

Inheritance Medical Limited

# Inheritance Medical Limited

## Inspection report

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Date of inspection visit:  
05 March 2019

Date of publication:  
02 April 2019

## 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: Inheritance Medical is a domiciliary care agency. It provides personal care to older adults, older adults living with dementia and younger adults with a physical disability living in their own houses.

People's experience of using this service:

- People were safe. Staff were trained in how to recognise signs of abuse and were clear on how to report concerns.
- Risk assessments were in place and regularly updated to ensure safe care.
- Medicines were managed safely, and people received their medicines when they needed them.
- Safe recruitment processes ensured only suitable people were employed by the service. Staff were well supported and had received training that ensured they had the skills they needed to do their job.
- People were protected from infection by staff who understood the importance of thorough handwashing and maintaining a clean environment alongside using protective personal equipment (PPE).
- Person centred care plans were reviewed regularly and included people's lifestyle choices, religion and culture. People and their relatives were fully involved in the planning of their care. The registered manager regularly delivered care themselves, this meant they maintained good oversight of the quality of the service and changes in peoples needs.
- People could be assured that they would be supported with enough to eat and drink. Likes, dislikes, cultural needs and specialist support were all considered and planned into care.
- People were supported by staff who were kind, caring and respected people's privacy and dignity.
- People were receiving care and treatment in line with guidance and the law and were supported in the least restrictive way possible with their choices respected.
- There was an open and honest culture and a complaints procedure was in place. When a concern was raised it was managed promptly and professionally.
- Information could be made available in different formats such as large print and easy read for people who needed it to ensure they were fully informed about their care.

Rating at last inspection: The service was new, this was a first comprehensive inspection.

Why we inspected: This was a scheduled first inspection. The service is rated good overall.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any information of concern is received, we may inspect sooner.

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

## 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.  
Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.  
Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.  
Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.  
Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.  
Details are in our well-led findings below.

# Inheritance Medical Limited

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** This inspection was carried out by one inspector.

**Service and service type:** Inheritance Medical is a domiciliary care agency. It provides personal care to older adults and younger adults with a physical disability living in their own houses. At the time of the inspection there were three people who received personal care.

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 visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available.

Inspection site visit activity started on and 5 March 2019 and ended on 7 March 2019. We visited the office location on 5 March 2019 to see the registered manager and office staff; and to review care records and policies and procedures. On 7 March 2019 we made calls to a relative and staff.

**What we did:**

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We contacted Healthwatch Leicestershire. Healthwatch is an independent consumer champion created to gather and represent the views of the public. Healthwatch plays a role at both national and local level and makes sure that the views of the public and people who use services are considered. We also contacted the local authority for

feedback.

During the inspection we spoke with one relative of a person who used the service. We had discussions with three staff members including the registered manager and two care and support staff.

We looked at the care and medication records of two people who used the service. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safe guarding information and accidents and incident information.

Following inspection, we requested and received.

- Safeguarding policy
- Staff rotas
- Mental capacity assessment forms
- Communication policy
- Medication Policy
- Equal Opportunities and Diversity Policy
- Staff handbook
- Service user guide

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in how to recognise signs of abuse and were clear on how to report concerns. The registered manager understood their responsibilities in relation to safeguarding and how to report and investigate concerns. A relative told us, "I don't have any concerns about safety for [relative] if I did I would be confident in telling someone"

Staffing and recruitment

- There were enough available staff to meet people's needs. A contingency plan meant in the event of staff absence the service would still operate safely.
- Safe recruitment processes were in place they ensured only suitable staff were recruited by the service. Disclosure and Barring Service (DBS) checks were completed prior to working with people and were repeated every three years.

Assessing risk, safety monitoring and management

- Risk assessments were completed before people received care these were reviewed regularly by the registered manager.
- Staff told us changes to risk assessments were communicated well and documents in people's homes were amended promptly. One staff member said, "Any changes are communicated via a phone call from [registered manager] as well as the documents being updated and available in the persons home"

Using medicines safely

- Medicines were managed safely. Medicine charts were checked regularly by the registered manager, staff knew what to do and who to contact if things went wrong. As and when required medicines required further clarification on medicine charts. However, staff we spoke with were able to explain the protocol confidently and were recording appropriately to avoid any errors. We discussed this with the registered manager who agreed to add more information to the records to provide clarity.

Preventing and controlling infection

- Personal protective equipment (PPE) was readily available to staff. One staff member said, "We have access to gloves, aprons, shoe covers and hand gels."
- Staff understood the importance of maintaining a clean environment and thorough handwashing techniques. One staff member told us, "Handwashing between tasks is very important alongside wearing gloves in controlling infection." Another staff member told us how important it was to ensure food preparation areas were kept clean to avoid cross contamination.

Learning lessons when things go wrong

- We saw that a concern raised by a family member had been actioned appropriately with a full and professional explanation of a misunderstanding. The information was also communicated to staff so that they were informed, and future misunderstanding avoided.

# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

### Assessing people's needs and choices

- People's care needs were assessed and detailed in their care plans this included lifestyle choices, religion, relationships, culture and diet. These were reviewed regularly with people and their relatives.
- Information was available to people in different formats, this meant they could understand the care they could expect and be involved in the process. We saw that one person had their information printed in large print.

### Delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance

- People were receiving care and treatment in line with law and guidance. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority.
- The management team and staff had a good understanding of MCA. Staff understood the importance of seeking consent from people before delivering care. People were supported in the least restrictive way possible. One staff member said, "People can refuse care and medicine that's their choice, I would record this and report it to my manager." A relative told us, "They [staff] always ask [relative] before they do anything, and they never rush [relative]."

### Staff support: induction, training, skills and experience

- Staff had received an induction and regular training that ensured they had the skills they needed to do their job. We saw that staff training certificates were valid. One staff member told us, "In the induction period I learnt about the needs of each individual person that I would be supporting, this meant that I knew exactly what was expected. I also met the person before I started and shadowed the manager."
- Staff received regular spot checks and supervisions and told us they felt well supported by the registered manager.

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

- Care plans detailed people's likes, dislikes and dietary requirements. A relative said, "The staff always offer [food] choices, [relative] can have what they want."

One person had swallowing difficulties, the care plan detailed how this person should be supported. A staff member told us, "The care plan gives the information needed to support this person, we have time built in to the visit to wait with the person until they have finished eating so that they are not at risk."



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

- People were supported to attend healthcare appointments when required. The registered manager had attended review meetings for people with other healthcare professionals to ensure effective care was being delivered. We saw that the registered manager had sought and followed advice from the speech and language therapist when required.

# 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

Good: 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 was person centred, and staff had a good understanding of people's individual needs, religion culture and lifestyle.
- One person had requested a staff member that spoke their own language. The registered manager had actively recruited a new staff member that spoke the persons language. At the time of our inspection this person was undergoing recruitment checks.
- Staff had a good understanding of how to support people with their spiritual and cultural needs and respected people's choices, this was included in care planning. The registered manager told us that the local area was culturally diverse and how important it was to respect the people's religion and beliefs.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Regular care and support review meetings took place with the registered manager people and their relatives. We saw that people and their families had been involved in the care planning process.
- Staff respected people's dignity. A relative told us, "They [staff] always close the doors when they are washing [relative] and if they pop in and out the room they close the doors each time." We saw that one person could be startled by sudden staff presence, how to approach the person to ensure the person knew staff were there had been detailed in the care plan.
- People and staff had staff developed positive relationships and staff spoke fondly of the people they cared for. A relative told us, "They [staff] are definitely caring, when they come in they ask how [relative] is. "[Relative] gets on well with them they have a laugh."

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care and support plans were written with people at the centre. They included supporting people with choice and desired outcomes, religion, culture, eating, drinking, communication, finances and health. Care plans were regularly reviewed and changed where needed with the involvement of people using the service.
- People were encouraged and supported to be involved in decision making and control of their care. We found that one person had a goal that the registered manager and staff were supporting with. A relative told us, "They [staff] know what [relative] likes and will ask how [relative] wants things doing. If [relative] doesn't like something they will write it down and make sure that it's right next time."

Improving care quality in response to complaints or concerns

- A complaints procedure was in place, this was included in the service user information guide. It detailed who to contact, how complaints would be dealt with and signposted people to other organisations for further support including Care Quality Commission. Records showed that complaints had been managed appropriately. A relative told us they had seen a copy of the complaints procedure in the service user information they had received when their relative first started using the service and they would know how to make a complaint.

End of life care and support

- The service was not currently supporting anyone at the end of their life. Prior to the inspection the registered manager had identified that, an end of life care plan would need to be implemented as part of the annual document review process. A qualified nurse experienced in end of life was employed by the service who would be involved in the development of end of life care.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was an open and honest culture. The registered manager and provider had a good understanding of their responsibility when things went wrong and how to report incidents appropriately to the Local Authority and Care Quality Commission.
- The registered manager was focused on providing good quality person centred care, care plans reflected this.
- The registered manager was friendly and approachable.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had good oversight of the quality of service as they were regularly delivering care to people and undertook regular audits of care records, medicine charts and risk assessments. The registered manager and provider recognised the need for a robust quality assurance system as the service grows, to ensure all aspects of the service are formally quality monitored.
- Staff received regular supervision these were used to offer guidance and support as well as monitor quality.

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

- People's review meetings included discussing the quality of the service and people's satisfaction.
- A relative told us they felt confident when they contacted the registered manager that they would be able to help.
- Regular staff meetings took place where staff were encouraged to share their ideas and suggestions. Staff told us they were listened to and were confident in the registered managers abilities.

Continuous learning and improving care

- This was a new service and the registered manager was committed to continuous improvement. They had scheduled a service review date and had collated information on what was working well and what could be improved as part of this exercise. We saw that records had evolved with the service to collect and include more information to support person centred care

Working in partnership with others

- The registered manager had joined a group of registered managers who met every two weeks to discuss

learning experience and share ideas to drive quality and improvement.

- The service had worked in partnership with other professionals including GP's, social workers and speech and language therapists. Family members were also considered and encouraged to be part of the team.