

Heritage Care Place Limited

# Heritage Care Place

## Inspection report

Devonshire House  
582 Honeypot Lane  
Stanmore  
Middlesex  
HA7 1JS

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20 February 2023

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## Ratings

Overall rating for this service

Insufficient evidence to rate

Is the service safe?

**Insufficient evidence to rate**

Is the service effective?

**Insufficient evidence to rate**

Is the service caring?

**Insufficient evidence to rate**

Is the service responsive?

**Insufficient evidence to rate**

Is the service well-led?

**Insufficient evidence to rate**

# Summary of findings

## Overall summary

### About the service

Heritage Care Place is a domiciliary care agency registered to provide personal care to people in their own homes. The service aims to provide care to people with a variety of needs. The services they provide include personal care. At the time of inspection, the service provided care to one person who received personal care. The Care Quality Commission (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:

During the inspection, we were advised that the service had only just started to provide care to the person receiving personal care. Therefore, there was limited data for us to review as part of this inspection and we were unable to rate the service.

Feedback from one relative we spoke with was positive. They said that their relative had only just started receiving care but were complimentary about the service so far.

Staff had received training on how to safeguard people.

Risks were assessed and monitored. Assessments were person-centred. The care support documents we reviewed provided staff with information to manage identified risks.

Staff were safely recruited by the service, ensuring that people who were suitable to work with vulnerable adults were employed.

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.

Measures to prevent and control the spread of COVID-19 and other infections were in place.

There was a complaints policy and procedure in place. The management team were open and transparent throughout the inspection and responded to any requests positively.

The service had introduced governance systems in order to monitor the service and quality of care. However, as the service had recently started providing care to one person, the service had not yet had the opportunity to carry out these audits and checks. The service needed more time to ensure these monitoring checks were embedded in practice.

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

#### Rating at last inspection and update

The service was registered with us on 17 November 2020 and this is the first inspection.

#### Why we inspected:

This was a planned comprehensive inspection to review the key questions, Safe, Effective, Caring, Responsive and Well-led and rate this service.

The inspection was prompted because the service has not had an inspection and a rating since it was first registered with us. However, during the site visit we were informed that the service had only recently started providing care to one person. There was therefore not sufficient evidence for us to review and rate the service.

#### 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 inspected but not rated.

**Insufficient evidence to rate**

### **Is the service effective?**

The service was inspected but not rated.

**Insufficient evidence to rate**

### **Is the service caring?**

The service was inspected but not rated.

**Insufficient evidence to rate**

### **Is the service responsive?**

The service was inspected but not rated.

**Insufficient evidence to rate**

### **Is the service well-led?**

The service was inspected but not rated.

**Insufficient evidence to rate**

# Heritage Care Place

## 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 but were not able to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

Heritage Care Place is a domiciliary care agency registered to provide personal care to people in their own homes.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service two working days' notice of the inspection because the service provides care to people in their own homes and we wanted to make sure that management were available on the day of the inspection site visit.

We visited the office location on 20 February 2023.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered with the CQC. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make.

During the inspection

During the site visit we met and spoke with the registered manager, acting manager and field supervisor.

The acting manager had started working at the service on 6 February 2023. She was responsible for the day to day running of the service and confirmed that she would be applying to be the registered manager of the service in due course.

We viewed records. We looked at care records for one person. We looked at two staff files in relation to recruitment, training and support. Records relating to the management of the service were reviewed.

We spoke with one person's relative and one care worker.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. We were unable to rate this key question as there was a lack of evidence to do so.

Systems and processes to safeguard people from the risk of abuse

- The service had introduced systems to help protect people from the risk of abuse. An appropriate policy was in place.
- We saw documented evidence that staff had completed safeguarding training and this was confirmed by the acting manager.
- No safeguarding concerns had been raised since the service was registered. The acting manager and registered manager understood their responsibilities in relation to safeguarding and how to report any concerns immediately to the local authority and CQC.

Assessing risk, safety monitoring and management

- We looked at the risk assessments in place for one person. We found that risks to this person had been identified and risk assessments were in place. This covered various areas such as the environment, mobility and health conditions.
- Staff had completed training in key areas of potential risk such as moving and handling and basic life support.

Using medicines safely

- At the time of this inspection the acting manager advised us that they were not administering medicines to people. As a result of this, we were unable to look at how the service managed medicines as part of this inspection. However, we did look at the systems in place in relation to medicines management and found that an appropriate policy was available and template medicine administration record was in place in readiness for use should people require medicines support.

Staffing and recruitment

- Policies and procedures were in place to ensure that staff recruited were assessed as safe to work with vulnerable adults.
- The service completed checks on the suitability of potential staff. This included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.
- At the time of this inspection there were sufficient staff to safely and effectively meet the person's needs and cover their agreed hours of support. The acting manager explained that whilst the service was providing care to a small number of people, she and the field supervisor were able to assist with people's personal care when the regular care worker was unable to. This ensured that people's visits were always covered.
- An electronic homecare monitoring system had been implemented. This monitored care worker's

timekeeping and punctuality in real time. The system would flag up if care workers had not logged a call to indicate they had arrived at the person's home and were running late. If this was the case, staff in the office would receive an automatic notification and the office would call care workers to ascertain why a call had not been logged and take necessary action there and then if needed.

#### Preventing and controlling infection

- Systems had been implemented to help keep people and staff safe and protected from the spread of infection. Policies on infection prevention and control and COVID-19 were in place.
- Personal protective equipment (PPE) such as gloves, masks, aprons and shoe covers were provided and we observed stock was stored in the office.

#### Learning lessons when things go wrong.

- A system was in place to report, record and monitor incidents and accidents to help ensure people were supported safely.
- At the time of the inspection, the acting manager advised that there had been no incidents or accidents since the service started operating.



# 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

This is the first inspection for this newly registered service. We were unable to rate this key question as there was a lack of evidence to do so.

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

- The person receiving care at the time of the inspection had an initial assessment prior to them receiving care and support from the service. This captured their needs, abilities and their preferences and formed the basis of their care plan.
- The care plan we reviewed included information about the person's individual needs. Staff were able to use care support plans to ensure they provided care and services in line with what the person wanted. The care plan also considered the person's protected characteristics under the Equalities Act 2010, such as a person's age, gender, religion, marital status and ethnicity.
- The service had a set of policies, processes and procedures in place which were based on relevant legislation, and standards and guidance from the government, and other national bodies.

Staff support: induction, training, skills and experience

- Staff had completed training on essential areas such as on safeguarding, moving and handling and medicine administration. The acting manager explained that staff completed online and classroom based training. The acting manager had the appropriate qualification to provide training and told us that classroom based training was valuable as it encouraged staff to ask questions so that they truly understood the areas covered.
- At the time of the inspection, the service had not yet carried out supervision sessions and on-site spot checks as staff had recently been employed. The acting manager explained that these would be carried out in the immediate future. We therefore did not have any supervision/spot check documentation to review at the time of this inspection.

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

- We spoke with the acting manager about how the service monitored people's health and nutrition. She explained that care workers did not prepare meals from scratch but instead heated meals for people and assisted with breakfast.
- Care support plans included information about people's dietary needs and requirements, likes and dislikes and allergies.

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

- The care record we reviewed included information about the support the person needed to maintain their health. These included details of the medical history. Processes were in place to support people to access health care professionals where required to ensure they received the appropriate support.

- The acting manager told us they would work with external agencies and would make referrals as and when necessary.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service had implemented systems to help ensure they worked within the principles of the MCA.
- The acting manager understood the importance of seeking consent. She was aware that where people lacked capacity to make specific decisions, appropriate capacity assessments should be carried out and decisions should be made in the persons 'best interests' in line with the MCA.
- The care record we reviewed included information about the person's capacity to make decisions and provide consent to their care.

## 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.

This is the first inspection for this newly registered service. We were unable to rate this key question as there was a lack of evidence to do so.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Feedback we obtained from one person's relative indicated that the care worker allocated to provide care was kind and caring. The relative told us, "The care worker is very good and listens. He is flexible."
- The acting manager explained that each person would have one main care worker to ensure continuity of care.
- The care support plan we reviewed was written in a way that promoted the person's independence. For each care visit, plans indicated which tasks the person could do for themselves and how care workers should ensure the person's independence was respected.
- Staff we spoke with understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity. Care documents were stored securely in the office so only staff could access them.

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

- The person's care plan was individualised and specific to their needs detailing their preferences, likes, dislikes and how they wished to be supported.
- The initial assessment of the person's needs was focused on the individual person with support from their family if appropriate. The care plan had been signed by people or their relatives to evidence that people were involved with the decisions made on their care.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. We were unable to rate this key question as there was a lack of evidence to do so.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- An individualised care plan was in place for the person receiving care. There was information on how to meet this person's needs. The care file included information about their personal histories, what was important to them and how they wished to be supported.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The care support plan we viewed contained information which showed people communicated and how staff should communicate with them.
- There was an AIS policy in place. The acting manager explained that they were able to tailor information in accordance with people's individual needs and in different formats if needed. She explained that documents could be offered in bigger print or braille and could be translated.

Improving care quality in response to complaints or concerns

- The service had implemented policies and processes to support the service to respond to complaints which promoted openness, transparency, learning and improvements. At the time of the inspection, the acting manager advised us that they had not received any formal complaints.

End of life care and support

- At the time of the inspection, the service was not supporting anyone with end of life or palliative care needs.

# 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

This is the first inspection for this newly registered service. We were unable to rate this key question as there was a lack of evidence to do so.

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

- The management team was committed to the values of the organisation which aimed to provide high-quality person-centred care.
- Staff we spoke with told us that they had recently started working at the service and had a positive experience of working there so far. They said that they felt well supported and able to approach management. One member of staff told us, "The support I get is excellent. It has been very positive. I can talk to the manager at any time and ask any questions. She really listens and helps."

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; Continuous learning and improving care

- As the service had recently started providing care to one person, management had not yet had an opportunity to carry out checks and audits. However, they had introduced systems to monitor the running of the service through audits and checks. The acting manager explained that the aim of these was to identify deficiencies and drive continuous improvement. The acting manager showed us that she had developed checks and audits for various areas of the running of the service which included care plans, staff files, medicine administration records, accidents/incidents, complaints, staff training and supervisions.
- Policies and procedures were in place to ensure that service delivery would not be interrupted by unforeseen events.
- Communication systems were in place to ensure staff were kept up to date with any changes to the person's care and support. The acting manager explained that staff meetings would be held monthly and office management meetings were held weekly.

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

- The acting manager had introduced systems to gather feedback from people and relatives which included telephone calls, visits and questionnaires for people and relatives to complete about their experience of the service. The acting manager explained that when they started to providing care to a person, they would carry out a 3 week check where they would speak to the person or relative to find out if they were satisfied with the care and identify any issues. The acting manager said that regular reviews were important to check if anything had changed and to promote the wellbeing of the person concerned. One relative we spoke with told us, "I have been in contact with the manager, she has been very accommodating and has been

checking how things are going. They have been very good at communicating. The manager responds very quickly."

- The registered manager explained that she would ensure they maintained regular contact with people and relatives so that they were able to continuously monitor the quality of care delivered and where improvements were required these could be implemented immediately.
- Where required, the acting manager explained that they would communicate and work in partnership with external parties.