Heritage Care Limited

Worcestershire Domiciliary Care Branch

Inspection report

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Date of inspection visit:
20 January 2017
24 January 2017

Date of publication:
24 February 2017

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

Worcestershire Domiciliary Care Branch is registered to personal care for people who live in their own flats at Dorothy Terry House a purpose built scheme. There are shared facilities available such as a communal seating areas and a library. A café if located in a separate building. At the time of our inspection 39 people were receiving personal care.

The inspection took place on 20 and 24 January 2017 and was announced.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered provider, 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 told us they felt safe when they were receiving care and while living within their own flats. Staff knew how to keep people safe and what risks people could be subjected to. Staff had received training on what abuse was and the action they needed to take if abuse was identified.

People felt there were sufficient staff available and told us staff arrived on time at their flat to provide the care and support they needed. Some people felt improvements in flexibility were needed which the registered manager showed us they were looking into at the time of our inspection. Checks were made on potential staff members prior to them starting work to ensure their suitability.

Staff received training and support to enable them to provide care and support to people. Staff felt supported by the management team and the team leaders. Staff received training and felt they could discuss their training needs with the management. People had their privacy and dignity maintained and staff were able to describe how they managed this.

People received appropriate support to ensure they received their medicines as prescribed and received healthcare support and advice to ensure their well-being. People received assistance with the preparation of meals and drinks as needed.

People were asked for their permission prior to receiving care and support so people were able to give their consent. Best interest decisions were in place where people were unable to make an informed decision on their own.

People were satisfied with the care they received and were supported in a way they wanted to be. People had care plans in place describing their needs and risks associated with their care. These were reviewed in line with people's changing care needs.

Staff told us they enjoyed their work and liked the management team. People and their relatives were

confident any complaints made would be listened to.

Systems were in place to monitor the service provided for people as a means to improve the quality of care and support people received.

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.

People told us they felt safe receiving a service from the provider. Staff knew how to protect people from the risk of abuse. Risks to people's safety were identified and plans were in place to minimise these. Sufficient staff were on duty and recruitment checks were in place. People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People were cared for by staff who had received training including induction training. Consent to provide care and support was gained by staff. People had access to healthcare provision to ensure their well-being and their dietary needs were maintained.

Is the service caring?

Good

The service was caring.

People were pleased with the care and support they received from the staff. People were treated with respect and their right to privacy and dignity was promoted and their independence encouraged.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in planning the care and support provided. Care plans were in place and regularly reviewed. People were confident their concerns would be listened to.

Is the service well-led?

Good

The service was well led.

People and their relatives were aware of the registered manager and spoke highly of them and the management team. Systems

were in place to monitor the quality of the service provided.

Worcestershire Domiciliary Care Branch

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.

The inspection took place on 20 and 24 January 2017 and was announced. The provider was given 48 hours' notice because the location was a domiciliary care service and we needed to be sure that someone would be in the office. The inspection was carried out by one inspector.

We asked the local authority if they had any information to share with us about the service provided at the scheme. The local authority are responsible for monitoring the quality and funding for people who use the service.

As part of the inspection we looked at the information we held about the service provided. This included statutory notifications. Statutory notifications include important events and occurrences such as accidents and serious injury which the provider is required to send us by law.

We spent time with people who used the service and had discussions with six people about the care and support they received from the staff.

We spoke with the registered manager, the deputy manager, a team leader and four members of staff. We spoke with six relatives of people who used the service by telephone to listen to their comments about the care provided for their family member.

We looked at the records relating to three people's care including medicine records. We also looked at staff records including recruitment and training, accident and incident reports as well as quality audits

completed by management.

Good

Is the service safe?

Our findings

People we spoke with were positive about the service and the care received. People told us they felt safe in their flats and when receiving care from staff members. One person told us they were safe because the staff are, "Very nice" and, "Look after you well." Another person told us they were safe because they could call upon staff if they needed to. A further person said, "I have never had any problems and I am safe." The same person added, "I have never seen anyone who is nasty."

A relative told they thought it was the best thing their family member did when they moved into their flat and started to use the service provided. They told us they now felt reassured knowing their family member received, "Safe care". Another relative told us, "It's good to have peace of mind" and told us their family member was, "Very safe."

The registered manager and other management staff were clear about their responsibility to identify and report any actual or potential abuse. The registered manager told us she held the role of safeguarding lead within the organisation and would be involved in investigations undertaken by the registered provider. Details on how to contact the local authority were included within information made available to people.

We spoke with staff members and found they had knowledge about their responsibilities. Staff were able to describe the signs people may demonstrate in the event of them experiencing abusive practice such as changes in body language or anxiety. A staff member described the term 'safeguarding' as, "The protection of people from harm and abuse". They told us they would, "Go to the team leader" and assured us they had, "Never seen or heard any form of abuse." Another member of staff told us in the event of them becoming aware of any abuse they would, "Liaise with the manager or police and safeguarding (staff working for the local authority). The same member of staff was aware of internal procedures and the likelihood staff would be suspended from their work while an investigation was undertaken. A further member of staff told us, "If not taken seriously I would go higher until something was done about it".

People we spoke with and their family members told us any risks to people's welfare had been identified and discussed. We saw risk assessments in place regarding people's medicines and the risk of falls. Risks and potential hazards regarding individuals own flats were assessed. Staff we spoke with understood the importance of maintaining people's independence while also ensuring they were safe. Staff we spoke with were aware of changes to people's risk assessments and their care plans. For example the number of staff required to move people safely and the equipment used to carry this out. During our inspection we saw staff working within the risk assessments to ensure people were kept safe such as using equipment to transfer people who were spending time in the communal areas.

Sufficient staff were on duty at the time of our inspection to cover the rota detailing the calls needed to ensure people received the level of care they were assessed as needing. People received personal care at identified times throughout the day and night. For some people these times were more frequent than others and involved more staff members. Some people and their relatives felt there was at times a lack of flexibility due to them receiving care this way. The registered manager told us they amended the times when people

wanted their call where possible. The registered manager was aware of the request for further flexibility in some people's care service and was looking at how to best meet people's individual needs and time preferences.

People we spoke with confirmed staff usually arrived on time and stayed until their care needs were met. Staff told us if they were late for their next call they could ask another member of staff or the team leader to provide the call for them. Staff were allocated the people they were to care for at the start of each shift. People we spoke with confirmed they did not know who would be caring for them from one day to the next but did not raise this as a concern as there were a regular team of staff employed. A relative told us they felt their family member was safe because they were able to call for assistance from a member of staff using facilities within the person's flat. Another relative told us, "Staff have time for people and time for the family." The registered manager told us and staff we spoke with confirmed staff worked overtime when necessary such as when staff were absent. Staff confirmed there was a number of staff who worked as 'bank' staff who covered shifts. As a result no agency staff were used.

The provider ensured safe recruitment procedures were in place. A recently appointed member of staff told us pre-employment checks were carried out before they commenced working for the provider. These included staff having a Disclosure and Barring Service (DBS) check carried out and obtaining references from previous employers. The DBS is a national service that keeps records of criminal convictions. The provider had used the information received to ensure suitable people were employed so people using the service were not placed at risk.

Some people required staff to support them with their medicines while others needed either to be prompted or no assistance at all. One person told us, "They [staff] give me my medication". A relative was pleased how their family member had received their medicines and told us that is was, "Given and locked away. Administered when it should be." The same relative felt this was a, "Major plus" in keeping their family member safe and in good health. Another relative told us staff checked their family member had taken their medicines in the morning and again later in the day.

Good

Is the service effective?

Our findings

People we spoke with believed staff had the necessary skills and knowledge to provide care and support. Relatives told us they believed staff had the ability to care for their family member. We were told they had peace of mind as they believed their family member to be cared for by suitable trained staff. One relative told us, "They [staff] know what they are doing"

Staff confirmed they received training relevant to their work. One member of staff said, "We are trained very well" the same member of staff also said their training was, "Up to date" and confirmed they received training on a regular basis. One member of staff told us they had gained a greater insight as a result of the training they had attended on dementia. They told as a result of the training provided they had gained great empathy and learnt ways to reassure people who showed signs of anxiety to provide comfort. The staff member told us the training had enabled them to "Get into other people's world." Newly appointed staff attended two weeks of training before commencing on shadowing more experienced members of staff. Staff told us they had felt prepared to carry out their work as a result of the induction provided.

Staff told us they were well supported by the management team and the team leaders. Staff told us they regularly attended a one to one meeting with a manager. Staff told us during these meetings they were able to discuss people's care needs and how they were meeting these needs as well as any training they needed.

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 interest and as least restrictive as possible.

People confirmed staff always sought their consent prior to providing any care and support. Throughout our inspection we heard staff doing this. Staff were seen to offer people a choice such as what they wanted to do to occupy them. Staff were seen to kneel down so they were able to speak with people at eye level. One member of staff told us, "We do as the person prefers. Always speak with the person to ensure we are doing what they want."

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. We checked whether the service was working within the principles of the MCA. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection. The registered manager was aware of this legislation and would seek advice if needed.

People we spoke with told us staff would assist them as needed with the preparation of their breakfast and tea. The majority of people made use of the café facility on site for their main mid-day meal. One relative told us they had seen, "Improvements in health" as a result of their family member eating regularly.

People we spoke with were confident staff would seek medical advised for them if needed. One person said,

"Staff would get a GP immediately if I needed one". The same person confirmed they had seen other healthcare professionals such as a chiropodist.

The majority of relatives we spoke with were confident their family member had their healthcare needs met. One relative told us, "Staff are brilliant getting the GP if needed". Another relative told us staff had kept in continual contact with them when their family member needed emergency services called to attend to them. A further relative told us staff, "Do automatically call the doctor" and "Call emergency services" when needed. During the inspection we heard a manager having a discussion with a physiotherapist who was assessing equipment needed for one person before they commenced a service. Another person confirmed they regularly saw healthcare professionals to assess the equipment in their flat and used by staff to assist them.

We saw one person had an identified care need to have a hearing aid replaced. It was confirmed suitable action had been taken and this person now had this care need met.

Good

Is the service caring?

Our findings

People we spoke with told us the staff working with them were caring and kind. One person described the staff as, "Very nice, they [staff] look after you" and added, "Staff are all very good." Another person told us they had recently seen staff provide care and support to a person who lived with dementia. They told us they had seen staff take their time to explain a number of times to the person and to reassure them. We were told staff remained calm throughout.

Relatives described their views of the care and support provided by staff. One relative told us they were, "Very happy and impressed" with the care provided to their family member and described the care as, "Excellent". Another relative told us they believed their family member, "To be very happy" and "Is so happy". A further relative told us their family member, "Looks a lot better" due to the care and support they had received.

Staff we spoke with told us they believed the care provided to be of a good quality. One member of staff told us, "I think the care here is great. It's like one big family. I'd be happy to have my mum and dad here".

During our inspection we witnessed staff provided elements of care to people while they were in communal areas of the scheme. Staff were kind and attentive to people throughout our inspection. Staff were seen to provide comfort to people when this was needed. There were occasions when people shared in humour and were seen chatting with each other. We saw staff assisting people with their physical care needs such as guiding people with their walking aids or using other pieces of equipment such as a wheelchair. Care was provided in a courteous way with due regard for each person's wellbeing.

People told us their independence was encouraged and they were provided with choices by the staff who looked after them. People were able to select how they wanted to spend their day and what meals they wanted. People had a choice on whether they spent time in their own flats or engaged in events in the communal areas of the scheme.

Information available to people within the providers service users guide stated staff would 'Respect people's dignity, privacy, rights and choices, whilst helping them to be as independent as possible'.

A relative told us in their experience, "Staff provide care with dignity, a sense of humour and compassion" and added about the staff team, "I have not met a bad one yet." Another relative confirmed staff always knocked on their family member's front door before entering.

Staff we spoke with were able to explain how they promoted people's privacy and dignity. One member of staff said it was important to them to be able to, "Respect their [people who use the service] views. The same member of staff spoke to us about covering people while personal care was undertaken to maintain people's modesty and their feeling of embarrassment.

Good

Is the service responsive?

Our findings

People told us staff provided the care and support they needed to ensure they were able to fulfil their lives and be as independent as possible. People told us staff supported them to manage their daily life to maintain their wellbeing. People felt listened to and involved with decisions on how they were supported.

Relatives told us when their family member first moved into the scheme their needs were assessed to see how much help they needed. One relative told us a named team leader "Couldn't do enough when moved in". The same relative told us their family member was, "Supported to be independent" and assisted to walk around the garden to improve their mobility. Two relatives separately told us they couldn't fault the support the whole family had received when their family member moved to the scheme. One of these relatives described the assessment of need as, "Really good".

Care plans were in place and regularly reviewed and updated to ensure staff had information available to them. Care plans were seen to focus on what people could do with support rather than concentration on what people could not do. Staff were aware of people's individual care and support needs and how they could meet these and ensure people were safe such as people who needed more than one member of staff to keep them safe. These needs were reflected in people's care plans which showed what people liked and disliked and how needs were to be met. For example staff had an awareness of people's cream and ointments and their mobility needs.

Relatives told us they were involved in reviewing care plans where appropriate and felt part of the process. One relative told us their family members care plan had been reviewed and adjusted three or four times since they had moved into their flat to, "Find a routine" which best met their needs. Another relative described their family member's package of care as, "Fantastic". They went on to described how their family members care had been amended to take into account changes with their needs.

People told us staff provided activities and things to keep them occupied. We were told by people that as part of their care package they were supported to do things they enjoyed doing. One person told us they were able to go out and have friends visit. Another person told us they had fun and enjoyed living at the scheme. A further person told us, "I can have a laugh a day with the staff."

Relatives told us they felt able to raise any concerns about their family members care. One relative told us, they had, "No concerns" and felt staff should be, "Congratulated" on what they had done. Another relative told us they believed the management would, "Address concerns". Some relatives felt concerns about the flexibility of the service were not always fully addressed once they had spoken with the registered manager. The registered manager was however aware of these and was looking at how they could be addressed.

Information on the providers complaints procedure was available to people. The information gave details of the Care Quality Commission's role regarding complaints about the service.

The registered manager was able to show us records of complaints made since they had become the

manager. We were informed a monthly report of complaints was sent to the management board. We saw complaints had been investigated and where necessary action taken to prevent future occurrence happening.

Good

Is the service well-led?

Our findings

People we spoke with were aware of the registered manager and of other members of the management team. The management team consisted of the registered manager a deputy manager and team leaders.

Relatives were aware of the registered manager and were complimentary of the work they had completed since becoming manager last year. One relative told us the registered manager had, "Really pulled the place together" and "Can't fault the place." Another relative described the registered manager as, "Very approachable".

Staff were complimentary about the management team. One member of staff told us the registered manager had, "Empowered other staff in the team" and described them as, "Amazing". Another member of staff described them as, "Very good". Staff members told us they had confidence in the registered manager and the management of the service. A further member of staff told us, "If you don't understand the training management will go through it with you." The same member of staff told us, "The office door is always open" and described the management team as, "All really friendly". Another member of staff said similar about their ability to speak with the management team about any aspect of their training.

Staff told us they enjoyed working for the provider and felt supported due to the open culture within the scheme. One member of staff told us, "I think it's fantastic here. If I didn't like it here I would leave." Another member of staff told us, "I really like my job here" and "I am really happy here". A further member of staff told us they had discussed some issues with the registered manager and obtained the support they needed. They told us if there was anything troubling you it was possible to speak with the management team.

The registered manager told us she received support from her manager and was able to contact them when needed. This support included regular supervision meetings as well as meetings on line via the computer. The registered manager was happy with the level of support they had received and told us they at times lead regional management meetings.

We saw the registered manager had maintained records of compliments received. These often acknowledged recent improvements to the quality of the care provided. Action plans had been completed to demonstrate the improvements achieved over recent months. The registered manager was confident shortfalls identified in the past were now addressed such as the provision of care plans and staff supervision

People's opinions were sought through a questionnaire. Questionnaires returned were generally positive. Where improvements were required action had been taken to make the necessary improvements for example increased monitoring of the standards of care provided.

The registered manager was able to tell us about further improvements they wished to make within the scheme such as additional training and links with other agencies to improve the lives of people who lived with dementia. They regularly attended external meetings with other agencies to discuss best practice.

The registered manager was given notice of our scheduled inspection and had taken time to prepare for our visit. Documents we were likely to request were ready for us. For example their business continuity plan giving information in case of major emergencies, the provider's statement of purpose and information available to people about the scheme and the services available. The service user's guide stated it could be made available in large print and translated in to different languages or made available in braille or audio.

The registered manager and other members of the management team completed audits of certain records such as care plans and medicine records. A schedule for the year was provided showing the audits needed. We found these identified areas where further recording or amendments were needed. Since changes in the management arrangements we noted the number of areas requiring improvement had reduced as improvements had taken place. We highlighted some shortfalls in the recording of medicines needed by people on an as and when basis. From the records it was not always evident whether people had received these medicines. The registered manager acknowledged our findings and took immediate action to ensure the practice of staff would improve. The registered manager and the deputy manager were confident people had nevertheless received their medicines as needed.

Other audits undertaken included accidents and incidents were in place. Accidents and incidents were reviewed as a means of reducing further incidents.

The registered manager was aware of their responsibility to report certain events to the Care Quality Commission (CQC). The registered manager was aware of what these events were and the circumstances when a notification was needed to be made.