

Heritage Care At Home Ltd

# Heritage Care At Home Ltd (HCH)

## Inspection report

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23 January 2020

24 January 2020

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21 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 Care at Home Ltd is a domiciliary care agency. It provides personal care to people living in their own homes in rural and coastal areas of Suffolk. At the time of our inspection they were supporting 51 people.

Not everyone who used the service received 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.

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

People were supported by staff who had completed the relevant training to give them the skills and knowledge they needed to meet their needs. People were supported to have sufficient amounts to eat and drink and were protected against the risk of poor nutrition. Staff supported people to maintain their health and well-being. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However, care records needed to be strengthened in some areas to ensure the principles of the Mental Capacity Act 2005 were being followed. We have made a recommendation about this.

Risks had been assessed and those identified were safely managed; some improvements were however needed to ensure adequate guidance was in place for staff delivering care. The provider had recruitment checks in place to ensure staff were suitable to work in people's homes. Staff showed a good understanding of their roles and responsibilities of keeping people safe from harm. Medicines were managed safely.

Staff treated people in a kind and caring way. People and relatives valued the service and the support the staff provided. Staff treated people with respect and helped them to maintain their independence and dignity.

People were supported to express their wishes and preferences regarding their care and staff provided personalised care. Care records needed further detail in some cases to ensure they were person-centred and sufficiently detailed for staff. People and relatives were confident to raise concerns and complaints, and these were listened to, resolved and used to drive improvements in the service.

The provider had systems in place to monitor the quality of the service to ensure people received good care. People, relatives and staff were given the opportunity to feedback on their experience of the service.

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

The last rating for this service was Good (published 17 July 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Heritage Care at Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service until we 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 Care At Home Ltd (HCH)

## **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, one assistant inspector, and one Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary 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 48 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 20 January 2020 and ended on 24 January 2020. We visited the office location on 23 January 2020.

#### What we did before the 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.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We spoke to two people who used the service about their experience of the care provided and seven relatives.

We used all of this information to plan our inspection.

During the inspection

We spoke with two care workers, the registered manager and the nominated individual who were both Directors of the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke to four people using the service, and one relative.

We reviewed a range of records. This included six care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

We spoke to a further two care workers. We also received feedback from three social care professionals and one health professional.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Individual risks to people had been identified, assessed and mitigated. Some improvement was required to ensure risk assessments held sufficient guidance for staff. This included risks associated with choking, moving and handling and skin integrity. Following the inspection, the registered manager informed us this was already in progress and sent examples of improved detail.
  - Staff knew people's needs well including how to manage any identified risks. One person said, "They [carers] know what they are doing, they are very careful to do things properly." A relative told us, "[Relative] has a pressure mattress and needs to be positioned carefully. Their skin is intact, that's one of the carers roles."
  - The service had carried out assessments of people's home environments. They had identified any risks for people or staff visiting within the environment and recorded how these risks should be managed.
  - The registered manager continuously reviewed safety within the service and identified where there were opportunities to learn. This included staff safety, induction processes, and auditing.
- There were procedures for dealing with accidents and incidents, and each incident was reviewed by the manager.

Systems and processes to safeguard people from the risk of abuse

- Staff were confident in their understanding of safeguarding. Clear reporting systems were in place and understood by staff to ensure people were protected from abuse and harm.
- Staff were aware of incidents which may need to be referred to the local authority safeguarding teams. One member of staff told us, "We might come across financial, sexual, or physical abuse. I would call the office straight away. They [management] would absolutely take action. If there were concerns about the management, I would take this to the CQC or the local safeguarding team."
- People we spoke with told us they felt safe. One person said, "They treat me with respect and kindness and I feel safe."

Staffing and recruitment

- There were enough staff to meet people's needs and ensure people had consistent care from staff members they knew and had built good relationships with.
- The registered manager explained they did not take on new packages of care unless they had the staff to support these.
- Staff worked in specific geographical areas to minimise travel time between visits. They told us they had enough time for each visit and travel. People's relatives told us the staff usually arrived on time and were not rushed during visits. One relative told us, "Nine times out of ten they are on time, they [carers] will call if

they're running a bit late though. It's mostly regular faces, and they give me a weekly rota".

- The provider had processes to make sure suitable staff were employed to work at the service. We found some minor discrepancies in information logged, but the registered manager told us their processes had changed and were more robust for newer staff.

#### Using medicines safely

- Medicines were managed safely, and people were supported with their medicines when they needed them. A relative told us, "They [carers] have to help [relative] with medication. They write everything on a sheet. They even chase up the chemist for me if needed. I certainly feel [relative] is safe with them."
- Staff completed medicines administration records, and these were checked by management each month. We saw that any discrepancies in recording were investigated and followed up with the staff concerned. This allowed the provider to address any problems and make sure people were receiving their medicines correctly.
- Staff had up to date training and were observed in their practice of administering medicines to ensure they were competent.

#### Preventing and controlling infection

- Staff understood infection control procedures; they used protective gloves and aprons where necessary to minimise the spread of infection; there was a continuous supply available at all times.
- Infection control was also discussed in staff meetings. One health professional told us, "The staff understand the importance of hygiene; I have observed staff when they were preparing lunch for a person, and they were very good to ensure everything was prepared hygienically."

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- Daily notes completed by care staff showed that consent was gained before any support was given. However, care records were not always clear on whether people lacked capacity. For example, there was no reference to capacity or consent for one person, although there were parts of the care plan which suggested they did lack capacity.
- Another person had signed to consent to care and treatment, but they lacked capacity. A relative had signed consent for care and treatment for their relative, but they did not hold the relevant authority to do so.
- Care plans needed to reflect more fully decisions people could still make for themselves to ensure choice and control was maximised.

We recommend that the provider reviews care records to ensure they reflect the principles of the Mental Capacity Act 2005.

- In practice care staff understood the importance of gaining consent, and people we spoke with confirmed this. One staff member stated, "I take my time, we always ask first and give choice. We ask for consent for anything we do. Even turning the television over or opening the curtains. We always explain what we are doing."

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

- Some improvements were needed to ensure the principles of the Mental Capacity Act 2005 were being followed and that decision making was clearer where people lacked capacity.
- Nationally recognised risk assessment tools were used to assess risks, for example, those associated with

skin integrity.

- Prior to admission people were assessed to determine if the service could meet their needs. Following the initial assessment, risk assessments and individual care plans were developed.

Staff support: induction, training, skills and experience

- People were cared for by staff who were well supported and had the training, skills and experience needed to provide effective care. Training included moving and handling, safeguarding, first aid, medicines, and mental capacity. Other more specialist training was provided as needed, such as end of life care, diabetes, and dementia.
- Staff new to care completed the Care Certificate which is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities. Those who did not hold a recognised qualification could also undertake this.
- Staff received supervision sessions. This process enabled them to talk about any concerns they had and any further training needs. Staff told us they felt supported by the registered manager, who would carry out spot checks to ensure they were delivering effective care.
- An induction process was in place for new staff, but also long-standing staff were expected to attend to keep their knowledge up to date. One care worker told us, "[Registered manager] has re-done the induction and several of us attended again which was really good as you forget things." All new staff had a period of shadowing more experienced staff until they felt confident.

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

- People's dietary needs were recorded in their care plans. Food and fluid charts were used when it was necessary to monitor people's intake. These were well completed by care staff who accurately recorded how much people had eaten and drank.
- Care staff supported some people at mealtimes. The relatives we spoke with were happy with this support and explained the care workers made sure people had access to drinks and were well hydrated. A relative told us, "Providing a main meal for my [relative] was something we as a family were keen to set up. The carers are very reliable, and at lunchtime they check [relative] is alright and get them a meal. The main worry was that [relative] was getting a meal; they get a hot meal at every lunchtime now."

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

- Care records did not always provide sufficient detail about the level of support required to ensure people received assistance with their oral health. The registered manager confirmed they would review this and add additional detail.
- People were supported to access healthcare if required. One care worker told us, "We can make our own referrals directly to physio, OT and district nurses. We call into a switchboard and ask for a referral and then they ring back. Professionals can be involved in care without delay." A health professional told us, "The staff are fantastic. They liaise with the surgery appropriately and provide updates. The service deserves to do well as they do a very good job."

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- The service ensured people were supported by consistent staff, this had helped develop kind and caring relationships. One member of staff said, "There are groups of us in each area, so we get to see the same people. We get to know each person."
- Relatives told us the service supported families as well as individuals. One relative told us, "They really do care for [relative]. The carers will leave notes for me as well in the care plan if they notice anything's wrong with [relative]."
- People told us they generally saw the same care workers and they were kind in their approach. One person said, "Nice bunch [of care workers] that come here. Always very friendly, clean and cheerful."
- People's diverse needs had been considered and the provider told us they tried to match care workers to people's needs and personalities. They also respected people's choices and wishes for same gender care workers. One relative said, "[Relative's] choice was female only carers, and this is always upheld."

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

- People were asked how they wanted their care delivered and this was reflected in their care plans. Reviews took place six monthly or sooner if there were changes to people's care needs. The review forms we saw could contain more detailed feedback about people's views of their care, to ensure the management are aware of any concerns early.
- People told us that they were offered choices. Relatives confirmed this and complimented the care staff on their caring approach.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff promoted dignity and privacy in their home. One person said, "They [care workers] definitely treat me with respect and kindness and I feel safe."
- People were supported to be independent where they were able. Care plans explained where people were able to do things for themselves and how staff should encourage and support this. A relative said, "[Relative] will wash the parts they can, balance isn't so good, and they [care workers] encourage [relative] to do what they can."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- The service provided people with personalised care that met their needs and took account of their wishes. Care records guided staff on how people wanted their care to be provided, which included specific routines to be observed.
- Staff demonstrated detailed knowledge of people's preferences, likes and dislikes. However, care plans did not always capture this detailed knowledge. This is important to staff who may be less familiar to the person, to enable them to provide personalised care. The registered manager told us they would develop records to ensure this information was included.
- The service responded to people's changing needs, and care and support was increased to reflect this. A relative told us, "[Care worker] noticed [relative] wasn't well and called the doctor who sent them to hospital. The hospital had requested that care was increased to four calls a day. I was very impressed that Heritage were able to increase the calls at short notice and this meant that [relative] was discharged. For Heritage to say they could cover the calls so quickly was brilliant."
- People knew who would be visiting them; rotas were provided to people weekly, so they knew who the allocated worker was. One person said, "My [relative] has regular carers, and [relative] knows everyone, there's a sheet with all their names and times."

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.

- People's care plans made reference to their communication needs and any sensory loss that might affect this, for example, if people used a hearing aid or wore glasses.
- Information was given to people in a way that suited their needs. For example, some people preferred to receive information via post, others liked information hand delivered to them or family members. Another person requested that information was sent via text message, which the registered manager confirmed was working well.
- The registered manager told us they could produce information in different formats for people if required, for example, in large print. They also gave an example of the use of pictures to aid communication, and providing coloured paper for a person who was dyslexic.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care workers recognised where people were at risk of social isolation. They spent time talking with people and engaging them in discussions and conversations whilst providing care and support. One staff member said, "We have a new person we are providing care for. I really enjoy getting to know about them, asking them about their lives and what they used to do."
- Where agreed, staff supported people to go out into their local communities. This was done in a way that supported their hobbies or interests.
- People were supported to maintain links with friends and family and relatives told us staff were in regular contact with them and involved them in their family member's care.
- The registered manager told us that they held, 'Tea and cake' afternoons twice a year for people to attend. If people wanted to attend but didn't have transport, they utilised community transport or offered to drive people to the event.

#### Improving care quality in response to complaints or concerns

- People and relatives we spoke with knew how to complain and were confident the registered manager would deal with any issues they raised. One person said, "If I had any concerns, I would contact the office straight away and they listen."
- The registered manager told us that they had not received any complaints. They welcomed feedback from people and relatives about the service, so if any minor issues were raised they could address this promptly.
- The service had a complaints procedure in place. The 'customer guide' gave people details of other organisations they could contact if they wanted to raise concerns externally.

#### End of life care and support

- One person was receiving end of life care. An advance care plan was in place at the person's home, outlining their wishes. Advance care plans provide direction to healthcare professionals when a person is not in a position to make and/or communicate their own healthcare choices.
- The service liaised with health and social care professionals and specialised services to provide people with appropriate care and support at the end of their life when needed.
- Several staff had completed training in end of life care, and more had been enrolled to complete this.

## 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- The registered manager, together with the nominated individual and staff, had developed a positive culture which placed people who used the service at the centre of their care.
- People told us that Heritage was a good service and said they would recommend it. One person told us, "I would definitely recommend [Heritage] to anyone, not only family and friends, but to anybody. They know what they are doing." A relative said, "I have all the numbers [for the office] and they call me from time to time, to make sure everything is ok with the care plan, they're very good and I would definitely recommend them."
- The registered manager and nominated individual were able to speak passionately about their drive to continue to provide a positive service and to seek out opportunities for improvement.
- The registered manager and the nominated individual worked together in the office and both had daily input into the running of the service. They also worked as part of the care team delivering care periodically, which enabled them to observe staff practice, and speak to people using the service.

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

- The registered manager had effective quality assurance systems in place. These included, audits of medicine records, care plans, and associated records. This allowed the registered manager to drive continuous improvements. Where issues were identified with recording issues, staff received advice and guidance and we saw the recording of these records had improved.
- Legislation sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities.

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

- In 2019, the service received a top twenty rating for a homecare service in the East of England by an internet site which uses feedback from people using the service and their relatives. We reviewed this information and the feedback was very positive. We also saw numerous thank you cards from people and relatives which were held at the office. One health professional had also sent feedback to the service which

stated, "Exemplary care. [Person] is looked after beautifully. Patient is in high spirits thanks to your care team."

- The registered manager and nominated individual often spoke to people who used the service and asked their views when visiting their homes. However, these conversations were not always documented to further demonstrate that people were fully involved in their care.
- We saw that meetings for staff occurred periodically and staff told us they found such meetings an opportunity to voice any issues or opinions they may have. Staff informed us that the registered manager was responsive to any information shared. One staff member said, "Good team work, we all get on really well. It is very well-led, very approachable management, I can contact them always." Another said, "I cannot fault them [management], they are strict but fair. You feel valued, but if there are any issues about the work you are doing they address them quickly which I think is good."
- There was an employee assistance program in place which all the employees and their families could access for advice and counselling on problems they may have with any work or personal problems. The registered manager told us, "We believe in supporting all our employees and are aware it's a very stressful world we live in. We have a duty of care not only to our customers but also to our staff."
- Staff told us they would recommend the service as a good place to work.

#### Continuous learning and improving care

- Staff had further training opportunities to aid their personal development or to provide support to people with specific conditions. One staff member said, "There are always training opportunities, and we are encouraged to progress within our roles."
- The nominated individual had been involved with The Parliamentary Review, which enabled them to be involved with advising members of parliament of industry specific concerns before they propose or debate legislation. They told us, "This has boosted staff moral because it is recognising their best practise." Further, they had been invited to become a Parliamentary Review Member. This means they will be invited to attend parliament annually to discuss politics and will be consulted on parliamentary motions relating to the care industry.
- Audits had identified areas for improvement, and documentation had been strengthened in some areas as a result.
- The provider was considering the introduction of an electronic care plan system to enhance care documentation and have more efficient oversight of carer input.

#### Working in partnership with others

- The staff worked with other appropriate services to ensure people consistently received care that met their needs. They knew the support people required to access health and social care services and liaised with relevant professionals. All of the health and social care professionals we spoke with praised the service for its high quality of care, and helpful attitude.