

Sama Healthcare Limited

Heritage Healthcare St Albans

Inspection report

Fountain Court, 2 Victoria Square
Victoria Street
St. Albans
AL1 3TF

Date of inspection visit:
06 January 2020

Date of publication:
13 February 2020

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

Heritage Healthcare St Albans is a domiciliary (home care) agency. It provides personal care to people living in their own houses and flats. Not everyone using Heritage Healthcare St Albans received the regulated activity of personal care. 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. There were 17 people receiving the regulated activity of personal care at the time of the inspection.

People's experience of using this service and what we found

People told us they felt safe. Staff received training in safeguarding and knew how to report their concerns both internally and externally. Risks were managed appropriately. Staff were provided with regular guidance and support from the management team.

Staff were recruited safely and there were enough staff to meet people's needs. Staff received regular training and were positive about their induction to the service.

People were supported to manage their medicines appropriately. Any health needs were clearly identified in people's care plans. Staff ensured that people were supported to access health services, where required.

People and relatives told us that staff were caring. People received care in a way which promoted their dignity and encouraged independence.

Care plans were developed when people started using the service and were personalised. People told us that staff were responsive to their needs and supporting them in the way they wanted.

The provider had implemented a range of effective audits and governance systems to check the quality and safety of the care people received. The registered manager and wider management team monitored the completion of tasks daily. This allowed for the effective monitoring of patterns and trends and for learning to take place.

Rating at Last Inspection

This service was registered with us on 07 January 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

We will continue to monitor the service to ensure people receive safe, compassionate, high quality Care. We will return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Heritage Healthcare St Albans

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 and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector completed this inspection.

Service and service type

Heritage Healthcare St Albans is a domiciliary (home care) care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 72 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 6 January 2020 and ended on 14 January 2020. We visited the office location on 6 January 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the registered manager, nominated individual and franchise support manager. We also spoke with three care assistants, two people who used the service and two relatives.

We reviewed a range of records. This included three people's care and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and other quality assurance records.

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 for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- During the inspection, we identified instances where there was insufficient information documented to guide staff in the application of prescribed creams. Body maps for these topical applications were also not in place. The provider ensured that this was actioned immediately and provided evidence to show this.
- Medicines were managed safely, and people received their medicines as prescribed.
- Staff understood their responsibility and role in relation to medicines and had undertaken training and competency assessments.
- Some people were prescribed "as required" medicines, such as those for pain relief. Protocols were in place for their administration.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from abuse. Staff told us they were aware of the safeguarding and whistleblowing policies. Staff told us they knew how to recognise abuse and protect people from the risk of abuse. A staff member told us, "We have been fully trained in safeguarding. I would report any concerns to my manager."
- People told us they felt safe and knew how to contact staff if needed. One person said, "I absolutely feel safe."
- Relatives also told us they felt their family members were supported safely. One relative said, "I have no concerns about [relative]'s safety."

Assessing risk, safety monitoring and management

- Risks relating to people's care and support had been assessed. Management plans were in place which ensured people were protected from harm without restricting their independence.
- Staff had access to care plans and risk assessments on their mobile devices. These could be updated remotely in the event of any changes to a person's needs or situation.
- The provider's electronic monitoring system also allowed the management team to monitor calls in real time. This meant that any issues could be responded to immediately.
- Staff told us that if they had concerns or required guidance they were encouraged to contact the office. One staff member told us, "I know I can call for advice at any time of the day."

Staffing and recruitment

- There were enough staff deployed to meet people's needs at their preferred times.
- People and relatives told us that sometimes staff were late, and they were not informed. One person told us, "There have been quite a few occasions where they have turned up late, they do not always let me

know." The registered manager explained that a protocol had been implemented to improve communication in this area. Staff were expected to inform the office if they were running late. Therefore, people could be informed, and any anxiety reduced. The staff we spoke to were aware of this protocol.

- Staff were recruited safely. Each member of staff had a disclosure and barring service (DBS) check and references from previous employment on file. These checks helped employers make safer recruitment decisions.

Preventing and controlling infection

- Staff had received the relevant training for infection control and food hygiene and had access to all protective equipment, such as disposable gloves and aprons.
- Staff told us, and records supported that spot checks took place. These ensured that staff were following good practice in relation to infection control and hand hygiene.

Learning lessons when things go wrong

- Accident and incident records were completed, and evidenced appropriate action taken by staff. The registered manager gave examples of where the service had responded to incidents and applied learning, to make improvements to the service provided.
- The management team ensured that call logs and daily notes were regularly monitored. This ensured that any changes, patterns or trends were quickly identified, and necessary action taken.

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. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were fully assessed before accessing the service. The registered manager confirmed people's care and support needs were thoroughly discussed before the care package was agreed.
- The service was flexible in ensuring that people were supported in line with their assessed needs and choices.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed, they received appropriate training to carry out their role effectively. One person told us, "Yes, I think staff have the right skills."
- Staff were positive about their induction into their role. One staff member told us, "Heritage are quite different to other agencies. One of the managers actually came and introduced me to the clients." Another staff member told us, "I didn't feel like I was being rushed during my induction, the training was excellent."
- Staff confirmed that they received regular supervision and we saw evidence that competency assessments were completed by senior staff.
- Staff told us they felt comfortable to approach the management team if they required additional support.

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

- Where people were assessed as requiring support with eating and drinking, appropriate support plans were implemented. People's preferences were documented.
- Care notes evidenced that people's intake of food and drink were monitored, where necessary. The service liaised with other professionals, such as speech and language therapists, where required.

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

- Staff and the management team worked well with other agencies to ensure that people received appropriate care.
- People were supported to attend appointments with healthcare professionals.

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.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to consent to different areas of their support was clearly documented within care plans.
- Staff we spoke to were aware of the need to operate within the principles of the Mental Capacity Act. Staff supported people to always be at the centre and in control of any decision making. One staff member told us, "I always ask before I do anything."

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. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated as individuals by a team of staff, with whom they had developed positive relationships. One person told us, "The carers are very helpful."
- Staff spoke about people with kindness and compassion. One member of staff told us about how they supported a person, who had low self-confidence, following a hospital admission. They told us, "We worked with them, as a team to build their confidence. There has been such a big difference."
- The registered manager told us about a person who was supported to improve their mobility and confidence when out in the local community. Staff supported the person to slowly increase the length of their walks, until they were able to independently go into the local town. We saw compliments from this person, praising staff for being kind and empathetic and for taking the time to establish their needs and interests.

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

- People using the service were encouraged to be involved in making decisions about their care and to take part in reviews.
- People we spoke to confirmed that care staff knew what they liked and how they liked to be supported. One relative told us, "Yes, they meet [family member]'s needs. They get a lot done in the time they are there."
- Staff supported people to make their own decisions where possible. One staff member told us, "People like things done in different ways, it depends on their preferences."

Respecting and promoting people's privacy, dignity and independence

- Records were stored securely, and staff showed awareness of the need to maintain people's confidentiality.
- Staff were respectful when they discussed people's support needs. They were able to give examples of how they provide dignified care, which respects people's privacy, such as closing doors and curtains. One person told us, "I am absolutely treated with dignity and respect."
- Staff supported people to be as independent as possible and do what they could for themselves. One staff member told us, "I always encourage people to do what they can for themselves, for example when preparing food and drink."

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. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People's care records were personalised and there was clear information about people's likes and dislikes.
- People's experiences of consistency in their care and support varied. One person told us, "I am quite pleased, I normally have the same carer and they are good." However, another person told us, "It can be difficult when different people come in, I have to go through the same things again. If I had the same people, it would be easier." People told us that they recognised that the provider was newly registered, and they anticipated the service to stabilise in the coming months.
- People's religious or cultural needs were considered, and appropriate support provided. For example, one person was supported to attend their local church.

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.

- Staff ensured that people's communication needs were met by providing information in different ways. A range of communication methods were utilised, including: writing information down, speaking slowly and clearly and simplifying information given.
- The Accessible Information Standard (AIS) was directly referenced in the care plans we viewed. People's communication needs were clearly documented.

Improving care quality in response to complaints or concerns

- The service had a clear complaints procedure; which people were aware of. One family member told us, "When the service commenced, they made it clear how to raise any concerns if we needed to."
- People told us they felt comfortable raising any concerns with the service. One person told us, "I would definitely raise any concerns"
- Any complaints received by the service were recorded and followed up appropriately, in line with the provider's procedure.

End of life care and support

- People at the end of their life were supported by trained staff and external health professionals to have as dignified a death as possible. The registered manager gave us examples of where staff had supported people and their families at this time.

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. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives reported a positive, person-centred culture at the service. The provider told us, "This is not just a business to us, it is close to our hearts."
- Staff reported a positive team ethos and knew they could go to the management team for advice and support. One staff member told us, "The management are supportive, whatever the time of day, they are there providing support and encouragement."
- The management team was open and knowledgeable about the service. The registered manager reported relevant issues to CQC and commissioners of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care.

- Staff were clear about their roles and responsibilities and a system of spot checks was in place to monitor standards.
- Audits were completed, and appropriate action taken where required. The provider had implemented an electronic monitoring and reporting system that gave real time information. For example, all medication administration records (MARs) and daily notes were instantly accessible by staff at the office. There was no need to collect paperwork as everything was stored electronically and available daily to audit. This gave the provider and management team an instant overview of the service being provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff felt engaged in the running of the service with regular team meetings and opportunities to catch up. The provider carried out annual staff surveys to obtain feedback and measure satisfaction levels. One staff member told us, "Team meetings give us the chance to share, talk and discuss any issues, it's a lovely environment."
- People and their family members felt engaged and involved. People had opportunities to give feedback about their care and support. This included surveys and regular reviews.

Working in partnership with others

- The service worked in partnership with health and social care professionals.

