

## Heritage Homecare Services Ltd

# Lancaster

### Inspection report

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#### Ratings

### Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service well-led?

Inadequate



#### Overall summary

We carried out an unannounced comprehensive inspection of this service on 25 September and 12 October 2015. After the inspection we received concerns in relation to the provider. As a result, we undertook a focused inspection on 09 and 14 December 2015 to look into those concerns. This report covers our findings in relation to this inspection only. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for (Lancaster Heritage Homecare Ltd) on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At the previous inspection undertaken on 25 September and 12 October 2015, the service breached Regulation 17 HSCA (RA) Regulations 2014 Good Governance. The provider did not have arrangements in place to monitor, assess, evaluate and improve the quality of care people received.

At this inspection we saw the service remained in breach of Regulation 17 HSCA (RA) Regulations 2014 Good Governance. The service was also in breach of Regulation 12 HSCA (RA) Regulations 2014 Safe Care and Treatment.

Lancaster is registered to provide personal care to people living in their own homes. At the time of our inspection, 60 people were receiving a personal care service. The office is based in Riverway, which is situated between Lancaster and Morecambe.

There was 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.

Risks were identified with the electronic monitoring system. The system was not effective as it did not always

# Summary of findings

show when visits had not occurred. People were not given the support they needed with medicines as directed within the care plans. Medicines were not always administered in a safe manner.

Quality checks had been introduced since our last inspection. However, there was no evidence the registered manager had used the information and changed how the service was delivered. This meant people's views were not being addressed and quality monitoring was not effective.

Staff told us the management team were accessible, supportive and approachable. Since our last inspection in October 2015, the registered manager had started to consult with people they supported for their input on how the service could continually improve. They had not acted on feedback received.

Staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices. Staff spoken with told us they were aware of the procedure. One person receiving support told us, "I do feel safe with the staff."

Required checks had been completed prior to any staff commencing work at the service. Recruitment records examined contained a Disclosure and Barring Service check (DBS). These checks can include information about any criminal convictions recorded. Staff spoken with and records seen, confirmed a structured induction training and development programme was in place. This included shadowing experienced staff members.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

Risks to people's safety and wellbeing were identified. Documentation did not contain information to minimise and manage risk factors. This placed people at risk of harm.

Medicines were not administered in a safe manner and placed people at risk of harm.

Missed visits were not always identified which placed people at risk.

Staff had been trained in safeguarding and were knowledgeable about the ways to recognise abuse and how to report it.

Recruitment procedures the service had in place were safe. The service employed sufficient staff and contingency plans were in place in case of staff absence.

Inadequate



### Is the service well-led?

The service was not well-led.

Systems in place for reviewing the quality of the service were not effective.

The registered manager had consulted with people they supported for input on how the service could continually improve. They had not acted on feedback received.

The call monitoring system was not effective. It was inaccurate and did not always show when visits had not occurred.

The registered manager had clear lines of responsibility and accountability in place.

Inadequate



# Lancaster

## 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.

We carried out an unannounced comprehensive inspection of this service on 25 September and 12 October 2015. After that inspection, we received concerns in relation to the provider. As a result, we undertook a focused inspection on 09 and 14 December 2015 to look into those concerns. We inspected the service against two of the five questions we ask about services; is the service safe and is the service well led.

The inspection team consisted of one adult social care inspector. This was alongside a bigger team reviewing information of concern about the provider, Heritage Homecare Services Ltd.

Prior to our unannounced inspection, we reviewed the information we held about Lancaster. This included notifications we had received from the provider about incidents that affected the health, safety and welfare of people who used the service. We checked safeguarding alerts, comments and concerns received about the service. We also spoke with the commissioning department at the local authority who told us they had ongoing concerns about Lancaster and Heritage Homecare Services Ltd. We did this to gain an overview of what people experienced who received support from the service.

We spoke with a range of people about this service. They included the registered manager, seven staff members, nine people who received a service and one relative. We also looked at ten people's care records who receive support from Lancaster and five staff files.

# Is the service safe?

## Our findings

We asked people who received support if the care they received made them feel safe. On the care being delivered, we received conflicting feedback. For example one person told us, “I do feel safe with them [the staff] they are very good.” A second person commented, “I do not feel safe all the time. They keep sending men when I have told them not to. They do not listen to me; they [The provider] are not good.” People’s comments told us not all people felt safe and the approach from the provider was inconsistent.

All the ten care records we reviewed held an assessment of people’s needs and a document that identified risk. We saw highlighted risks around visual impairment, falls and memory loss. The risk assessment looked at lifestyle, companionship, independence, keeping safe, moving and handling and the environment. The support plans did not say how to manage risks to people. For example, one plan stated ‘assist using a hoist’ for staff to transfer a person from one chair to another. There was no information contained within the support plan on how to support the person safely. We also noted, ‘support with personal care if required’ but no information about what this would involve. This showed the documentation did not provide staff with the guidelines to keep people safe. We spoke with the registered manager who told us they would amend plans to include how to complete tasks around identified risks.

We received a mixed response from staff on whether they had sufficient time to provide the support people required. One staff member said, “I get given plenty of time for my visits.” A second staff member told us, “I have got enough time; the office gives us plenty of time.” However a third staff member told us there was increased pressure from the management team to add visits during the day, “We get told just to pop in, they [the people we support] will be fine.” They further commented, “A lot of staff had left due to the time constraints.” The provider did not consistently ensure people received timely and safe support.

There were people who did not have a telephone or refused to let care staff use their telephone. The telephone was used to log that staff had attended the visit. This meant some people were not having their visits monitored. Should staff not attend or be late the office team would be unaware and the person could be vulnerable. We spoke

with the registered manager who told us they would rectify this by visiting people and checking that visits had taken place. However, this would not address the risk to people of missed calls.

We were told on the day of our inspection the log in system could show if visits to people were critical or if the visit had a tolerance level. Critical visits were time specific and could not be moved without management agreement. A tolerance visit could be moved forward and backward from the initial time within an agreed period. We asked a member of the team responsible for creating rotas if anyone who currently received support, had visits that were identified as critical. We were told no one who currently received support had a critical visit. We saw a care plan which contained support information that indicated the person required time specific visits. We looked at a rota which showed a visit had been missed. The missed visit would have left the person vulnerable. We spoke with the registered manager about this incident. They sent information following the inspection which showed they had investigated the incident. The provider stated an administration error had occurred. The missed call had not been reported to the office. As a result, the person was placed at risk of harm.

We looked at the procedures the provider had in place for the administration of medicines and creams. Staff received training as part of their induction. We asked staff if they received training to meet specific needs. One staff member commented, “The training is really good. I have not come across a situation that I have not been trained for.” Regarding administering medication, a second person told us, “If I didn’t feel comfortable I wouldn’t do it, I would ring the office.”

During the inspection we reviewed a person’s medication records and noted a visit had been missed. The administration of medicines was critical so we checked with a member of the management team. They confirmed the visit had been missed. We saw the care support plan stated this person must be supported with medication administration. We saw in the care records this person was at risk of overdosing. The diary sheets we look at indicated staff were preparing medicines to be taken later. We saw the care plan showed the person’s medicines must be kept away from them as they had a previous accidental overdose. The same care plan contained contradictory information. Staff were instructed not to leave medicines

## Is the service safe?

with the person. Diary notes seen contradicted the care plan guidance. Staff had recorded they had left medicines with the person to take. The paperwork we looked at made it difficult to identify the timing of staff visits. We did see on one occasion staff had visited twice in two and half hours. However, the pain relief medication prescribed must have a four hour gap between doses. There was no risk assessment in place to support the administration of medicines for this person therefore placing them at risk.

We looked at one person's medication records which identified paracetamol and indigestion tablets had been administered without a prescription. The service's policy and procedure did not include how staff were to give medicines without a prescription. There was no instruction within the care plan on how many and when the tablets were to be administered. There was no clear protocol in place for staff to follow. This left the person at risk of receiving incorrect medication.

This was a breach of Regulation 12 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment because the provider did not provide care and treatment to meet people's needs.

Staff told us they received training in safeguarding adults and the training records we looked at confirmed this. The service had an up to date safeguarding policy and procedure in place. The policy guided staff on what is abuse and how to raise an alert. We noted safeguarding information and telephone numbers on display throughout the office base. Staff were able to tell us what they would do if they suspected someone was being abused.

The provider operated an out of hours service. This managed risk when staff were lone working and was intended to maintain people's safety. The out of hours service based at Lancaster also rearranged visits for people should staff be unable to attend the visit. The Lancaster out of hours service also coordinated calls for three other locations. This meant that should it be required staff could contact someone for guidance and support. A member of the out of hours team told us, "It is drilled into us no missed visits." This showed the registered manager recognised the importance of ensuring staff attended visits.

We looked at how the service was being staffed to meet people's needs. We reviewed past and present staff rotas focussing on how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day. We did this to make sure there was enough staff on duty at all times to support people and their care. Staff we spoke with told us they worked in set geographical areas and had enough time to meet their allocated visits. We found staffing levels were adequate with an appropriate skill mix to meet the needs of people who used the service. The number of people being supported and their individual needs determined staffing levels.

We looked at the recruitment procedures the service had in place in five staff files. We found relevant checks had been made before new staff members commenced their employment. These included Disclosure and Barring Service checks (DBS) and references. These checks were required to identify if people had a criminal record and were safe to work with vulnerable people. The application form completed by the new employees had a full employment history including reasons for leaving previous employment. Two references had been requested from previous employers and details of any convictions recorded. These checks were required to ensure new staff were suitable for the role and to keep vulnerable people safe. Staff spoken with confirmed their recruitment had been thorough. They told us they had not supported people until all their safety checks had been completed. A member of staff told us "I had to wait until my clearance had come before I could start the job." The provider had safeguarded people against unsuitable staff by completing thorough recruitment processes and checks prior to their employment.

We discussed accident and incidents with the registered manager. We were told there had been no recent accidents or incidents. We saw there was a framework in place to document and monitor all accidents and incidents.

# Is the service well-led?

## Our findings

When we asked staff about the management team the feedback was mixed. One staff member told us about the provider, “They’ve got a good caring attitude. So open, really good for the service.” A second staff member stated, “I am disappointed in [member of the management team] they are so hard to get hold of to talk to. They aren’t interested anymore.”

When we last inspected in October 2015 the provider acknowledged they did not have a quality assessment system in place. This meant the service did not have systems in place to monitor and assess the quality of the service being delivered.

At this inspection, we saw the provider had introduced monthly spot checks and quality monitoring on both people receiving support and staff. We saw a note on the office whiteboard which showed staff absence calls and call monitoring took equal priority. A message to office staff which stated, ‘Call monitoring should have equal priority to sick calls.’ This showed the provider had recognised the importance of attending people being supported.

The provider had introduced Quality Monitoring forms. The provider planned to audit a different ten percent of the service each month. The forms looked at punctuality, quality of service, overall service received, time of visits, enough time for the visit, are needs being met and rate overall experience. The rating scale went from very poor to excellent with the option to leave additional comments. We saw four people had completed the form in October and 12 people in November. This was over ten percent of the people being supported. This meant over a year everyone’s views would have been sought. The feedback was mixed with ratings from poor to excellent. Comments included, ‘They do everything I need.’ ‘Always helpful, no complaints.’ ‘Change of new staff is annoying. Would like rota, 80% happy.’ and ‘Good depending on where the carer is coming from. They sometimes run slightly late.’ There was no follow up action documented on the feedback received. There was no evidence that the registered manager had used the information and changed how the service was delivered. This meant that people’s views were not being addressed and quality monitoring was not effective.

There was an electronic call monitoring system. This was used to monitor staff and ensure people receive their

allocated support. We were told staff had to log in using a telephone when they reached the client’s home. We saw it highlighted on a computer screen if staff do not log in when they are at the client’s home at the allocated time. The system relied on staff having access to a telephone at the home of the client. We saw there was one staff member during the day who monitored staff visits for four offices, which included the Lancaster office. If an issue arose, the office staff member had to contact the care staff to find out where they were or how long they would be. They would then have to contact the person. The office staff was unable to confirm the location of the staff member if they had not logged in. We saw that the system was not always accurate. For example, we saw on the computer system one staff member had been logged in at 11.46am and logged out at 10.50am. The call monitoring system showed the staff member had been recorded as logged in after they had logged out.

The call monitoring system did not always identify missed visits and was not always accurate. For example, one visit was recorded as taking place. Staff and the management confirmed the visit had not taken place.

We were told that the electronic call monitoring system could not manage the level of calls it received. This was due to the monitoring system only having two telephone lines. It was explained that there was 200 people who use the service identified within the system. At busy times, up to 45 carers could be attempting to log in from across the four areas. This meant the system did not always acknowledge staff who logged in on time.

The staff member in charge of the call monitoring system told us they had to manually input that staff were present. We spoke with the provider about the issue with the telephone lines and they stated there should not have been any issues. They had purchased additional lines when the call monitoring system was acquired. The provider was unsure how many additional lines had been purchased. We spoke with a member of the management team who told us the care manager was investigating the issue with the company who provided the system.

This showed the electronic system could not be relied to ensure people got the visits they needed.

We looked at nine care plans. There was no evidence that care records had been audited. We saw in one care plan a missing signature for medication; the provider did not note



## Is the service well-led?

this. Systems in place for reviewing care plans were not effective. We saw examples where documentation did not guide staff on how to keep people safe when providing personal care support. This meant the service would not be able to see what level of quality they were delivering and take appropriate action.

Prior to the inspection, we were informed of a safeguarding relating to missed calls and missed medication. We reviewed the complaints file and could find no reference that these concerns had been investigated and acted upon appropriately. This showed the service was not auditing and monitoring complaints in order to improve the quality of the service.

This was a breach of Regulation 17 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance because the provider did not have arrangements in place to monitor, assess, evaluate and improve the quality of care people received.

At the last inspection, we were told that staff spot checks would be introduced to assess the quality of the service being delivered. The spot checks would target time keeping, including arrival, duration of visit and departure. Appearance, infection control, medication and record keeping were to be assessed with the check. We saw nine spot checks had taken place in November and these were positive. This showed the registered manager had introduced quality assurance checks on staff members.

We saw in minutes of team meetings that these were held to support staff to raise concerns or make suggestions about service development. We were told the meetings were chaired by the care co-ordinator. Topics discussed within meetings included introductions to new staff, training, visit monitoring and new procedures. This meant there was a formal forum to enable staff to feed back any concerns.

The services' liability insurance was valid and in date. There was a business continuity plan in place. The registered manager's business continuity plan was a response planning document. It showed how the management team will return to 'business as normal' should an incident or accident take place. The provider had updated the plan to include actions to combat recent flooding.

There was a clear management framework, with each member of the team having identified roles and responsibilities. For example, the provider had recruited a human resources officer to lead on all personnel issues. We were told, should the need arise, members of the management team would go and support people with their personal care requirements. We saw on the day of inspection the care co-ordinator had been to support clients.