DCS and D Limited

Heritage Healthcare - Middlesbrough

Inspection Report

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Contents

Summary of findings

Overall summary

Heritage Healthcare provides a homecare service to a wide range of people who need care and support whilst living in their own home within Middlesbrough and the surrounding area. At the time of our inspection the service delivered care to 14 people over 168.45 hours per week. The service had not been previously inspected by CQC since the branch had only been registered to provide care in December 2013.

The service had a registered manager in place who was supported by seven members of staff, most of whom had worked in the care sector for a number of years. At the time of our visit the registered manager was supported by one care coordinator. This meant there were enough staff to provide the required levels of care.

Each person had a care plan and these included a personal profile which described their personal preferences in relation to their religion, food, drink, and daily routines. We saw these had been reviewed monthly. This helped staff to pick up on changes in people's behaviours, which may indicate if they were anxious, in pain or in distress.

Mental capacity statements and best interest assessments where in place if people were unable to make decisions for themselves. Members of staff we spoke with showed a good understanding of people's care and support. The service had a clear set of values and principles which staff understood and we found was embedded into the care they provided. We saw good leadership at all levels. The registered manager promoted a positive culture that was person centred, open, honest and inclusive.

One care worker told us they were open, honest and inclusive. Members of staff told us they felt empowered to act professionally and make day-to-day decisions.

People told us the service was reliable; they said they arrived at the right time and stayed for the agreed length of time. This was also reflected in the pre-inspection questionnaire which showed 100% of the respondents said the staff came on time and stayed for the agreed length of time.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We saw mental capacity statements and best interest assessments were in place, for people who were unable to make decisions for themselves.

The members of staff we spoke with were aware of their individual responsibilities to report any incidents or concerns and understood their employer's whistle blowing procedures, this helped to make sure people were kept safe.

We saw that each person had their needs assessed prior to the service starting. Each person's assessment included information from the person and their families about their needs, choices and health problems. People using the service had signed the care plans to indicate they had been involved in the assessment and planning of their care.

We saw each person had a personal profile. This described their preferences in relation to religion, food, drink, and daily routines. We saw these had been reviewed monthly.

Members of staff were provided with and wore appropriate personal protective equipment, such as disposable gloves and aprons. The members of staff we spoke with showed they had a good knowledge of infection prevention and control procedures.

We observed that people were given their medicines as prescribed and relevant staff had attended training about the safe handling of medicines.

We confirmed members of staff had undergone appropriate checks with the Disclosure and Barring Service (DBS) prior to starting work with the service.

Are services effective?

Members of staff gave people choices about their care. All care plans included a section about people's preferences which allowed people's needs and choices to be recorded, so staff were aware of what was important to people. For example, what people liked to wear, eat and drink and how they wished to be addressed was clearly recorded.

All the care plans we looked at recorded the support people received from health care professionals such as district nurses. Records showed that contact was made with health care professionals on behalf of people who received a service (with their permission) when any concerns had been identified.

Summary of findings

Members of staff were supported through a programme of staff training, supervision and appraisal. These ensured staff were supported to deliver care safely to people. Core training for all staff included the administration of medicines, moving and handling, fire safety, infection control and food hygiene.

We saw that staff rotas were rolled over from week to week. This meant that people received care from the same group of staff each week, promoting continuity of care.

Are services caring?

People told us staff provided care with compassion and respect. We were told staff sat with people talking about things that were important to them. Staff told us they spent time watching people's body language and facial expressions to understand how they were feeling. Members of staff spoke about how they made sure people's dignity was maintained, for example, when using a hoist.

Members of staff had received specific training in dementia care and were able to tell us how they had put this into practice.

People's care plans included up-to-date information on how to care for them and how to meet their individual preferences. We also saw in people's plans how they were encouraged to be as independent as possible.

People were able to express their views and these were listened to. We saw records from reviews with people and their relatives. These had taken place every month. The records we saw showed the registered manager had acted on people's views.

Are services responsive to people's needs?

People's capacity to make decisions for themselves was considered under the Mental Capacity Act (2005). When people did not have capacity, decisions had been taken in the person's best interest and this had been recorded.

We saw people were encouraged to maintain their relationships with their friends and relatives.

People were aware of how to make a complaint. Information was provided in the 'service user guide'.

We reviewed the staff rotas and the call monitoring system staff used when they arrived and departed from someone's house. We confirmed people received their care in accordance with the time allocated which had been determined by the local commissioners.

Summary of findings

Are services well-led?

We saw good leadership at all levels. At the time of our visit the service had a registered manager in place.

The registered manager showed us minutes from staff meetings. This showed learning from mistakes and incidents took place, such as group learning from safeguarding incidents. We also saw individual cases were discussed in order to share good practice.

The service had not received any complaints since it was registered in December 2013. However, we looked at how it would respond to any complaints and saw there was a robust and clear process that ensured any complaint was acknowledged, investigated and responded to appropriately. The registered manager told us learning from issues raised in complaints would take place at staff meetings.

We saw people's level of dependency was assessed regularly and the registered manager explained how this was a determining factor for staffing levels.

The service had an internal audit system in place. Monthly audits on the quality of the service took place and we saw that when issues were identified action plans were put in place to address them, this helped to make sure improvements were made.

Summary of findings

What people who use the service and those that matter to them say

We spoke with four people who used the service. When we asked people about the care they received , their comments included, “It is a good organisation, very helpful and kind”, “I would not hesitate to recommend Heritage to anyone”, “I am always treated well”, “Heritage have a very high standard of care” and “They are a wonderful set of people, they always sit with you and talk to you” and “It makes my day when they come, in fact it’s the highlight of my day, they are so caring.”

People told us they know how to complain, one person said, “Yes, I would know how to complain; if I ever have the need to ring the office about something that niggles me, they always try to sort it out straight away.”

Heritage Healthcare - Middlesbrough

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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

We visited this service on 7 May 2014. We used a number of different methods to help us understand the experiences of people who used the service. These included talking with members of staff and people who used the service. We also looked at documents and records that related to people's support and care and the management of the service.

The inspection was carried out by an inspector who gained information by speaking with care staff and people who used the service.

Prior to the inspection we spoke with a representative from the local clinical commissioning group who provided positive feedback about the service. We also contacted a representative from the local Healthwatch.

Upon arrival at the inspection the provider gave us access to their completed 'provider information return'. They told us they had submitted this to the Commission electronically.

On the day of our inspection the service provided care for 14 people.

Are services safe?

Our findings

People told us that they felt safe whilst staff from the service were in their home. Comments included, "I feel perfectly safe, I can't imagine there ever being a problem", "Yes, I feel safe", "The staff are all so kind" and "I couldn't feel safer; the staff always wear ID badges so I know they have come from Heritage." Of the 6 people who completed a pre-inspection questionnaire, all indicted they felt safe from abuse and/or harm.

Other people told us about the access arrangements to their home and how this made them feel safe; this included the use of key safes and intercoms. People also knew how to contact the on call member of staff if there was ever any worries.

We saw that the service had a clear policy and procedures in place that provided staff with guidance to follow if an incident of abuse was reported or suspected. In discussion with members of staff, they demonstrated a good understanding of their responsibilities in terms of safeguarding people from abuse and communicated a desire to ensure the safety and wellbeing of people who used the service.

Records showed that training in the area of safeguarding was provided to all staff including all support staff. Members of staff told us this training provided them with the necessary guidance in order to be able to report any instances of abuse.

The two members of staff we spoke with were aware of their individual responsibilities to report any incidents or concerns and understood their employer's whistle blowing procedures. Members of staff said they were confident managers would deal with any such concerns effectively and support them as whistle blowers.

We had not received any notifications from the service since its registration to inform us of a safeguarding incident. We looked at the safeguarding log and confirmed there were no current safeguarding investigations or referrals. We asked the registered manager about this who told us there had not been any incidents so far. However, they were able to talk about the procedure for making referrals which showed they understood the process.We looked at the care records and saw mental capacity statements and best interest assessments were in place where required, for people who were unable to make decisions for themselves. Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) is law protecting people who do not have mental capacity, which means they may not be able to make some decisions for themselves. The registered manager told us no DoLS were in place for any of the 14 people who used the service.

We saw the registered manager completed a monthly audit of accidents and incidents including any falls people may have had. We reviewed the minutes from staff meetings and notes from individual staff supervisions. We saw any accidents or incidents that occurred had been talked through openly with members of staff in order to promote continual improvement and learning.

We observed from care records that people had their needs assessed before the service commenced. Each assessment contained information from the person and their families about their needs, choices and health problems. Information was also provided by health and social work professionals such as district nurses, GPs and social workers. This meant the staff had the appropriate information about people's health and wellbeing at the start of the care.

We saw that all 14 people had a set of risk assessments which identified hazards people may face and provided guidance to staff to manage any risk of harm. Care plans and risk assessments were reviewed monthly to ensure they were current and relevant to the needs of the person. We saw reviews were meaningful and informative. We saw information about people's health and well being was communicated with district nurses, GPs and other relevant professionals. We noted the moving and handling risk assessment identified the assistance needed for people moving from sitting to standing and showering, walking, toileting, and repositioning.

We observed that a person's ability to make choices and decisions had been recorded as part of their initial assessment and again during care plan reviews. We saw comments in records such as, "XXX has full capacity to make decisions and choices on her own. On some occasions XXX may have been up late on an evening due to Vertigo and this could mean that XXX does not go to bed until two or three am. If this should happen xxx has requested that we do not wake her on the morning or contact family if not able to gain access as she is more than likely to still be asleep due to being up late. Xxx has agreed

Are services safe?

that if she is unable to leave a message on the on call phone then she will ring the office when she gets up. If no phone call has been received from xxx by 1pm then we must contact the family or social worker."

Arrangements were in place to administer medicines safely. We saw people were given their medicines as recommended by the manufacturers, especially with regard to food. Appropriate arrangements were in place to make sure that medicines were obtained in a timely way.

People were given their medicines as prescribed. The records for all 14 people about the management of medicines showed they were handled safely. Information was available to guide staff how to administer medicines which were prescribed to be given "when required". Appropriate arrangements were in place for the recording of medicines. We saw from the records that that medicines, including creams, had been given as prescribed.

We saw that relevant staff had attended training about safe handling of medicines. The registered manager had a system to audit medication in place and actions were taken to resolve any concerns found as a result of the audits.

One person told us that they were supported by two staff from the service as they needed assistance with mobility using a hoist. We saw from the daily notes completed by the care workers in the person's home that there had been one occasion when only one member of staff had signed to confirm they had attended the person's home. We asked the registered manager about this who told us this was not a problem since the person's spouse was trained in moving and handling people. We pointed out this meant the service was not providing what had been agreed and we were assured that two members of staff would always be in attendance from now onwards.

We reviewed the service's policies and procedures designed to recruit appropriate staff. We confirmed that at least two references had been received for each new member of staff. Checks had been made with the Disclosure and Barring Service (DBS) to confirm the person had not been registered as being unsuitable to work with vulnerable adults.

We reviewed the service's policy on the safeguarding of vulnerable adults. We saw staff had received appropriate training and safeguarding issues were discussed at people's supervisions as well as in more general terms at staff meetings. We reviewed the safeguarding log and saw appropriate referrals had been made and recommendations following investigations had been acted on. At the time of our inspection there were no safeguarding investigations in place.

Members of staff told us they good supplies of personal protective equipment (PPE) and that they had read the service's infection control policy and received training on it. However, when we asked the registered manager about the content of the training we were told this consisted of working through a workbook provided by the NHS. We suggested that the service may wish to seek specific training for staff in this area.

Are services effective?

(for example, treatment is effective)

Our findings

We reviewed four care plans. We saw each person had a personal profile which described their personal preferences in relation to religion, food, drink, and daily routines. We saw this had been reviewed monthly. One member of staff told us, "We make sure we observe people's wishes and choices. We have one person who, because of his faith, can only be showered in his underwear and we have to wait outside of the bathroom. The care plan makes this very clear and we all respect their wishes."

Care plans also recorded the support people received from health care professionals such as district nurses. Records showed that contact was made with health care professionals on behalf of people who received a service (with their permission) when any concerns had been identified.

All four care plans showed each person had a personal profile which described their personal preferences in relation to religion, food, drink, and daily routines. We saw this had been reviewed monthly. This allowed staff to identify any changes in people's behaviours which may indicate anxiety, pain or distress.

We looked at the staff rotas and saw the computer software used to devise them automatically calculated travel time between locations by the use of the postcode. This meant that adequate time was allowed between calls. Members of staff confirmed there was enough time between calls even if they overran slightly. This meant that care workers did not have to rush calls or leave them early. We also saw that if a person required the assistance of two care workers, the computer system would not allow the rotas to be completed without two people being allocated. We saw rotas were rolled forward week-to-week so that the same care workers were allocated to the same people in order to promote continuity of care.

The two members of staff we spoke with demonstrated a good understanding of people's care and support needs and clearly knew people well. They were able to talk about people's social history and their care needs.

We confirmed that all staff had received training in end of life care and dementia. This ensured staff had the skills to manage end of life care appropriately.

Members of staff were supported through a programme of staff training, supervision and appraisal. These ensured staff were supported to deliver care safely to people. Core training for all staff included the administration of medicines, moving and handling, fire safety, infection control and food hygiene.

We reviewed the staff training records and found there was a system in place to identify the courses staff had completed and to highlight those for which new training or updates were required. We saw staff received specific training for caring for people with forms of dementia and diabetes. In addition, staff had been trained in end of life care.

We reviewed how the staff protected people from developing skin damage and how they cared for people who had pressure sores. We found people who had been assessed as being at high risk of developing skin damage, as a result of being nursed in bed for example, had charts in place showing they had been re-positioned in accordance to district nurse instructions.

We asked people for their views on the service; comments included, "It is a good organisation, very helpful and kind", "I would not hesitate to recommend Heritage to anyone", "I am always treated well" and "Heritage have a very high standard of care."

Are services caring?

Our findings

We saw that people's care needs had been reviewed monthly. People's care plans included a record of monitoring visits by the registered manager. People were asked specific questions about their care and their responses had been recorded. Where people had raised concerns about their care, however small the issue, we saw the service had acted on them to the person's satisfaction. This included a change to one person's regular care worker.

We saw staff recorded the support that had been provided for people at each visit in order to share information effectively with the person concerned, their family and other staff. People using the service told us staff read these notes when they arrived to check if any changes had been made. This meant people received appropriate and up-to-date care. Everyone we spoke with told us that they were receiving the care they required.

Members of staff told us they took time to understand the needs of people who were not able to communicate as well as others, particularly those with dementia. They described how they spent time watching their body language and facial expressions to understand how they were feeling. One member of staff told us, "Because we only have a relatively small client list, we know everyone very well and we communicate well between us so we get to know everyone's expressions and gestures."

Respondents to the pre-inspection questionnaire all confirmed they had been introduced to the care worker before they provided care. One person told us this was particularly useful, "It was important that I met the girl [care worker] before they started because they are giving me personal care."

We reviewed four care plans and saw they were written with the needs of each person in mind. Each plan contained up-to-date information on how to care for the person and how to meet their individual preferences.

People were able to express their views and these were listened to. People told us that they felt the care workers listened to them and cared about them. Comments we received from people included, "They are a wonderful set of people, they always sit with you and talk to you" and "It makes my day when they come, in fact it's the highlight of my day, they are so caring."

One member of staff told us, "I have worked for another care agency for a number of years and I can honestly say Heritage is such a caring company; it's all about the people with Heritage."

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We saw that people's capacity to make decisions for themselves was considered under the Mental Capacity Act (2005). When people did not have capacity, decisions had been taken in the person's best interest and this had been recorded. For example, we saw that one person's capacity to go out of their home had been assessed. We were told that no one was currently using an independent mental capacity advocates (IMCA) although we noted information was provided in the 'service user guide' about independent advocacy services.

The registered manager was able to describe the principles behind DoLS and understood their responsibilities to make an application when they considered this to be in the person's best interests.

We saw people's health was monitored at each visit. The care workers we spoke with confirmed they would report changes requiring additional interventions.

Two of the care plans we reviewed included copies of 'do not attempt cardiopulmonary resuscitation' (DNACPR) forms in place. The registered manager told us the original forms were kept in people's houses. This meant staff were aware of people's wishes.

We saw people were encouraged to maintain relationships with their friends and relatives. The registered manager told us friends and relatives were often actively involved in people's day-to-day care.

At care plan reviews people were asked specific questions about how the agency were meeting their needs and people's responses had been recorded. This gave people an opportunity to make choices that would influence the care or support they received.

We reviewed the staff rotas and the call monitoring system staff were required to use when they arrived and departed from someone's house. We confirmed people received their care in accordance with the blocks of time determined by the local commissioners.

Members of staff also told us about the arrangements for when they carried out care which required two care workers to be in attendance. One member of staff said, "If the call requires two people then we will not start the care or the hoisting until the other person is there, that is very important."

We were told people who used the service were given information about how to make a complaint in the 'service user guide'. We noted there was an easy read version of the complaints procedure available using pictures and simple text. This meant that people were given information on how to make a complaint in a suitable format if they had difficulty in reading and understanding relatively large amounts of text. One person told us, "Yes, I would know how to complain; if I ever have to the need to ring the office about something that niggles me, they always try to sort it out straight away." We saw there had been no complaints over the last year.

Are services well-led?

Our findings

We saw positive leadership at all levels where managers and senior staff interacted well with care workers and communication was good. At the time of our visit the service had a registered manager in place. The registered manager was supported by one care coordinator. One care worker told us they were open, honest and inclusive. Members of staff told us they felt empowered to act professionally and make day-to-day decisions; comments included, "Most of us have worked as a team before with another company and we also worked with the current manager, we have really good communication between us."

We saw there was a whistle blowing policy in place. Members of staff confirmed they were aware of the policy and would feel able to use it without fear of any adverse redress. The registered manager showed us records of the monthly internal quality assurance programme carried out by the provider which included checks that all service user files were complete in content, all records were legible, readily identifiable, secure and correct. We also saw checks were completed on care plans to ensure they werecomprehensively completed and the activities have been carried out to the plans.

We saw where corrective action was required the registered manager had ensured these had taken place.

People told us the service was reliable; they said they arrived at the right time and stayed for the agreed length of time. This was also reflected in the pre-inspection questionnaire which showed 100% of the respondents said the staff came on time and stayed for the agreed length of time. Some people said that they understood care workers might be delayed if other people they were visiting that day were unwell or the traffic had been particularly busy. Some people said that, if the care worker was going to be late, the office would always let them know.

The registered manager showed us minutes from staff meetings that showed learning from mistakes and incidents took place. At every staff meeting we saw the team had discussed specific cases and used them to learn about good and safe practice. We asked the staff members about the culture for reporting incidents; one said, "We would definitely report any incidents, we would not ignore them."

We looked at the service's complaints monitoring system and saw no complaints had been received. The registered manager showed us how complaints would be dealt with and we confirmed the process was robust.

We saw people's dependency was assessed regularly and was a determining factor for staff levels. We were told that staffing levels were adjusted when people's needs changed. The service did not employ any agency staff and shortfalls as a result of sickness or holidays were covered by other members of staff in the team.