

Heritage Care Limited

Lincolnshire Domiciliary Care Branch

Inspection report

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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

Lincolnshire Domiciliary Care Branch is registered to provide personal care and support for people who live in their own homes. Some of the people who received support shared their accommodation with others who also received assistance from the service. In this report we refer to this group of people as using, the 'supported living service'. Other people lived in a variety of settings that usually did not involve sharing their accommodation. In this report we refer to these people as using, the 'domiciliary care service'. Also, when we speak about both the supported living service and the domiciliary care service we refer to them as being, the 'services'.

Lincolnshire Domiciliary Care Branch is registered to care for children between the ages of 13 and 18 years, younger adults and older people. In relation to these people, it can provide personal care for people who need support due to a learning disability, autism, mental health problems or a physical disability.

The service covered the whole of Lincolnshire but in practice most of the provision was in Bourne and the Deepings, Grantham and Lincoln. In total, the service operated 26 supported living addresses in which 82 people were accommodated. In addition, there was a total of 12 people who used the domiciliary care service. The service's main office was in Bourne but it also had a satellite office in Grantham.

At our last inspection we mainly focused on the provision in Bourne. At this inspection we principally focused upon the provision in Grantham. We did this in order to extend our evaluation of the service. In the Grantham area there were 17 people accommodated in three supported living addresses. In addition, there were six people using the domiciliary care service.

Lincolnshire Domiciliary Care Branch is operated by a company that is the registered provider. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. In this report when we speak about both the company and the registered manager, we refer to them as being, 'the registered persons'.

In relation to both of the services, staff knew how to respond to any concerns that might arise so that people were kept safe from abuse. People had been supported to avoid the risk of accidents and they had been helped to manage their medicines safely. There were enough staff to provide people with the support they needed and background checks had been completed before new staff had been appointed.

Staff had received training and guidance and they knew how to support people in the right way. People had been assisted to plan and prepare their own meals and they had been supported to receive all of the healthcare assistance they needed.

Staff had ensured that people's rights were respected by helping them to make decisions for themselves.

The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered persons had worked with the local authority to ensure that people only received lawful care that respected their rights.

People were treated with kindness, compassion and respect. Staff recognised people's right to privacy and promoted their dignity. Confidential information was kept private.

People had been consulted about the support they wanted to receive and they had been given all of the assistance and encouragement they needed to be as independent as possible. People had been supported to pursue their work commitments, hobbies and interests. There was a system for quickly and fairly resolving complaints.

People had been consulted about the development of the services. In addition, they had been assisted to liaise with their landlords about making improvements to their homes. Quality checks had been regularly completed to ensure that people reliably received all of the support they needed. Staff were supported to speak out if they had any concerns and good team work was promoted. People had benefited from staff acting upon good practice guidance.

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.

Staff knew how to protect people from abuse and they had been helped to stay safe by avoiding accidents.

There were enough staff to give people the support they needed and wanted to receive.

Staff assisted people to manage their medicines safely.

Background checks had been completed before new staff had been employed.

Is the service effective?

Good ●

The service was effective.

Staff knew how to support people in the right way and they had received all of the training and guidance they needed.

People had been supported to plan, prepare and enjoy their meals.

Staff had assisted people to access any healthcare services they needed.

People were helped to make decisions for themselves. When this was not possible decisions were made in people's best interests and their legal rights were protected.

Is the service caring?

Good ●

The service was caring.

People said that staff were kind and considerate.

Staff recognised people's right to privacy and promoted their dignity.

Confidential information was kept private.

Is the service responsive?

Good ●

The service was responsive.

People had been actively involved in making decisions about the support they wanted to receive.

Staff had provided people with all of the support and encouragement they needed.

Staff recognised the importance of promoting equality and diversity by supporting people to make choices about their lives.

There were arrangements in place to quickly and fairly resolve complaints.

Is the service well-led?

Good ●

The service was well-led.

People had been consulted about the development of their homes and had been assisted to liaise with their respective landlords.

Quality checks had been completed to ensure that people reliably received all of the support they needed.

Staff had been encouraged to speak out if they had any concerns and good team work had been promoted.

People had benefited from staff acting upon good practice guidance.

Lincolnshire 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 registered persons were 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.

Before our inspection visit we reviewed information we held about the service. This included the Provider Information Return (PIR). This is a form the registered persons had completed to give some key information about the service, what it does well and improvements they planned to make. We also reviewed other information we held about the service such as notifications. These refer to events that happened in the service which the registered persons were required to tell us about.

We visited the Grantham satellite office of the service on 28 December 2016 and the inspection team consisted of a single inspector. The inspection was announced. The registered persons were given a short period of notice because the people who received support had complex needs for care and benefited from knowing in advance that we would be calling.

During the inspection we visited two of the three supported living addresses and spoke with six of the people who lived there. We also spoke with three people who used the domiciliary care service and a relative. In addition, we spoke with six support workers, three of whom worked in both services. Further, we spoke with two care support managers who ran the services on a day to day basis and with the registered manager. In addition, we examined records relating to the support people received in both services including the safe management of medicines, staffing, training and quality assurance.

After the inspection we spoke by telephone with two more support workers and a relative. We also contacted the local authority who contributes to the cost of some of the people who receive support from the service. We did this so that they could tell us how well they thought the services were meeting people's

needs and wishes.

Is the service safe?

Our findings

Peoples said that they felt safe when in the company of staff. A person using the domiciliary care service said, "The staff are really good and I look forward to seeing them. They're friends to me." A person who used the supported living service and who used sign assisted language to express themselves, smiled and patted the arm of a support worker who was sitting next to them. Relatives told us that they were confident that their family members were safe. One of them remarked, "I think it's an excellent service because the staff are just so committed to caring for people. I'm very confident that my family member is safe as long as they're being helped by the service."

Records showed that staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved.

We noted that the registered persons had recently worked with the local safeguarding authority. This was because a concern had been raised about the safety of a person who used the supported living service. Records showed that immediate action had been taken to ensure that the person was kept safe. In addition, we found that a thorough investigation was underway to establish how best to continue to protect the person concerned in the future.

We also noted that people who used both services were protected from the risk of financial mistreatment. People were being provided with varying amounts of support to handle cash that they needed for everyday purchases. This included staff helping them to withdraw funds from the bank and keep them safely until they were needed. We found that staff had kept accurate records supported by receipts whenever they assisted people to make purchases so that there was a clear account of how the funds had been spent. A person who used the domiciliary care service commented about how they were helped to manage their cash saying, "I like the staff to help me so that I don't spend too much at once and have enough left at the end of the week."

We noted that staff working in both services had identified possible risks to each person's safety and had taken action to promote their wellbeing. An example of this in the supported living service was some people being accompanied by staff when out in the community. This was done whenever people were not confident about crossing the road on their own and needed assistance and reassurance. Examples in the domiciliary care service included people being assisted to ensure that they kept their accommodation comfortably warm and secure. These measures helped to keep people safe while not being overly intrusive.

People who used both services were receiving varying amounts of support to manage their medicines. Some people required little assistance from staff while others benefited from staff helping them to order, store, dispense and dispose of medicines. We found that suitable arrangements were in place to provide this

support and people told us that they appreciated this part of the assistance they received. A person who used the supported living service and who used sign assisted language pointed to the locked medication storage cupboard used by staff and gave thumbs-up sign. A person who used the domiciliary care service remarked, "Staff help me with my tablets and I know they're not like sweets so I don't have too many."

Documents showed that the care support manager had discussed with each person who used the supported living service the support they wanted to receive. The registered manager said that based upon this and in conjunction with health and social care professionals a decision had been made about how many staff needed to be on duty at each of the supported living addresses. Records showed that the addresses were reliably being staffed in accordance with the deployment agreed between the registered persons and the local authority. In addition, when we called to two of these addresses we saw that people were promptly being given all of the individual assistance they needed.

Records showed that a similar process had been used to determine how many staff were needed to complete visits to people who used the domiciliary care service. In addition, records confirmed that visits to people's homes were being undertaken at the right times and were lasting as long as they should. A number of people commented positively about this matter. A person who used the supported living service said, "I like having the staff here with me. I need them here with me." People who used the domiciliary care service told us that they reliably received all of the visits they had been promised. One of them commented, "The staff are as reliable as clockwork and always turn up when I expect them." Relatives were also confident about the way the service was staffed. Speaking about the domiciliary care service, one of them commented, "I know that my family member gets all of the visits they should because I telephone them pretty much every day and they tell me who's called and what help they've given. It's usually the same staff as well which is good for continuity." We concluded that there were enough staff who were deployed in the right way in both services to reliably provide people with the support they needed.

We examined records of the background checks that the registered persons had completed before new staff had been appointed. They showed that a number of checks had been undertaken. These included checking with the Disclosure and Barring Service to show that applicant did not have relevant criminal convictions and had not been guilty of professional misconduct. Other checks included obtaining references from relevant previous employers. These measures helped to ensure that applicants could demonstrate their previous good conduct and were suitable people to be employed in the service.

Is the service effective?

Our findings

People who used both services were confident that staff knew how to provide them with the support they needed and wanted to receive. Speaking about this a person who used the domiciliary care service commented, "Yeh, the staff are very good and I know in advance what sorts of things we're going to do on each visit. It depends on the day of the week and on what household things I need to get done." Relatives were also confident about this matter with one of them saying, "The staff who visit my family member know them in detail. It's a knowledge they've built up over many visits to their home and it's knowledge that can't be learnt from a book."

The registered manager said that it was important for all staff to receive comprehensive training in order to ensure that their knowledge and skills remained up to date. Staff told us and records confirmed that new staff had received introductory training before they worked without direct supervision. This training was in line with the new national Care Certificate that sets out common induction standards for social care staff. We also noted that established staff had been provided with the refresher training in key subjects. These included how to safely support people who needed help to manage everyday tasks such as promoting their health, maintaining personal hygiene and budgeting.

The registered manager also said that staff needed to receive regular individual support and guidance in order to review their work and to plan for their professional development. However, records showed that this support and guidance had not always been provided as frequently as planned by the registered persons. The registered manager acknowledged that this shortfall needed to be addressed. They said that they had already prepared a recovery plan and that the problem would be fully resolved by the end of March 2017.

We found that staff who worked in both services had the knowledge and skills they needed to consistently provide people with the support they needed. An example of this was staff in the supported living service telling us how they offered encouragement and support to a person who was at risk of not maintaining their personal hygiene. We noted that they suitably described how they had kindly enabled the person to recognise the various tasks they had to accomplish in order to present themselves as they wished. Other examples were staff who worked in the domiciliary care service having the knowledge and skills they needed to encourage good standards of hygiene when people were handling and cooking food.

The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The law 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that the registered persons and staff were following the Mental Capacity Act 2005 in that they had supported people who used both services to make important decisions for themselves. This had involved consulting with people, explaining information to them and seeking their informed consent. Several people who used the supported living service gave examples of this when they described how staff had explained to them why they needed to carefully use medicines in the manner prescribed by their doctor.

Another example involved the way that staff had gently encouraged people who used both services to dress appropriately for the weather so that they were comfortably warm when out and about in the community.

Records showed that on a number of occasions when it appeared that a person lacked mental capacity in relation to a particular decision the registered manager had contacted health and social care professionals and relatives. This had been done to help to ensure that decisions were taken in people's best interests. An example of this referred to staff liaising with a care manager (social worker) and relative about the need to ensure that the person only received medical treatment in a way that would not distress them. Records showed that this had enabled careful consideration to be given about how best to support the person so that they only received health care in a way that was right for them.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We noted that the registered persons had liaised with the local authority about the support being provided for four people who used the supported living service. This was because they were being deprived of their liberty in order to keep them safe. Records showed that as a result of this the local authority had been granted the necessary DoLS authorisations. By working jointly with the local authority in this way, the registered persons had ensured that support was only provided in a way that respected these people's legal rights.

People who used both services told us that staff assisted them to go shopping for food and to prepare their meals. This included deciding what meals they wanted to prepare, checking what supplies they already had and making a list of things they needed to buy. A person using the domiciliary care service remarked about this saying, "The staff help me get my food in from the shops and to get myself organised in the kitchen." In addition, we noted that when necessary people had been provided with extra help to ensure that they benefited from having a balanced diet without too much reliance on sugary foods. We saw an example of this when we visited one of the supported living addresses. We saw staff gently discouraging a person from eating too many biscuits so that they were not too full and still wanted to have their dinner.

People who used both services said and records confirmed that they had been supported to receive all of the healthcare services they needed. This included staff consulting with relatives so that doctors and other healthcare professionals could be contacted if a person's health was causing concern. A relative commented on this saying, "The staff are very good indeed about this and they tell me straight away if they've got any concerns about my family member's health. It's not actually their job but if they call to my family member and have any worries they get the doctor in there and then."

Is the service caring?

Our findings

People who used both services were positive about the quality of support they received. A person who used the domiciliary care service said, "I get on well with the staff and look forward to seeing them. They're like family to me as I know them really well." We saw that a person who used the supported living service and who used sign assisted language enjoyed receiving a caring response from staff. They smiled and sat beside a member of staff, whose hand they held as they both looked out of the window and watched people walking by in the street. Relatives were also complimentary about this with one of them remarking, "I've always found the staff to be very helpful. They're friendly without being too much so. They're professional without being off-hand."

People who used both services said they were treated with respect and with kindness. An example of this was a person who used the domiciliary care service who said, "The staff chivvy me a long in a nice way." Another example was a person who told us, "The staff are okay really. I pretty much get on with all of them. I know I need help to get on with boring stuff like housework." We noted that staff had assisted people who used the supported living service to make sure they always had enough clean clothes in their wardrobes from which to choose. The care support manager said that this was important so that the people could present themselves how they wished. When we were visiting a supported living address we noticed that a person had spilt some tea down their top. We saw that a member of staff quickly noticed this and tactfully helped the person go to their bedroom from which they emerged shortly afterwards wearing a clean top. The person who used sign assisted language pointed to their top and smiled to indicate their appreciation of the assistance they had just received.

We found that staff who worked in both services knew about things that were important to people. This included knowing which relatives were involved in a person's life so that they could keep in touch with them and complement each other's contribution. Records showed that this extended to keeping in contact by email with relatives who lived out of the area. A relative spoke with us about this and remarked, "I like how the staff think nothing of keeping in touch with me because we're all involved in wanting what's best for my family member."

Records showed that most people could express their wishes or had family and friends to support them. However, for other people the service had developed links with local lay advocacy services that could provide guidance and assistance. Lay advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

We noted that staff recognised the importance of not intruding into people's private space. People who used the domiciliary care service told us how they had come to individual arrangements with staff about how and when they wanted them to gain access to their homes. When we visited the supported living addresses we noted that staff knocked and waited for permission before going in. We also noted that when providing close personal care staff were careful to ensure doors were shut so that it could be done in private.

Staff who worked in both services told us that they had received guidance about how to correctly manage confidential information. We noted that they understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need-to-know basis. In addition, we found that staff was aware of the need to only use secure communication routes when discussing confidential matters with each other. An example of this was staff saying that they never used social media applications for these conversations. This was because other people not connected with the service might be able to access them.

We saw that records which contained private information were stored securely both in the satellite office and in the supporting living addresses we visited. The service's computer system was password protected and so could only be accessed by authorised staff. In addition, paper records were kept neatly in subdivided files that were secured in locked cabinets when not in use.

Is the service responsive?

Our findings

We saw that people who used both services had an individual support plan that said in writing what assistance they needed and wanted to receive. In addition, people said that they had been invited to meet with staff to review the support they received to make sure that it continued to meet their needs and wishes. A person who used the domiciliary care service summarised this feedback when they said, "Staff always tell me that it's my home and I can do what I like as long as I don't trouble anybody else." Another person who used the supported living service remarked, "I see staff lots and they give me really good help."

People who used both services told us that staff were providing them with all of the practical assistance they needed. We saw that this support was carefully provided so that whenever possible people were gently encouraged to do things for themselves. An example of this involved a member of staff supporting a person who used the supported living service to decide what birthday present they wanted to buy for a relative. We heard the member of staff helping the person to consider the sorts of things the relative might like to receive and the shops from which particular items could be purchased. We saw that the person enjoyed the activity and then started chatting with the member of staff about when they could both go into town to shop for the present.

Staff who worked in both services were confident that they could support people who could become anxious and distressed. We saw an example of this when we visited one of the supported living addresses. There we witnessed an occasion when two people happened to walk into each other by accident. This resulted in the people concerned becoming annoyed with each other. Two members of staff quickly realised that the people needed to be supported to resolve the matter before it became more heated. They did this by inviting the people to sit in different parts of the lounge where they quietly explained that the event had been an accident. Shortly after this we saw both people sitting together at a table in the dining room smiling and getting on well together. Staff had known how to identify and quickly respond to the people's needs for reassurance.

We saw that staff understood the importance of promoting equality and diversity and they had been provided with written guidance about how to put this commitment into action. An example was the registered persons' practice of routinely involving people who used both services in the recruitment of new staff. This helped to ensure that people had an active role in deciding who was best to provide them with the support they needed. We also noted that people had been helped to meet their spiritual needs in various ways including by attending religious ceremonies. In addition, we noted that the registered manager knew how to support people who used English as a second language. This included knowing how to access translators and other relevant community services.

We found that staff had supported people who used both services to pursue their interests and hobbies. People told us and records confirmed that staff assisted them to enjoy a range of activities that they had chosen. These included attending local day opportunities services, visiting places of interest, meeting up with friends and attending social functions. People spoke positively about the variety of interests they enjoyed undertaking. A person who used the domiciliary care service said, "I go out pretty much every day

either with staff or on my own. I like it best going out with staff because we have a laugh." In addition, records showed that some people had asked to be helped to save up enough money to be able to go on holiday. A person who used the domiciliary care service commented to us about this matter and said, "I've been to lots of places and next year I'm going to see the motorbikes (on the Isle of Man)."

People who used both services said that they would be willing to let staff know if they were not happy about something. Speaking about this a person who used the domiciliary care service said, "If I had any problems, which I don't, I'd just call in here (Grantham hub office) and have a cup of tea and chat to the seniors. They're always very friendly to me." Relatives also were confident that they could freely raise any concerns they might have. One of them said, "I've no worries at all on that score. I've always found the service to be professional and accountable. The best way to put it is that the service is as keen as I am on making sure that my family member gets treated right."

We noted that people had been given a user-friendly complaints procedure that used pictures and signs to explain their right to make a complaint. In addition, we saw that the registered persons had a procedure which helped to ensure that complaints could be quickly and fairly resolved. Records showed that the registered persons had received one formal complaint in 12 months preceding our inspection visit. We saw that the registered manager had suitably investigated the complainant's concerns and had addressed the issues that had been raised.

Is the service well-led?

Our findings

People who used both services and their relatives told us that they considered the service to be well managed. A person who used the domiciliary care service commented about this saying, "It must be well run because the staff always arrive on time to my home and help me with stuff as we've agreed. If it wasn't well run they might forget to turn up and that's never happened to me." Relatives were also reassured about this matter with one of them saying, "I very much do think that it's a well managed service because I'm confident that my family member reliably is cared for by staff who understand them. If the staff didn't turn up or know what they were doing it would very quickly become apparent."

People said that they were asked for their views about the assistance they received as part of everyday life. In the supported living addresses one of them remarked, "I talk with staff about all sorts and I'm good here." We saw a lot of examples of staff consulting with people in the supported living addresses we visited. One of these involved a member of staff chatting with two people about the activities they would like to enjoy during the forthcoming New Year holiday. In addition, we noted that people who used the supported living service had been regularly invited to contribute to house meetings. Records showed that this had enabled them to give feedback about how well their home was meeting their expectations.

We also noted that people who used both services had been invited to complete a questionnaire to give feedback about how well their respective services were being run. The results showed that people in general were very satisfied and did not want to make any significant changes to how their services were operated. Records showed that the registered persons had promptly made enquiries after one person had expressed concerns. Their investigation had revealed that the person had misunderstood the purpose of the questionnaire and that their comments did not refer to the support they received for Lincolnshire Domiciliary Care Branch.

People who used both services and their relatives knew who the registered manager and care support manager were and said that they were helpful. Commenting in general on the management of the service a relative said, "Since my family member has been supported by the staff calling to their home they've become more confident and more able to do things for themselves. That's because they now have the encouragement they need." During our visits to the supported living addresses we saw the registered manager and care support manager talking with people who used the service and with staff. They knew about the support each person was receiving and they also knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped the registered persons to effectively manage the service and provide guidance for staff.

We noted that staff working in both services were provided with the leadership they needed to develop good team working practices. We saw that staff knew that they were expected to contact the registered manager or care support manager at any time if they needed advice. In addition, records showed that during the evenings, nights and weekends there was always a senior member of staff on call if staff needed to contact them. Staff in the supported living service said and our observations confirmed that there were handover meetings at the beginning and end of each shift when developments in each person's needs for support

were noted and reviewed. Staff working in the domiciliary care service told us that they regularly read the records that their colleagues kept of the support that had been given during each visit. They did this so that they knew about each person's changing needs for support. These measures all helped to ensure that staff in both services were well led and could support people in a responsive and effective way.

There was an open and inclusive approach to running the service. Most staff said that they were well supported by the registered persons. They were confident that they could speak to them if they had any concerns about another staff member. In addition, most staff said that positive leadership in the service reassured them that they would be listened to and that action would be taken if they needed to raise any concerns about poor practice.

We found that suitable arrangements were in place to enable the registered persons to robustly monitor and evaluate the quality of the service. Records showed that the registered persons had regularly completed quality checks to make sure that people who used both services were reliably receiving all of the support they needed. These included the registered manager and care support manager helping people who used both services to liaise with their landlords so that necessary repairs were undertaken to maintain their accommodation. In addition, the registered persons had also helped people using the supported living service to ensure that equipment such as fire alarms were checked regularly and continued to work correctly. Other quality checks included confirming that people who used both services were being supported in the right way to manage their medicines, obtain healthcare assistance and handle their finances.

We found that the registered persons had provided the leadership necessary to enable people who used both services to benefit from staff acting upon good practice guidance. An example of this involved the registered persons using national advice about how best to provide people with positive support when they become distressed. We saw that this was reflected in the way staff responded to difficult situations in a way that promoted positive outcomes for the people concerned.