently and how this should be promoted and respected. One person told us how they were improving their independence and were being supported by staff, "I'm doing more for myself now." One person's relative said that their family member was independent and reluctant to receive care, which the care workers respected but continued to offer support. Another relative commented, "[Family member] is more independent, there is a spark in [family member] now, credit to the guys [care workers]."

People told us that the care workers listened to them and acted on what they said and they were consulted relating to their care provision. One person's relative said, "They listen to what [family member] wants." People's care records identified that they had been involved throughout their care planning. This included their choices about how they wanted to be cared for and supported, such as their choices of the gender of care workers and how they preferred to be addressed.

Is the service responsive?

Our findings

At our last inspection of 3 February 2016 Responsive was rated Good. At this inspection we found Responsive remained Good.

People and relatives said that they were happy with the care and support provided. One person said, "It was the best move I ever made coming here." One person's relative commented that the care their family member received was, "Wonderful from my point of view." Another relative said that their family member's wellbeing had improved since they started using the service.

The service continued to ensure that people's care was personalised and care records identified how the service assessed, planned and delivered person centred care. The records demonstrated that people received care and support which was tailor made to their needs and preferences. Care reviews were undertaken regularly with people and relatives, where appropriate, to ensure that the service was meeting their needs and preferences. People's daily records included information about the care and support provided to people each day and their wellbeing. Care workers told us that the care plans provided them with the guidance they needed to meet people's needs. If they noted any changes in people's wellbeing they reported this to senior staff and the records were reviewed and updated.

People told us they knew how to make a complaint and felt that they were addressed to their satisfaction. There was a complaints procedure in place, each person was provided a copy with their care plan documents. Records of complaints showed that they were listened to, addressed and used to improve the service.

Where people were at the end of their life the service provided the care and support that they wanted. People's wishes, such as if they wanted to be resuscitated, were included in their care records. Care workers had received end of life training. The registered manager told us that they took the cues from people regarding when they wanted to discuss their end of life choices. The deputy manager told us about the recent care provided to two people at the end of their life. This included working with other professionals to ensure people received pain relief and equipment, and arranging for care workers to stay with the people so they were not alone. They said that one person liked singing and an entertainer from the day centre went to the person's flat to sing to them. This demonstrated that people's wishes were supported, as much as possible, at the end of their life.

Is the service well-led?

Our findings

At our last inspection of 3 February 2016 Well-led was rated Good. At this inspection we found Well-led remained Good.

There was 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 commented about how they felt the service was well led. One person told us, "It is run really well." One person wrote us a letter about their experiences of the service and said, "The scheme manager [registered manager] has taken a lot of worry off my shoulders she is good at her job, and I definitely don't know what I would do without them."

There were additional support systems in place which were not expected of a domiciliary care service. However the registered manager told us about these and why they had been introduced. For example, there was a day centre where people could meet with others to reduce the risks of isolation. There was also a Wednesday club where people had take away food from various different countries. One person said, "I am having my first ever curry, hope I like it." These services supported people to meet others, maintain their interests and achieve new things, enhancing their wellbeing.

The registered manager continued to promote an open culture where people and care workers were asked for their views of the service provided. People completed satisfaction questionnaires to express their views of the service. Where comments or concerns from people were received the service continued to address them.

Care workers told us that they felt supported by the service's management team. They were committed to providing people with good quality care at all times. They said that the service was well-led, there was a positive culture and the team worked well together.

The registered manager and the provider continued to carry out a programme of audits to assess the quality of the service and identify issues. These included audits on medicines management and the care provided to people. Care workers were observed in their usual work practice in 'spot checks'. These were to check that the care workers were working to the required standards. We saw that these audits and checks supported the registered manager in identifying shortfalls and take action to address them. This meant that the service continued to improve.

The registered manager continued to work with other organisations to ensure people received a consistent service. This included those who commissioned the service, safeguarding and other professionals involved in people's care.