

Heritage Care Limited

Harrow Street

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 

Overall summary

Harrow Street provides short-term, residential respite care for up to five people with learning disabilities. The service also provides day care support to people with learning disabilities, although this activity is not regulated by the Care Quality Commission (CQC).

We inspected the service on 19 August 2015. The inspection was announced. There were two people using the residential respite service and three people attending for day care on the date of our inspection.

The service had an established registered manager in post at the time of our inspection. A registered manager is a person who has registered with CQC 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.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of the inspection one

Summary of findings

person who used the service regularly had their freedom restricted in order to keep them safe and the provider had acted in accordance with the Mental Capacity Act, 2005 and DoLS.

People were cared for safely and they were treated with dignity and respect. They were able to access appropriate healthcare services and nutritional planning took account of their needs and preferences. Their medicines were managed safely.

People and their relatives were closely involved in planning the care and support provided by the service and staff listened to, and respected, their views about the way they wanted care delivered. People were supported to enjoy a wide range of activities and interests of their choice, both inside the service and in the wider community.

People and their relatives could voice their views and opinions to the registered manager and staff and were

able to raise concerns or complaints if they needed to. The registered manager and staff listened to what people had to say and took action to resolve any issues as soon as they were raised with them.

Staff were appropriately recruited to ensure they were suitable to work with vulnerable people. They received training and support to deliver a good quality of care to people. They understood how to identify, report and manage any concerns related to people's safety and welfare.

Staff delivered the care that had been planned to meet people's needs and had a high degree of knowledge about their individual choices, decisions and preferences. Staff cared for people in a sensitive, warm and friendly way.

The registered provider maintained systems to regularly assess, monitor and improve the quality of the services provided for people.

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.

People felt safe using the service and staff supported them in a way that minimised risks to their health, safety and welfare.

Staff were able to recognise any signs of potential abuse and knew how to report any concerns they had.

There were enough staff with the right skills and knowledge to make sure people's needs, wishes and preferences were met.

Medicines were managed safely.

Good



Is the service effective?

The service was effective.

People had access to appropriate healthcare support when they needed it and their nutritional needs were met.

They were supported to make their own decisions wherever possible and appropriate systems were in place to support those people who lacked capacity to make some decisions for themselves.

Staff received training and consistent support from the registered manager and her deputy to meet people's needs, wishes and preferences.

Good



Is the service caring?

The service was caring.

People were treated with dignity and respect and their diverse needs were met. Their choices and preferences about the care they received were respected.

Care and support was provided in a warm and friendly way.

Good



Is the service responsive?

The service was responsive.

People and their relatives were involved fully in assessing people's needs and planning the care they required.

People were supported to engage in a wide range activities and interests of their choice, inside and outside the service.

People and their relatives knew how to raise concerns and make a complaint if they needed to.

Good



Is the service well-led?

The service was well-led.

There was an open and welcoming culture within the service.

Good



Summary of findings

People and their relatives were encouraged to voice their opinions and views about the services provided.

The registered provider and manager had systems in place to assess and monitor the quality of the service provision.

Harrow Street

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. The inspection was planned to check whether the provider was 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 Harrow Street on 19 August 2015. The inspection team consisted of two inspectors and was announced. We gave the registered provider 48 hours advance notice of the inspection because we wanted to make sure there would be people at the service when we visited, to enable us to talk to them about their experience and observe the care they were receiving.

In advance of our visit we looked at the information we held about the service such as reports of previous

inspections, notifications (events that happened in the service that the provider is required to tell us about) and information that had been sent to us by other organisations such as the local authority.

During our inspection we spoke with two people who were using the service that day and four relatives who had come in to talk with us. We looked at five people's care records and spent time observing how staff provided care for people to help us better understand their experiences of the care they received. This was because some people were unable to tell us about their experience of using the service.

We also spoke with the deputy manager, two members of the care staff team and the activities organiser. We looked at five care plan records, three staff recruitment files, staff training records, supervision and appraisal arrangements and staff duty rotas. We also looked at equipment and building maintenance records, the complaints file and records of the various audits carried out to monitor the quality of the service provided.

Is the service safe?

Our findings

People said that they felt safe using the service. One person said, “I like coming to Harrow Street. These are my friends. They look after me.” Relatives were reassured that their family members were safe using the service. One relative said, “I am more than happy that [my relative] is safe here. If we weren’t then they would not come.”

We asked staff to tell us how they ensured the safety of people who lived in the service. They were clear about whom they would report any concerns to and were confident that any allegations would be fully investigated by the registered manager or the registered provider. Staff said that, where required, they would escalate concerns to external organisations. This included the local authority safeguarding team, the police and the CQC. Staff said, and records showed, that they had received training in how to keep people safe from abuse and there were up to date policies and procedures in place to guide staff in their practice in this area. The deputy manager also demonstrated her awareness of how to work with other agencies such as the local authority safeguarding team should any concerns be raised.

When accidents or near misses had occurred they had been analysed so that steps could be taken to help prevent them from happening again. For example, an accident form was completed when a person fell in the garden and action had been taken in line with the registered provider’s policies and procedures. We examined the maintenance records of equipment used by staff when providing care to people and saw that these had been serviced regularly to ensure their safety. We also saw that fire and gas safety checks were being completed regularly in line with legal requirements.

We looked at five people’s care plans and saw that possible risks to people’s wellbeing had been identified. For example, one risk assessment described the help and support one person needed when they travelled in the service’s mini-bus and the action that was required by staff to ensure they were safely secured. Another assessment identified that a person was at risk of choking and set out the action that was required of staff to address this, including the provision of a soft diet. We noted that the registered manager was in the process of reviewing the format of the risk assessments following a recent visit from the local authority contract monitoring team.

Staff demonstrated they were aware of the assessed risks contained in people’s care plans. For example, staff had noted that the safety of one person who used a wheelchair outside the service might be compromised as the safety belt fitted to the wheelchair might not be sufficient to keep them safe. During our inspection someone from the local wheelchair services team, who had been contacted by the service, arrived to fit the person for a new safety harness to ensure they were kept safe when out and about in their wheelchair. Staff told us that they were able to access care plans at all times if they needed to check people’s particular likes and needs. One member of staff told us of the importance of “double checking everything in the care plan” for someone who was new to the service.

Personal emergency evacuation plans had been prepared for each person and these detailed what support the person would require in the event of needing to be evacuated from the building.

We saw the registered provider had safe recruitment processes in place. We examined three staff personnel files and saw that written application forms and evidence of the person’s identity had been obtained. Disclosure and Barring Service (DBS) checks had been carried out to ensure that the service had not employed people who presented a risk working with vulnerable people.

Staffing levels were kept under continuous review by the registered manager. She maintained a register detailing who was booked to use the service up to six months in advance. This enabled her to adjust staffing levels to meet the particular needs of the people using the service at any one time. During our inspection we saw the numbers of staff on duty matched the planned rota for the day. Staff told us, and records showed, that staffing had recently been increased in the service in line with the recommendations from a recent local authority contract monitoring visit. This change meant one staff member now took a lead role on organising daytime activities for the people using the service. Staff and relatives told us this had made a big difference. One member of staff said, “People have enough to do now that [the activities coordinator] has taken over – there is a proper plan.” At the time of our inspection everyone using the service that day spent most of the day out visiting a local farm.

During our inspection we saw that staff had sufficient time to meet people’s needs and to talk to them individually without rushing. One person told us that if they had any

Is the service safe?

problems they could, “Talk to the staff and they would sort it out.” A relative said, “Staff were so busy in the service [my relative] lived at previously. Here staff have the time to do things with [my relative].” One new staff member told us, “I have a lot more time to spend with people here than I did where I worked previously.”

We reviewed the arrangements for the storage and administration of medicines and saw that these were in line with good practice and national guidance. As the service provides short stay respite services only, every person brought their own medicines with them at the start of their visit. These were checked in by staff, recorded in a personal medicine plan maintained for each person and

stored securely. Staff told us, and records confirmed, that only staff with the necessary training could access the medicines and help people to take them at the right time. At the end of their stay people took any remaining medicines home with them. The deputy manager told us that, very rarely and despite regular reminders to relatives, someone might come with medicines that were out of date. The deputy manager told us that they would never give people out of date medicine and had a arrangement with a local GP to enable them to obtain an emergency supply on the very infrequent occasions that this happened.

Is the service effective?

Our findings

Relatives told us that one of the great strengths of the service was that staff understood their sons' and daughters' individual needs and preferences. One relative told us, "Staff treat [my relative] as an individual. They know all of [my relative's] likes and recognise their moods. They help [my relative] to do activities that they particularly like." The relative also told us, "Out of all the services we have used for [my relative] this is the best. It's consistent."

Staff were confident in their ability to meet the individual needs of the people using the service. New members of staff received induction training when they commenced employment. This included local training identified as necessary for the service and familiarisation with the registered provider's company-wide policies and procedures. There was also a period of working alongside more experienced staff until the new employee felt confident to work alone. One relative told us, "Staff seem very competent."

Staff told us, and records showed, they received a varied package of training to help them meet people's needs. This included training in helping people to eat and drink safely, supporting people with learning disabilities and food hygiene. We saw that staff all held or were working towards a nationally recognised care qualification. The registered manager maintained a staff training plan for the year and kept records to show what training each staff member had completed and when refresher training was due. The deputy manager told us that the service used specialist training agencies to make sure they were up to date on best practice. Recently this had included training on allergens. One staff member said, "There are plenty of opportunities for training." Another staff member told us that all staff had recently completed refresher training in medicines. They said that this had been helpful and that, "Changes to the format of the personal medicine plan [used in the service] had been made as a result." One relative told us, "Another thing I like about the service, they always seem so well-trained."

From talking to staff and reviewing records we could see that staff were supported to do their role and received regular supervision sessions from the management team. This gave staff the opportunity to discuss working practices and identify any training or support needs. Individual staff members were encouraged to take on specific roles to

promote good practice and learning within the team. For example, one staff member had taken on the role of fire safety champion and another took the lead on catering issues.

Staff had received training in the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). This is the legal framework that exists to ensure that the rights of people who may lack mental capacity to take particular decisions are protected. Staff were able to demonstrate an understanding of the implications of both the MCA and DoLS for the way they supported people. For example, one member of staff told us it was important "never to presume" that someone lacked capacity and that they varied their approach to each person to reflect their differing levels of capacity to make decisions in particular areas.

Staff told us that they made sure people had as much choice and control over their lives as possible, for example in what to wear, what to eat, what activities to do and when to go to bed. Staff knew what steps needed to be followed to protect people's best interests. They also knew how to ensure that any restrictions placed on a person's liberty were lawful. We saw that staff were aware of the need to take appropriate advice if someone who used the service appeared to be subject to a level of supervision and control that might amount to deprivation of their liberty. At the time of our inspection one person who used the service regularly had a DoLS in place and we found that policies and procedures had been followed correctly.

People received good healthcare support whilst using the service. The deputy manager told us that the staff team worked very closely with people's relatives to make sure any changes in their health were known to the service at the start of their respite visit, to enable their care plans to be updated accordingly. One relative told us that the registered manager, "is always asking me if there are any changes to [my relative's] care plan." We could see from people's care plans that their healthcare needs were monitored and supported through the involvement of a range of relevant professionals including GPs, district nurses, speech and language therapists and psychologists. Staff knew about people's healthcare needs and we saw they took appropriate action to address any issues. For example, one person had developed some health problems during a recent respite visit. The service had contacted the local GP and a specialist nurse who had

Is the service effective?

provided the person with treatment and care to enable them to stay at the service and complete their visit. Relatives said that staff always kept them informed if their relative was unwell or a doctor had been called. One relative told us, “They are on the ball and if [my relative] seemed not themselves they would flag it up.”

Staff demonstrated their understanding of people’s individual nutritional needs and preferences. People’s likes and dislikes were recorded in their care plan and were also highlighted on a colour coded chart in the kitchen. One relative told us that, “[My relative] loves the food here. Staff encourage them to try new things and involve them in the cooking.”

Staff told us that they followed risk assessments and care plans to ensure people with particular needs, for example those at risk from choking or allergens, received the support they required. One relative told us that their relative had multiple food intolerances and that the service coped with these “very well – no issues.”

Although everyone using the service on the day of our inspection had lunch out, we saw that there was a rolling three week menu plan in place for home-cooked evening meals. Staff told us that breakfast and lunch were negotiated individually with people, reflecting their particular wishes at the time.

Is the service caring?

Our findings

People and their relatives told us that staff were kind and attentive to their needs. One person who used the service regularly said, “I love coming here. I feel safe. I like swimming and going shopping I always want to come here.” Relatives were also very positive about the care people received and the attitude of staff towards their loved one. One relative said, “I know I can leave [my relative] here and not worry. I trust them. [My relative] looks forward to respite and is never unhappy when I come to pick them up.” Another relative told us, “I have no concerns about [my relative] coming here. They are the barometer and if they did not want to come then I would know something was wrong, but they can’t wait to come. It’s a real home from home.”

We saw that staff interacted with people in a caring way and that they knew how to communicate with people individually using a variety of different strategies. For instance, we saw one member of staff communicating with someone by stroking and tickling their hand. Another member of staff knew how to use an art activity to divert and calm someone who was becoming slightly anxious.

Staff were positive about their work and told us they thought people were well cared for. The deputy manager explained that people using the service for the first time would start by visiting for tea. They would then normally have an overnight stay before gradually building up the length of their visits. Staff said that this gave them the chance to gradually get to know every person who used the service. Staff were knowledgeable about the care people required and the things that were important to them in their lives. For example, they were able to describe how

people liked to dress, personal routines that people had and what food and activities people liked. We saw that people had these wishes respected. One staff member said. “I love working here and feel we can make a difference to people. It’s all about them. We are small so it’s like a family.” Several staff members told us that they would be happy for their own relative to use the service.

There was a warm atmosphere within the service throughout our visit. Relatives said that they were made to feel welcome by staff and were invited on a regular basis to planned events such as coffee mornings. We saw staff supporting people in a patient and encouraging manner. For example, at the time of our visit, people were preparing to go out to a local farm for the day. One person was sitting on the floor and appeared reluctant to go. A staff member sat patiently beside them and allowed them to get up at their own pace, quietly chatting with them which calmed them down and enabled them to join the outing.

People were treated with respect by staff who were also aware of the need to support people in a way that maintained their dignity and individuality. For example, people were assisted to leave communal areas discreetly to attend to their personal care needs. Each person staying overnight had the chance to request their favourite bedroom at the time of booking and we saw that a photograph of each person had been attached to their bedroom door to confirm which room was theirs.

The deputy manager was aware that local advocacy services were available to support people if they required assistance. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

People who used the service had their needs assessed prior to using the service to help ensure the service was able to meet their wishes and expectations. The deputy manager told us that this was done in very close cooperation with relatives using a pre-visit attendance form. One relative told us, “They near enough know [my relative] as well as I do.”

We saw from people’s care plans that they were personalised to the individual and gave clear details about each person’s specific needs and how they liked to be supported. Care plans were informative and accurately reflected the needs of the people using the service at the time of our inspection. People’s care plans were reviewed every six months and these reviews captured people’s changing needs and provided important information for staff to follow. People and their family members were involved in reviewing their care plans. One relative told us, “We are included in the care planning process. [The registered manager] is always asking me if there are any changes in [my relative’s] care plan and if do I mention something then it’s sorted.”

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff told us care plans were informative and gave them the guidance they needed to care for people. For example, one person’s care plan described in detail how staff should assist the person with their personal care including getting dressed and what they were able to do for themselves. In another care plan it was noted that one person only took their medicines in liquid form as they did not like taking tablets. When we spoke to staff it was clear that they knew about and followed this approach. Staff also demonstrated a good understanding of each person’s communication needs. For example, a member of staff told us how they knew how to observe if one person was in pain as they demonstrated certain hand gestures.

People were supported to make choices that reflected their preferences. For example, people could choose what to eat and drink and had opportunities to go food shopping with staff at the local supermarket. We saw examples of how

people were supported to maintain their normal routines, which included choosing what time they got up went to bed, how they received their personal care and how they spent their time. For example, one person liked to sleep with no pillows and another person liked a certain drink before they went to bed.

In addition to their own bedroom, people had access to a lounge, kitchen and a garden with a seating area. People, their relatives and staff we spoke with were positive about the activities which were available. One person said, “I like swimming and bowling. I like all the things we do. We went to Skegness and went to the fair.” One relative said, “There is a variety of activities and staff will always try and do something with them.” A pictorial activities schedule was available in the service to help people understand what activities were planned. The service is situated in the town centre and we saw that people were supported to go swimming, bowling and use a variety of other local facilities. The service had its own mini bus which gave people the chance to go further afield. On the day of our inspection everyone went on a visit to a local farm and to have lunch out. On their return people told us how much they had enjoyed the trip.

People and their families were encouraged to raise any concerns or complaints that they had. The service had a complaints procedure which was available in the service reception area and this was also available in a pictorial format. People’s relatives told us they felt comfortable raising concerns if they were unhappy about any aspect of their loved one’s care. One relative said, “I am confident that the manager would take action if there were any concerns.” Everyone said they were confident that any complaint would be taken seriously and fully investigated. Although, at the time of our inspection, the service had not received a formal complaint in the previous 12 months, the deputy manager told us that they did review any complaints or concerns that were received, to identify any opportunities to improve the service. For instance, following feedback from relatives, new fence panels had been installed in the garden recently to make the area more secure for people to use safely. Relatives told us that communication with the registered manager and other staff was very good. One relative told us, “I could visit or ring whenever I want to.”

Is the service well-led?

Our findings

Throughout our inspection we saw that the atmosphere in the service was friendly and welcoming. Although the registered manager was on holiday at the time of our inspection, she was clearly well known to the people who used the service, relatives and staff. One relative told us, “She [the registered manager] is always about and if she is busy you can make time to see her. She gives you confidence in the service. And not just her, all the staff.” One staff member told us that, “The registered manager is approachable and supportive. Always interested in me and my family.”

Staff we spoke with told us that they were happy working at the service and worked well together as a team. One member of staff told us, “We all get on well. There are no cliques, we are a supportive team.” Through talking to staff and looking at records we saw that staff were provided with regular support and supervision from the registered manager and her deputy. There were handover meetings at the beginning and end of each shift so that staff could talk about each person’s care and any change which had occurred. In addition, there were regular staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

Staff demonstrated a clear understanding of their roles and responsibilities within the team structure and also knew who to contact for advice within the wider organisation. We saw that the registered provider had established a telephone helpline to support staff to raise any whistle-blowing concerns.. The number was clearly on display in the service and staff we spoke with demonstrated that they were aware of the procedures they would follow and told us they would not hesitate to use them if necessary. The deputy manager told us she had a good working relationship with the registered manager and was confident in her ability to lead the service in the absence of the registered manager. The deputy manager told us that she and the registered manager coordinated their annual leave to minimise the times they were off at the same time.

Our records showed that the registered manager had not advised us of any untoward incidents or events within the

service in the last 12 months. The deputy manager told us that there had been no such notifiable incidents in this period but agreed to raise this issue with the registered manager on her return from leave to make sure all staff in the service were familiar with the legal requirements in this area.

There was a clear quality assurance and audit framework in place in the service which had recently been reviewed and updated in line with the registered provider’s company-wide quality assurance policy. We saw that a series of audits had been carried out within the last month in areas such as medicines management, health and safety, care planning and infection control. We saw that action had been taken to address any issues highlighted in these audits. For example, in response to a recent medicines audit, changes had been made to the way liquid medicines were checked in and out of the service to make it clearer how much had been used. However we also saw that in the past, audits had not always been conducted in line with the frequencies set out in the registered provider’s policy, although there was no evidence that anyone had been harmed by these omissions. We raised this with the deputy manager who undertook to make sure that future audits would be conducted within the timescales specified in the policy.

The deputy manager told us, and records showed, that the registered provider’s representative visited the service regularly to monitor service quality and we saw a report that had been compiled following their last visit highlighting a number of issues for the registered manager and her team to address.

As part of our inspection we contacted the local authority contract monitoring team who commissioned services from the registered provider. They told us they undertook monitoring visits to the service on a regular basis and shared the report of their most recent visit in June 2015. This recommended that a number of changes be made in areas including activities, waste disposal, menu planning and staff supervision. The local authority confirmed, and we saw on our visit, that these had been implemented by the registered manager and her team.

The deputy manager told us that the service conducted an annual customer satisfaction survey which had a high response rate from people who used the service and their relatives. The 2015 survey had just been sent out and we looked at some of the early returns. One relative had

Is the service well-led?

commented, “Brilliant. Staff are very professional, very caring and well trained.” Another had written, “Excellent management and staff are always welcoming.” The deputy manager told us that all the returned questionnaires would be reviewed by senior staff to see if any actions were required to address any concerns or further improve the service. The deputy manager also told us that she was

working on a pictorial, ‘easy read’ version of the survey to make it easier for people who used the service to give their feedback. Relatives told us that the registered manager hosted a coffee morning “once or twice a year” which was a good way of keeping in touch with the service and raising any issues or suggestions.