

DCS&D Limited

Heritage Healthcare York

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?

Requires improvement 

Overall summary

We inspected this service between 8 and 27 October 2015. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the location offices when we visited.

Heritage Healthcare York is a domiciliary care agency and is registered to provide personal care to people in their own homes. At the time of our inspection the service was supporting 76 people in and around the City of York.

The service was registered at a new location in April 2015 and this was the first inspection of the service at this location.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

‘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.

Care Workers we spoke with understood the signs of abuse and knew what action to take to keep people using the service safe. We found that people’s needs were assessed and risk assessments put in place to reduce risks and prevent avoidable harm.

The service had a safe recruitment process to make sure only people considered suitable to work with vulnerable client groups were employed. Meanwhile the service had systems in place to ensure that there were enough staff to meet people’s needs in the event of sicknesses and absences.

Where care workers supported people using the service to take their medication, we found that this was not always accurately recorded on Medication Administration Records. This could increase the risk of medication errors occurring. We discussed this with the registered manager and they sent us information on a new system they had introduced to more closely monitor and respond to errors with recording. We will review how effective this system is at our next inspection of this service.

There was an effective induction process and on-going training to equip care workers with the skills and knowledge to carry out their roles effectively. Although there were some gaps in care workers training the registered manager was taking steps to enable them to deliver all training in-house and ensure that care workers training would be up-to-date by the end of the year.

We found that people were supported to eat and drink enough and, where necessary, supported to access healthcare service to promote and maintain their health and wellbeing.

Care workers supported people to make decisions wherever possible, whilst decisions made on people’s behalf were done so in line with relevant legislation and guidance. People using the service told us that they felt listened to, involved in creating their care plans and involved in decisions about the care provided. People reported that they felt their privacy and dignity were respected and were consistently positive about their care workers who were described as knowledgeable, well-trained as well as caring and compassionate.

We found that care plans were person centred and the service had a system in place to share information so that carers could provide personalised support that was responsive to people’s changing needs. The registered manager appropriately responded to compliments and complaints.

People we spoke with told us that the registered manager was approachable and that the service was well-led. We saw that the registered manager provided care to people using the service and used this time to monitor the quality of support provided and respond to comments or concerns. The registered manager also completed spot checks and competency checks of care workers practice to make sure they provided quality person centred care. However, we found that records were not always well-maintained and that the service did not have a formal system in place to audit care plans, risk assessments and medication administration records. This meant that some gaps in records had not been identified and addressed. We have made a recommendation about this in our report.

Summary of findings

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.

Care workers understood the types of abuse they might see and what action they would need to take if they had any concerns.

The service identified and assessed risks to keep people safe and prevent avoidable harm.

The service had a system in place to ensure that there were enough suitable care workers to meet people's needs.

People were supported to take prescribed medicines. The registered manager had put plans in place to address issues around accurate recording on people's Medication Administration Records.

Good



Is the service effective?

The service was effective.

New care workers were supported to develop the skills and experience needed to carry out their roles through an effective induction.

Although some training needed to be updated, the registered manager was in the process of changing the system to provide all training in-house and had a plan in place to achieve this and bring training up-to-date by the end of the year.

The service supported people to make decisions wherever possible, where necessary in consultation with family, friends and other professionals.

Good



Is the service caring?

The service was caring.

People told us that care workers were caring. We could see that people using the service had developed positive caring relationships with the care workers who visited them.

People were supported to be actively involved in making decisions about the care they received.

People we spoke with felt that their care workers respected their privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and care plans developed to enable care workers to provide personalised care and support.

Good



Summary of findings

The service had a system in place to manage and respond to complaints, comments and concerns.

Is the service well-led?

The service was not always well led.

People using the service and care workers told us that the service was well-led and that the registered manager was approachable and supportive.

The registered manager actively monitored the quality of care and support provided. However, the system used to audit the quality of records kept was not robust and we found that records were not always well maintained.

Requires improvement



Heritage Healthcare York

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited the location offices on 8 and 27 October 2015 and made telephone calls and visited people using the service between these dates. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the location offices when we visited.

The inspection was carried out by one Adult Social Care Inspector and an Expert by Experience (EXE). An ExE is someone who has personal experience of using or caring for someone who uses this type of service. The ExE supported this inspection by carrying out telephone calls to people who used the service following our office visit.

Before our visit we looked at information we held about the service which included notifications sent to us.

Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also asked City of York Council's safeguarding and commissioning teams if they had any relevant information about the service. They told us they did not have any significant concerns about Heritage Healthcare at the time of our inspection.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of this inspection we spoke with 13 people using the service by telephone and visited two people at home. We also spoke with six relatives to ask them what they thought of the service. We visited the provider's office and spoke with six care workers, the senior care coordinator and the registered manager. We looked at six people's care records, four care worker recruitment and training files and a selection of records used to monitor the quality of the service.

Is the service safe?

Our findings

People using the service told us they felt safe with care workers in their home and with the support that they provided. Comments included “I feel so at ease with having them around, we are in safe hands” and “Yes I feel safe, I have no concerns, they seem to know what they are doing.” A relative we spoke with said “When I go out I know I don't have to worry, it's such a relief.”

We saw that the service had a safeguarding adult's policy and provided training on how to identify and respond to signs of abuse. Care workers we spoke with understood the signs of abuse and could describe what action they would need to take to keep people safe. One care worker described how they identified signs of abuse “You have to look out for changes. You notice if anything is different a change in behaviour. I would ring the manager if I had concerns.” Another care worker told us if they had concerns they would “Notify management, share the concerns and monitor the situation.”

There had been one safeguarding alert since the service was registered at this location in April 2015. We saw that this had been investigated by the registered manager and appropriate action taken in consultation with the Local Authority safeguarding team. This showed us that the service had a system in place to protect people from abuse and avoidable harm.

We looked at care plans and risk assessments. We saw that in each case, people's needs were assessed, risks identified and risk assessments put in place before care workers started providing support. Care plans contained risk assessments for staff when lone working and for people that used the service in respect of falling, moving and handling, medication management and environmental risk assessments. Risk assessments documented risks that had been identified and provided information on how these risks were managed. For example, we saw one risk assessment identified a high risk of falls. The risk assessment documented ‘existing control measures’ which included a pendant and falls detector used to raise the alarm in the event of a fall. The risk assessment also identified ‘further risk controls’ including constant monitoring during care worker's visits, prompting to use a walking frame and prompting to ensure that the person wore their pendant and falls detector at all times.

Care workers we spoke with showed a good understanding of people's needs and the risks associated with providing their care and support. One care worker described how the person they supported was unable to manage their medication safely; they told us a best interest decision had been made to install a medication safe so that prescribed medications were stored securely and to prevent avoidable harm because the person was then unable to access them independently. This showed us that the service had a system in place to identify and manage risks to keep people using the service safe.

We saw that accidents and injuries were reported, documented and appropriate action taken to prevent further incidences. Accident and incident reports were collated by the registered manager and signed off when they were satisfied that appropriate steps had been taken to minimise future risks. For example one accident and incident report concerned a person who had fallen and sustained an injury. On further investigation inappropriate footwear was identified as the cause. This problem was rectified and the registered manager reiterated to staff during the next team meeting the importance of ensuring people using the service wore appropriate footwear.

The service had a safe recruitment process. Applicants completed an application form and had an interview before being offered a job. We saw that the service obtained references and completed a Disclosure and Barring Service (DBS) check. DBS checks return information about spent and unspent criminal convictions, cautions, reprimands and final warnings. DBS checks help employers make informed decisions about whether it is safe for a person to be working with vulnerable client groups. By completing interviews, references and DBS checks, we could see that the service was taking appropriate steps to ensure that only care workers considered suitable to work with vulnerable people had been employed.

We reviewed rotas and spoke with care workers who confirmed that they had a minimum of five minutes travel time between visits. The registered manager explained that they only accepted new packages of care in certain areas to reduce travel times and ensure care workers could get from one visit to the next on time. Care workers we spoke with said they often struggled to get to the first person on time because of the traffic. However, once at the start of their calls to people and in that area, visits were close enough together to get to people on time. People using the service

Is the service safe?

told us “Sometimes they are a little late, but they ring if they are going to be very late.” Other people told us “Oh its fine, they are a bit late sometimes, but not often” and “They are sometimes held up by traffic but they always ring me.”

The senior care coordinator explained how the Local Authority produced a daily list of people requiring a new package of care. We saw how gaps were identified in the rotas before bids were placed to provide a new package of care to a person off this list. This ensured that new packages of care only started when the service had care workers available to provide that support. The registered manager told us the service ensured they had enough care workers to meet people’s needs by keeping a surplus between the number of available hours each week (how many hours care workers had agreed to work) and the number of care hours they actually provided to people using the service. We saw that the amount of support provided was less than the hours care workers had said they were available to work. Care workers explained that they declared their availability two weeks in advance and that the care co-ordinators used this information to identify who could cover calls in the event of sicknesses and absences. Meanwhile the registered manager and senior care coordinator told us they both provided hands on care if gaps in the rotas needed covering. This ensured that the service had enough care workers to meet the needs of the people they were supporting.

The service supported people who required assistance to take their medication. Whilst some people needed only prompting, other people needed care workers to give them all their medication or help apply topical creams. People using the service told us this was done safely. Comments included “They give me my pills, I hate chewing that white one but they stand there and nag me till I do, they are very good” and “They do my medicines, I don't touch that, they make sure I take them.”

We saw that where care workers supported people to take their medication; care plans contained ‘Medication Risk Assessment/Agreement’ forms signed by the people using

the service or their representative. These documented the level of assistance needed, where the medication was stored and information about who collected the prescriptions. We saw that the service had an up-to-date medication administration policy in place and that all care workers had completed training on medication management within the last 12 months. The registered manager told us they completed medication competency checks on all new care workers and on an annual basis for all care workers. We reviewed four care worker files and saw that medication competency checks had been completed.

We looked at Medication Administration Records (MAR) used by care workers to record medication given to people using the service. We found gaps on MARs where care workers had not signed to record that they had administered that person’s prescribed medication. We saw that some medication was prescribed to be taken when needed. Although care workers signed to record when this medication had been given, they did not always document that they had offered this medication and it had not been needed.

We spoke with the registered manager about how poor recording on MARs could lead to medication errors. They sent us minutes of a team meeting they subsequently held with care workers to discuss issues with recording. This showed us that the service had nominated four care workers for additional training and they would take on additional responsibilities for auditing MARs and addressing concerns with recording. We will review how effective this system is at our next inspection of this service.

Despite issues with maintaining accurate records, people who used the service did not raise concerns about the support they received to take their prescribed medication and there had been no medication errors in the last 12 months. We could see that where there were gaps on MARs, daily notes recorded that medication had been given. This showed us that people were receiving their medication as prescribed.

Is the service effective?

Our findings

People using the service told us “They [the care workers] are very efficient and seem to know what they are doing, there is one girl in particular who is very knowledgeable” and “The girls are really nice, well trained.” Other people said “They do everything I need; they are very polite and well trained.”

We saw that care workers had an induction and training to help them carry out their roles effectively. The registered manager told us that all new care worker completed training on moving and positioning, medication management and food hygiene before starting any care work and we saw records of training completed in care workers records. We saw that new care workers shadowed more experienced care workers to develop the skills and confidence needed to provide effective care and support. One care worker told us “I did five days’ worth of shadowing, but if you need more you can have more...with shadowing I learnt so much, you can do as many hours as you need, I felt really supported.”

Care workers we spoke with consistently told us that they were encouraged to do as much shadowing as needed and were not pressured into working by themselves until they felt confident to do so. The registered manager told us they liked new care workers to shadow them on visits and a new care worker confirmed that this happened on their first day of shadowing. The registered manager told us this allowed them to support new care workers, role model best practice and monitor for any training issues. One person using the service told us “We usually have the same girls but she brought a trainee a few weeks ago and she came back on her own the other day and she was spot on, you really can’t fault them,” whilst another person said “If I have someone new they have a more experienced care worker with them to show them the ropes.” This showed us the service had an effective induction programme to support and develop new care workers.

The registered manager, when asked about training, told us that the service was in the process of moving towards delivering training in-house. We saw that a senior care coordinator had, within the last week, completed a train the trainer course to enable them to achieve this goal. The registered manager identified that care workers’ training

was their current priority and showed us an action plan that identified the steps they had taken and would take to ensure care workers’ training was up to date by the end of the year.

We reviewed the service’s training record and saw that whilst moving and positioning, medication management and food hygiene training were up-to-date, there were gaps in other training. We saw that 15 out of 23 care workers had completed first aid training, nine had completed health and safety training, eight had completed infection control training and eight had completed training on safeguarding adults. Despite this, care workers told us they felt they had sufficient training to carry out their roles effectively and that they could access support, advice and guidance if needed. We saw that shadowing was used to support new care workers to learn safe and effective working practices and this was reflected in the feedback we received from people using the service who were consistently positive about the skills and experience of the care workers that visited them. We concluded that whilst training needed to be updated, the registered manager knew what action needed to be taken and was in the process of addressing this to bring all care workers’ training up-to-date by the end of the year.

The service had a care worker support and supervision policy in place. Care workers we spoke with consistently told us they felt supported in their roles and that advice and guidance were readily available. The registered manager told us that all care workers had received one to one supervision in the form of a probation review, appraisal or supervision since the service was registered at this location in April 2015. We also saw that the registered manager and senior care coordinator had completed regular spot check and competency checks of care workers practice. We reviewed records of probations reviews, supervisions and spot checks and saw that these were detailed and showed us that the registered manager was supporting staff to develop in their roles.

The service sought consent to provide care in line with legislation and guidance. We saw that care plans were signed by the people using the service or their representative. Where people were unable to make decisions for themselves (where they lacked mental capacity) we saw evidence of best interest decisions that had been made with the person’s family and other professionals involved in providing care and support. Best

Is the service effective?

interest decisions are decisions made on a person's behalf where they lack capacity and are governed by the Mental Capacity Act 2005 (MCA). This showed us that people's rights were protected in line with relevant legislation and guidance.

We asked care workers about the importance of consent; one person told us "You cannot make decisions for them [people using the service]; you have to support them to make decisions for themselves. You've got to encourage them, tell them what their options are." Another care worker described how they supported one person who struggled to communicate "I communicate with their partner, but you cannot ignore the person, but talking to the partner is quite useful." This care worker explained how the partner of the person using the service helped with decision making as they knew the person's past and present wishes and could also help interpret the person's non-verbal forms of communication.

Some of the people using the service told us that they required assistance with preparing meals and drinks. Where this was the case care plans contained information about the level of support needed and information about people's dietary requirements and any allergies. People using the service told us "I have my meals brought in by my family and they [the care workers] pop them in the microwave." Other people we spoke with said "They look

after me, after I get up they do my meals, it's all alright, and they leave me a drink" and "They get me my breakfast, my cereal and grapefruit and a nice cup of tea." This showed us that people using the service were supported where needed to eat and drink enough.

Care plans contained information about people's health needs and recent hospital admissions as well as contact details of healthcare professionals involved in supporting that person. We saw that the service supported people to attend routine doctors and hospital appointments if necessary and that care workers appropriately sought advice and medical attention where necessary. One care worker we spoke with told us "We monitor people as we are visiting all the time. We can tell if they are going 'downhill'." We were given one example where a care worker described how they were concerned about a person they supported and had noticed a change between visits during the day. The care worker described how they had rung the office for advice and agreed to call the doctor out and inform that person's next of kin what they were doing. A person using the service said that when they had been ill the care worker had called an ambulance and told us "The care workers stayed with me until the paramedics came." This showed us that people using the service were supported to maintain their health and access healthcare services when needed.

Is the service caring?

Our findings

People using the service told us “They [the care workers] are marvelous, they are more like my friends than care workers” and “I’m quite impressed with them, they are so kind and caring, so good to me.” Other comments from people included, “They’re the best care firm we’ve had, they’re like part of our family...they go out of their way to do anything they can to make you feel safe, comfortable and reassured.” These views were consistently reflected in comments from relatives of people using the service; one relative said, “The girls are almost friends now, they tell [Name] about their families and their children, it gives her an interest outside of me...it’s made a huge difference to her life.”

It was clear from these and other comments that people had developed positive relationships with their care workers and that people using the service valued these meaningful interactions. People we spoke with were consistently positive about their care workers and felt that they genuinely cared and showed an interest in their lives.

Care workers we spoke with demonstrated a good understanding of the importance of developing positive caring relationships with the people they were supporting. One care worker told us “We might be the only person they see that day so it’s really important to sit and have a natter.” We asked care workers if the other people they worked with cared about the people using the service. Comments included “Yes an unbelievable amount...they genuinely do care about the people they are supporting, I was shocked how much they care” and “Care staff are definitely caring you can tell by their attitude and the way they work, carers want to be here, they are not just rushing in and out.”

We could see that the service had a system in place to enable care workers to get to know the people they were supporting. Care workers told us that they had their own calls to people and this meant that they saw the same people on a regular basis. One care worker told us “I think we do have enough time to get to know people. We have our own areas so you get to know people...they become friends. We are going into their home so they need to feel comfortable with familiar faces.” The registered manager confirmed that they organised rotas to ensure that people using the service received support from a small group of care workers. This enabled care workers to develop

relationships and build a rapport with the people they were supporting. We could see from reviewing the rotas that people typically had a core group of care workers that provided the majority of their support.

We were told that the service produced rotas a week in advance and these were given to care workers each Friday detailing their visits for the following Monday to Sunday. We saw that people using the service had been given a copy of this rota and could tell us who would be visiting them on which day. People told us “We have a rota so we know who is coming”, whilst a relative told us “We have a team of about six and I get a rota on a Monday, so we know who is coming...they let us know if anyone is late or the rota has to be changed.” The registered manager told us that whilst they accepted new clients in the case of an emergency, they did not alter their rotas during the week as this impacted on the continuity of care, caused confusion and increased the risks of missed visits.

Care workers we spoke with understood the importance of supporting people to be actively involved in making decisions about their care. One care worker told us “We try and give as much choices as we can, like what to wear.” We asked another care worker how they supported people to express their views and be involved in decision making and they told us, “It’s checking with them as you go along, is it ok if I do this?” Another care worker described how people were supported to be in control of the care they received, “They can tell you what they want...I say you do what you can, do you want me to do that? Tell me what you need.” Meanwhile people who used the service told us they felt like they had control and made decisions about the support they received. One person said “They always ask if anything else wants doing.”

The registered manager told us that people using the service could be referred to advocacy services if needed and explained how advocates could be used to support people to make decisions, express their wishes and views and stay in control of their package of care.

People were treated with respect and dignity by the care workers. Care workers we spoke with described how they maintained people’s privacy and dignity when providing support with personal care. One care worker we spoke with told us “I make sure they are never fully undressed” and described how they put a towel over the person’s top or bottom half whilst assisting with personal care. Other care workers told us they made sure the doors were closed and

Is the service caring?

the curtains drawn before assisting people to get washed and dressed or left people alone after helping them onto

their commode. People using the service confirmed that care workers maintained their privacy, whilst a relative of a person using the service said “The carers are excellent, they are very good with [Name], very polite and respectful.”

Is the service responsive?

Our findings

The registered manager, senior care coordinator or a care worker with significant experience visited new clients and completed their own assessments of people's needs before starting a new package of care. The registered manager told us this was to ensure that care workers had accurate and up-to-date information about the level of support needed and to make sure that people using the service were happy with the proposed package of care. The registered manager explained that people sometimes wanted visits at different times to those requested by the local authority or wanted support from only male or female care workers. The registered manager told us that they used their initial assessment to explore this and make sure that the support provided respected people's personal preferences.

Once people's needs had been assessed the registered manager and senior care coordinator wrote care plans containing detailed information about the support required as well as task sheets providing a quick reference guide to the support to be provided. People who used the service told us that they were actively involved in creating their care plans. One person we spoke with said "I did the care plan with them", whilst another told us "I had my say in the care plan."

We looked at care plans and found that, whilst there were some gaps, they contained specific information about each person's support needs as well as details about their likes, dislikes and personal preferences. We saw that a copy of the care plan was kept in the service's offices and in the person's home for the care workers to refer to during a visit. One care worker we spoke with said "I look at the blue book [containing the care plan] they are useful, it has all the info we need." Care workers we spoke with consistently told us that care plans contained the important information they needed to provide care and support.

People were involved in reviews of their care plans and we could see from the records held that care plans were reviewed and updated regularly. Comments from people using the service included "The office reviews it [my care plan] from time to time" and "I have reviews of my care plan with them [the staff]." Records showed that the service routinely attended annual reviews of people's packages of care with a Local Authority social service officer and that the care plans were updated where needed. We saw that

care plans contained a "Service user monitoring sheet", which tracked changes made to the care plans and the reasons for this. We could see from these monitoring sheets that care plans were updated and packages of care altered to meet people's changing needs. For example one person's package of care had been reduced from four visits a day to three visits per day as they wanted support to go to bed at the earlier evening visit. Therefore the person no longer needed support late in the evenings.

The service produced a weekly memo that care workers collected each Friday when they visited the office to pick up the rotas for the following week. We saw that the weekly memos contained details about new people using the service as well as any changes to existing packages of care that people already had in place. One weekly memo documented "All of [Name's] paperwork has been updated so please review before you commence care." Care workers told us they then read the weekly memos, care plans and talked to the registered manager or senior care coordinator about that person so they understood what support was needed before visiting.

Where support was provided to a new person or someone they had not supported for a while, care worker told us "I spend more time, read the care plan first and ask them. I take it slowly and look back at the notes other care workers have written." We saw that care workers completed records of the support provided and that these were used to communicate information between visits. People using the service confirmed this saying "If staff are new or not used to the set up they read the care plan and find out what they need to do for me." We concluded that this system and personalised information within the care plans supported care workers to get to know people using the service and enabled them to provide personalised and person centred care based on up-to-date information about their current needs.

We saw that there was a complaint policy and procedure in place and a system to record and respond to comments, complaints or concerns. The service had received 12 compliments in 2015 and four complaints. Complaints had been investigated and detailed written responses given. This showed us that the service was taking appropriate steps to address and learn from complaints.

Is the service responsive?

People who used the service said they knew how to complain or raise concerns and felt that these would be listened to and acted upon. Comments included “I can contact the office quite easily”

And “I haven't had to complain about anything, but I have the complaints procedure, along with lots of other paperwork.” We saw that the care files in people's homes contained a ‘Service User Guide’. This provided contact information for the registered manager, the Care Quality Commission and the Local Authority and details of the circumstances in which people might wish to contact them. Service User guides contained the service's complaint procedure and information about how to respond to safeguarding concerns.

The registered manager told us that they regularly provided hands on care to ensure that they met the people using the service on a regular basis. The registered manager told us that this meant that they could build up a rapport with people and address any issues and niggles during the course of their visits. People using the service confirmed this saying “The managers come in from time to time to actually do the call, just to see how things are.” All of the people we spoke with knew who the registered manager was and felt that they could talk to them at any time. We concluded that this was an effective system to gather feedback and routinely listen to the views of people using the service.

Is the service well-led?

Our findings

This location is required to have a registered manager as a condition of registration. We found that there was registered manager in post at the time of our inspection.

People using the service told us “It’s extremely well-led and well organised...I’d recommend Heritage [Healthcare] to anyone. They are absolutely first class.” Other people we spoke with said “They are five star, they are really good” and “It seems quite well-led.” Meanwhile care workers said “I think it is well-led, there is a good care team and the management team and carers work well together” and “It is well-led, they [the office staff] are very organised.”

Care workers we spoke with told us “I really enjoy working here” and “I love my job...we work together well, if there’s an issue we ring each other.” Care workers consistently reported that they felt supported in their roles and could approach the registered manager with issues or concerns if they needed to. Comments included “If you say there is a problem then they fix it”, “If we are unsure we can always give them a ring, they are very good” and “You can always ring or text if you have any problems.” This showed us that the registered manager promoted an open and supportive culture within the service.

The registered manager and senior care coordinator provided hands on care and support to people using the service and we could see this was an important system used to monitor the quality of care provided, support new care workers and role model best practice in leading by example. One example of this was when new packages of care started. The registered manager told us “We try to do the first few visits ourselves to test out the package of care.” They explained that they used this opportunity to check that care plans contained all the relevant information and risk assessments were appropriate to people’s needs. One person using the service confirmed this, saying the registered manager had been there when their package of care started to see if there were any problems and to make sure they were happy with the arrangements.

There was an on-going system in place to monitor the quality of the care and support provided to people using the service. Records showed that the registered manager and senior care coordinator completed regular spot-checks of care workers’ practice and medication competency checks to ensure care workers were delivering high quality

care and support in line with best practice. We reviewed records of spot-checks and competency checks and saw that these were signed by the care worker and registered manager, documented whether any issues or concerns had been identified and if any further action was needed. Whilst we saw that this was an effective system for monitoring the quality of care and support provided to people using the service, we found that it did not extend to monitoring the quality of the records kept by the service.

We found that records were not always well maintained and saw gaps in care plans that had not been identified and updated. We saw one care plan contained gaps regarding that person’s ‘dislikes’ and ‘what makes a good and bad day’, whilst another care plan did not document who that person’s G.P was or any medical conditions they might have. We found other care plans where ‘my life story’ had not been completed. Alongside this we found gaps on MARs where medications administered had not been correctly recorded. We spoke with the registered manager about this. They told us that they did not document formal audits of care plans, risks assessments or MARs. The registered manager explained that in the process of providing care and support they and the senior care coordinator looked at care records and addressed any issues they found. Whilst this was an informal system of quality assurance, we concluded that it was not robust enough as it had not identified and addressed the gaps in recording that we found in care plans and on MARs.

We recommend that records are kept up to date and are routinely checked to ensure they contain all relevant information.

At the time of our inspection there were no completed surveys or feedback from staff or the people who used the service. The registered manager told us that they completed an annual customer satisfaction survey and staff survey. This involved sending out questionnaires and then collating and analysing responses. We saw evidence that these had been completed in 2014 when Heritage Healthcare was registered at a different location. However, none had been completed at this location as the service had only been registered there for six months. Although there had been no surveys we could see that communication between the registered manager and

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people using the service was good. People told us they felt that their views and feedback was listened to as they had regular contact with the registered manager during their hands on visits to provide care and support.

We saw that the registered manager held regular team meetings and that these were also used to share information, gather feedback and discuss changes with care workers. We saw minutes for Team Meetings held in July, September and October 2015. Records showed that the registered manager and care workers had discussed absences and time keeping, issues or concerns regarding people using the service, care worker issues and issues around best practice.

We asked the registered manager how they kept up-to-date with changes in legislation and best practice. They told us they attended quarterly management meetings with the provider to discuss recent changes in legislation, policies and procedures and also share learning from other areas of the organization. The registered manager told us that City of York Council also put on events such as workshops on the Care Act 2014 and they attend Independent Care Group events and received updates. The registered manager told us that any changes were communicated through team meeting and the weekly memos given to care workers. This showed us that the registered manager was keeping up-to-date with changes in legislation and guidance on best practice and that this was effectively communicated to care workers.