

IDC Care Ltd

IDC Care Ltd - Heritage Healthcare Ealing

Inspection report

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Date of inspection visit:
10 May 2016

Date of publication:
27 May 2016

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 10 May 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service we needed to be sure that someone would be available.

This was the first inspection of the service since it was registered in November 2014.

IDC Care Ltd - Heritage Healthcare Ealing is a domiciliary care agency offering personal care and support to people who live in their own homes. At the time of our inspection 50 people were using the service. The people using the service had a variety of needs including dementia, mental health needs, learning disabilities and physical disabilities. The majority of people lived in the London Borough of Ealing, although the agency was starting to offer a service to people living in the London Borough of Richmond upon Thames. IDC Care Ltd - Heritage Healthcare Ealing was a privately owned franchise linked to Heritage Healthcare, a national organisation providing support to the local franchises.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People using the service felt safe. The provider had procedures designed to safeguard them and to assess risks to their wellbeing. The staff were trained and had a good knowledge about these procedures.

The staff administered medicines to people as prescribed and in a safe way.

There were enough staff to meet people's needs and they had been suitably recruited. The staff received the training and support they needed to care for people safely and their skills and competencies were regularly assessed.

People had been involved in planning their own care and had consented to this. Care plans reflected their preferences and individual needs. The staff arrived on time and carried out the care people wanted and expected.

People knew how to make a complaint and felt the agency responded when they had concerns or wanted a change. They felt the agency was well managed and had opportunities to contribute their views. There were systems to audit how well the agency was caring for people. The professionals who worked with the agency felt it was well run and people received a good service. The staff enjoyed working at the agency and felt well supported.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the risk of abuse because the provider had an appropriate procedure designed to ensure they acted swiftly when people were identified as at risk.

The risks to people's safety and well-being were minimised because the provider had assessed these and taken action to prevent harm.

People were supported to receive their medicines as prescribed and in a safe way.

People's needs were met because the agency employed enough suitably skilled staff to care for them.

The agency's recruitment procedures were designed to ensure that only suitable staff were employed to care for people.

Is the service effective?

Good ●

The service was effective.

People had consented to their care and treatment.

People were cared for by staff who had the training and support they needed.

People were given the support they needed with eating and drinking and to stay healthy.

Is the service caring?

Good ●

The service was caring.

People were cared for by kind, considerate and polite staff.

Privacy and dignity were respected.

Is the service responsive?

Good ●

The service was responsive.

People were cared for in a way which met their needs and reflected their preferences. The agency responded to changing needs and care was adapted to reflect these.

People knew how to make a complaint and felt the agency acted upon their concerns appropriately.

Is the service well-led?

Good ●

The service was well-led.

People felt the service was well managed. They had the opportunity to express their views and be involved in planning their own care. They felt the agency listened to them and responded appropriately when changes were needed.

Other stakeholders were happy with the service provided and felt people's needs were met.

There were appropriate systems to audit the service and to ensure good quality care was provided.

Records were accurate, up to date and appropriately maintained.

IDC Care Ltd - Heritage Healthcare Ealing

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 checked 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.

This inspection took place on 10 May 2016 and 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 available.

The inspection visit was conducted by one inspector. Before the visit we spoke with 17 people who used the service, or their representatives, by telephone. The telephone calls were conducted by an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience supporting this inspection had personal experience of caring for older relatives.

We also had contact with eight care workers and senior members of staff who worked for the agency and four professionals who had dealings with the agency through their support of people who used the service.

Before the inspection we looked at all the information we held about the provider, which included details of their registration and notifications of significant events and safeguarding alerts. The provider had completed a Provider Information Return (PIR) for us. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection visit we met the registered manager, who was also one of the two providers. We also met the other provider, a care coordinator (senior member of staff) and administrator. We looked at the care records for five people who used the service, medication records and audits, the recruitment, training and

support records for five members of staff, the provider's records of complaints, compliments and quality monitoring and other records used by the provider to manage the service.

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe with the agency and with the care workers. One person told us, "My security is paramount to the carers and, I believe, the agency." Another person said, "I have been living in a care home but I wasn't happy although all my relatives felt I was safer there. But this agency has changed their minds, I feel much safer in my own place with these trained carers who are responsive to my, sometimes difficult, needs." One relative told us, "My(relative) is safe. I really trust this agency and with the carers and would certainly recommend them. I was even able to leave (my relative) in their care so that I could go away for a couple of days and this is a first!"

People were protected from the risk of abuse because the provider had an appropriate procedure designed to ensure they acted swiftly when people were identified as at risk of abuse. When incidents of abuse and harm had occurred the provider had responded appropriately to these and taken steps to prevent further harm. Following a concern identified by the representative of someone who used the service, the provider had contacted the local safeguarding authority and other agencies, which included the Care Quality Commission, to raise the alert. They had followed their own procedures to help protect the person from the risk of further abuse and had worked with the local safeguarding authority to investigate the allegations. The staff had identified a concern about the safety of another person who used the service and had taken appropriate action to notify the relevant parties of the concern and help to keep the person safe.

There was information about the different types of abuse and who to contact with any concerns of this nature within the service user guide, which was left at each person's home. The manager told us that they discussed this information with people when they started using the service and showed them the numbers they could call if they needed help or wanted to report a concern.

The staff were provided with information about safeguarding adults as part of their induction and in the handbook they were given. They had received training in safeguarding adults and were able to tell us about this. They told us they had opportunities to discuss the safeguarding procedures with their managers during supervision meetings. We saw evidence that safeguarding was a topic discussed at all team meetings.

Some of the comments the staff made about safeguarding were, "I have had a lot of training on safeguarding adults. I understand it to mean safeguarding is the responsibility of everyone and means protecting people's health, human rights, wellbeing and the right to live free from harm, abuse and neglect", "We must all be watchful and aware for any signs of abuse and neglect and report any concerns or knowledge immediately to the relevant people", "Safeguarding is actually about providing the protection to the people at risk due to their physical, social or mental vulnerability by reporting the concern to the authorities", "I have had training. The term safeguarding adults means protecting people's health wellbeing and human rights so they can live free from harm neglect and abuse" and "Safeguarding is protecting people who are vulnerable due to age, disability or ill health. To safeguard our service users I will observe their environment, conversations, and make observations when doing personal care."

The risks to people's safety and well-being were minimised because the provider had assessed these and taken action to prevent harm. One person who used the service told us, "The carers can get me to my chair to wash me all over safely and they do it very carefully." One of the external professionals who worked with people the agency supported told us, "I found Heritage, and the manager in particular, very proactive in supporting the safety of the clients. The staff were good with moving and handling needs and also in supporting a client who's behaviour could be challenging." Another professional told us, "They appeared competent in the equipment they were using, and appeared keen to do their best to provide safe care for the service user."

Each person's care records included recorded risk assessments which had been created when they started using the service and were reviewed and updated annually or more often when a person's needs changed. The assessments included moving the person safely, their environment, chemicals and equipment at their home, their mental and physical health needs. There was information on existing control measures and additional actions needed by the staff to keep people safe. People had signed copies of the assessments to indicate they had been involved with these and agreed to them.

People were supported to receive their medicines as prescribed and in a safe way. One person told us, "The carers keep my medicine dosset box up-to-date. They ensure I am taking the right dose and never fail to keep my care plan updated." Another person said, "Any medication I take is written down in my care plan, the carers help me with this."

The manager and senior staff were qualified to provide training around the administration of medicines and all staff received this when they started at the agency and then regular updates. The staff were assessed administering medicines and these assessments were recorded. We saw that areas where further training was needed had been highlighted and the staff were assessed again. Administration of medicines was recorded. These administration records were collected from people's homes each month and were checked by senior staff. We saw that any discrepancies or lack of recording were investigated and appropriate action had been taken.

People's needs were met because the agency employed enough suitably skilled staff to care for them. The manager told us they did not accept a referral for a new person if they did not have enough staff to meet their needs. One external professional who worked with people the agency supported told us, "Heritage Care recognise if the client had too high needs for them to manage, or that they had enough clients on their caseload, and therefore they put safety considerations and quality of care first and foremost."

The agency's recruitment procedures were designed to ensure that only suitable staff were employed to care for people. The manager told us that potential staff were invited for an interview at the agency office. In addition to this they performed a written test. The staff records we examined including evidence of reference checks, criminal record checks, eligibility to work in the United Kingdom and proof of identity. The staff had completed application forms recording their employment history and qualifications. There was a record of their recruitment interviews. The manager had a record of when updated criminal record checks were requested for existing staff.

The staff told us that they attended an interview at the agency offices with the manager. They said that they provided references which were checked and the agency applied for a criminal records check. One member of staff said, "The interview was very thorough, I am lucky I got the job."

Is the service effective?

Our findings

People had consented to their care and treatment and we saw evidence of this in their care plans. Where people did not have the capacity to consent to their plan, this had been discussed with their representatives or next of kin. The manager told us some people were not able to physically sign their care plans. This had been recorded and their verbal consent had been obtained. The manager told us that even when people did not have the capacity to understand the care plan the staff still made sure they obtained consent for the care they provided. We saw evidence of this in records of care given, where the staff had recorded how they had asked the person about the care they were providing that day and had obtained their agreement. The manager told us one person was not able to give verbal consent, but the staff used pictorial and word cards to help the person to communicate their needs and preferences. The manager told us that staff training including learning to observe and interpret people's non-verbal communication and gestures and to respond to these appropriately.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The staff told us they had received training about consent and the MCA. They had a good understanding of their responsibilities under the Act. Some of the comments we received from the staff were, "I have had training on the Mental Capacity Act. It is very important to assume that the person has the ability to make decisions unless it's been established that the person does not have the capacity. It is important that all possible steps are taken to try and help them reach decisions for themselves, even if others think the decisions are unwise", "They should not be labelled as lacking the capacity to make a decision. Any decision made on behalf of someone who lacks capacity must be in the person's best interest", "Yes, we had the training about the Mental Capacity Act. Mental Capacity Act covers the people in England and Wales who can't make some or all of their decisions", "I have had training. The MCA is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment", "A person that is mentally capable has the right to take their own decisions and we must respect their decision" and "We cannot assume that a person lacks mental capacity unless deemed otherwise by medical professional. Even if they have been deemed lacking capacity I would always ask for their involvement in any assessments that I do where possible. "

People were cared for by staff who received a thorough induction into their role and training to provide them with the skills and knowledge they needed. The provider had a room where training was provided. There was equipment for the staff to practice with, including using a hoist. The manager told us that she also trained the staff in people's homes so they could learn how to use the different equipment people used. The manager and senior staff were qualified trainers. There was a range of information for staff about the

different areas of training, including fact sheets. New staff were provided with a handbook which included information about some of the provider's procedures and reminders regarding areas they had been trained in. Staff files included records of competency assessments where the staff had been observed carrying out various tasks. The records of these were comprehensive and highlighted any areas where the staff needed further training or development. They also assessed how the member of staff interacted with the person they were caring for and whether they were polite, kind and professional.

The staff records showed that they had completed a range of training. The provider's computer system identified when training updates were needed. Each member of staff had a personal development plan where their training needs and progress were recorded. The staff discussed their individual training needs as part of their annual appraisals and regular individual meetings with their manager. We saw evidence of these meetings and discussions around training and career development.

The staff told us they had received the support they needed when they started work at the agency, through training and shadowing experienced staff. The staff said that if they started working with a new person, they were introduced to them in advance of the first care visit. The manager told us they felt this was important. The people who used the service confirmed this. One person said, "When a new carer is introduced to me, a more experienced carer shows her the ropes, this is considered vital by the agency."

The staff told us they had enough information to help them in their role. One member of staff told us, "My induction involved the use of informative DVDs, question and answer sheets and staff demonstrating and teaching me." Another member of staff said, "I have all the information I need to carry out safe and appropriate care to all service users I attend."

The staff told us that when they started work at the agency they were required to shadow experienced workers and the manager. One member of staff told us, "I shadowed (the manager) at my first service users' visit and she came and observed me the following day, including medicines competency checked twice before going on my own." Another member of staff said, "I shadowed my supervisor during a service user's personal care visit and she came and observed me the following day, including medicines competency checked twice before going on my own." Another member of staff said, "I shadowed my supervisor during a service user's personal care visit."

The staff told us they attended classroom based training at the agency before they started working with people. One member of staff told us, "I attended four days training at Heritage Healthcare and I found the induction training informative. The manager spoke to me throughout the training and we did some of the training on-line with (the manager) around to gain support if needed. I liked the way the training was broken up into sessions for example, computer based which I feel helps me to visually understand by seeing role plays." Another member of staff said, "I have had training involving all the general knowledge that a carer must have. I've only started at the company a short while ago, and I had a proper training with my managers so I could go and help clients, and if I have any questions or if I think I need more training, I can always ask to my managers." The staff told us they had undertaken training required for the Care Certificate. This is a nationally recognised set of standards that social care and health workers are required to achieve as part of their work. The senior staff told us they undertook the same training the care workers did. One of the senior staff said, "I have had induction training, Dementia Champions, the Mental Capacity Act, safeguarding adults, medication and end of life training – (Train the trainer) and Dementia level two."

The staff told us that they were offered regular training updates and opportunities for vocational qualifications. One member of staff said, "I have been offered the chance to complete an NVQ." Another member of staff said, "I have undertaken a range of different training courses. I completed a dementia

course, common health conditions, which included Parkinson's disease, arthritis, dementia, stroke and sensory loss. I completed train the trainer medication and train the trainer end of life. I have also done online training person centred care, role of the care worker and infection control. All of this training was funded and arranged by the agency. I have found all of this very useful and it has given me lots of confidence to help me in my role." Other comments from the staff included, "Apart from the induction, I have been provided the regular updates regarding any changes in the law relating to care" and "I feel the training is essential to learning how to be a care worker. The updates are very valuable as laws change, new ideas and improvements are made. If I feel that I would like training in a different area of care I can request it from my supervisor or manager and it will be organised by them whenever possible."

The staff told us they felt supported by the agency. They had regular meetings with their manager and told us they could contact the manager or senior staff for advice whenever they needed. Some of the other comments from staff included, "I will call the manager or senior staff if I want clarity regarding medication or issues regarding service users. We all communicate well with each other", "I speak to my manager throughout my day and gain support as and when I need it. I have supervisions and one to one sessions with my manager", "I have an appraisal and it gives me time to reflect on my practice and how to progress in the future", "I have had meetings and spot checks, I have not had any concerns", "I have all the information I need and if I have any doubts I can always contact my managers", "I see my manager at least once a week", "I do and have always felt supported by all my colleagues. I am aware that I can contact them at any time for support and guidance", "I am aware that I can always meet with one of my colleagues or supervisors if I have concerns on any given day but as a rule I always meet with my senior staff at least once a week to discuss any concerns or queries" and "I have had an annual appraisal. It was very useful as it helped highlight my strengths and any areas for improvement. I found it a very positive experience and it allowed me to voice my comments and opinions also and request any training I felt I would benefit from."

There were regular team meetings and we saw that these included discussions around a variety of topics, including updating staff on specific procedures.

The provider carried out regular "spot checks" of staff, making observations of their practice in the work place and how they cared for people. These checks were recorded in detail highlighting areas where the member of staff performed well and where improvements were needed.

People told us they had the support they wanted and needed with eating and drinking. They said that care workers followed their instructions when heating up food and cooking. One person told us, "The carers are very fussy about me having lots to drink. I told them it would be no problem if it were beer and they laughed."

People's nutritional needs were being met. These had been assessed and when care workers were required to support people with this there was a care plan in place. Records created by the staff to show the care they had provided included details of meals they had prepared and when they had supported people with eating and drinking.

People told us the care workers helped to keep them healthy and responded when there was a change in their health. One person told us the care workers had called their GP on their behalf.

People's health needs had been assessed and there were specific care plans for physical health, mental health needs, skin integrity and any health conditions the person experienced, such as dementia. The plans were regularly updated and there was clear information for the staff on any health care needs they were required to meet. The plans included information about how to contact other healthcare professionals.

External professionals confirmed that the staff had contacted them when there had been a change in a person's needs, for example when they needed new equipment to safely move around the home, and when they had become more dependent on support. The agency's record of accidents and incidents showed that the staff had responded appropriately when they had identified concerns about a person's health.

Is the service caring?

Our findings

People were cared for by staff who were kind, considerate and polite. They told us they had good relationships with the staff who cared for them and the agency senior staff and manager. They said that they were introduced to new care workers. They told us the care workers asked them how they wanted to be cared for at each visit, respected their choices, supported them to do things for themselves if they wished.

Some of the comments from people who used the agency were, "I am quite happy – my carers can't do enough for me, although they encourage me to be as independent as I can be", "Nothing is too much trouble for them", "The carers have a 'can do' attitude", "the carers, manager, my relatives and I have a good four way relationship", "My care worker and I get on pretty well", "I cannot fault them at all", "Yesterday I had a bad day but the carers stayed and made things better for me", "They are happy carers and they look after me patiently and efficiently" and "The carers are very friendly, I invited them to my birthday party to meet my family and they came."

One relative of a person told us, "The client is the most important person for this agency and the carers, they make that very clear."

One of the professionals we spoke with told us, "I found that (the manager) and the other staff we had dealings with at Heritage Healthcare were all very respectful of the service user we were involved with, and respectful of his family and their culture."

People who used the service told us the staff respected their privacy and dignity. They told us the care workers always knocked and announced their presence. They said they carried out care in private and allowed people to make choices about their care. People told us the care workers used their preferred names.

The staff demonstrated a good understanding about respecting people's privacy and dignity. They told us they had received training in this area. Some of the comments the staff made included, "Promoting dignity and respect is an essential part of providing individual care. It includes communicating respectfully with people and addressing them in the manner they have chosen. Enabling people to be independent and dignified when eating and the way you assist and present food at mealtimes. By respecting differences and cultural needs of service users", "Everyone deserves to be treated with respect and dignity regardless to the colour, gender, age, race, or religion, or their sexual orientation", "It is important to treat everyone with dignity and respect. When providing personal care it is important to cover the person close the door explain what you are doing and help them feel relaxed and not embarrassed. It is important to offer choice such as what clothes to wear or ask the person what they would like to eat. Involve the person in conversation", "Every adult must be treated right with dignity and respect, I have had training about it, and for example, when I'm washing a service user I make sure that the door is closed, that the service user is comfortable and happy with me washing them, and that they have their privacy respected" and "Respecting is giving the service users choice over their care, listening to their wants and needs and not to ignore what they are saying. When doing personal care we must always asked if they would like us to wash them, cover their body

with towels and not leaving them bare. If they need to use the commode, do not stand in the room if they are able to be lone and give them privacy and dignity."

One member of staff also told us, "I help promote service user's dignity by helping them to use social networks to keep in touch with people who are special to them' and "I show respect for a service user's appearance, this creates a sense of wellbeing and allows the service user to make their own decisions and have control over their own lives. I have had in depth training and I am always respectful to my service users and have been content to sit and wait whilst my service user prepared for religious celebrations and I was privileged to be invited to watch and help with costumes."

The two senior staff at the service were dementia champions offering support and advice for people with dementia, their relatives and the staff.

Is the service responsive?

Our findings

People who used the service told us their care needs were met by the agency. They said that the agency responded to requests, for example if they wanted the time of a visit changed. They told us the care workers arrived on time and stayed for the agreed length of time at each visit. People told us they had been involved in planning their own care and they had records of the care plans and other information at their home.

Some of the comments we received were, "I am happy with my care and my care plan is filled in each day so everyone knows what is happening", "The manager visited me and we talked about the care I would need and wanted, I am happy with everything they do" and "The carers arrive on time, they always do everything I ask and a little bit more, I have no complaints."

The external professionals who worked with people who used the service told us they were happy with the care provided by the agency. They told us the agency had been responsive to changing needs and had planned care around the individual person to reflect their preferences and needs.

One professional told us, "I had some positive experiences with Heritage Healthcare, they managed to work with a client I referred to them who had very complex needs and the family who were originally quite uncertain about engaging with a care agency. The client had mental health needs, limited communication and impaired cognition as well as severe mobility issues; however Heritage persisted and developed a care package which worked for both the client and their family. The package was flexible enough to adapt to their needs when their health condition changed and the agency worked hard to ensure staff were selected who the client felt comfortable with." Another professional said, "The agency is providing care for one of my clients who has been unwilling to accept care. The workers worked hard to bond with the client. This resulted in (the person) feeling empowered and valued so (the person) engaged well with the package of care." A third professional told us, "They have been very flexible in the work they do. For example, offered more tasks in the time they have. They were able to support with additional tasks to my original request for the client, such as picking up medication and encouraging client to engage with services and attend to living skills."

The external professionals told us the manager was involved in assessing, planning and reviewing care. They also said the staff were knowledgeable and approachable. Some of their comments were, "Over the last year, the manager initiated three reviews which led to the gradual provision of more supportive equipment and an adjustment in routines which supported safety while trying to maintain client choice", "The staff appeared knowledgeable of the service user and his needs and how best to communicate with him and meet his needs. They were found to take on board the service user and his families wishes", "The staff were always helpful if I had to contact them out of hours" and "(The manager) was often present at reviews with the service user as well."

The staff told us they supported the same regular people and they felt they knew how to meet people's needs well. One care worker told us that travel time between visits had sometimes been a problem, but that they had discussed this with their manager who reviewed the timings of their visits to allow more travel time.

Some of the comments from the staff were, "I do have the same regular service users", "We are given enough travel time between our calls. If there is any instance where some more time is needed for travelling, I always inform my manager to make some necessary arrangements", "I do have the same regular service users, occasionally I'm asked to care for a different service user for a short time" and "The time of travelling between my visits is always worked out between myself and my senior staff to make sure it's possible and comfortable to complete. I have found the visiting times are adequate for each of my service users."

The senior members of staff who helped to plan the care for people and how this was delivered, including arranging which care worker would visit and the timings of calls, told us they also carried out care visits when needed. One of them told us, "I cover calls if carers are sick and it also gives me a better understanding of carers when I work in double up visits regarding their skills and other training needs that I identify within this time. I also have the opportunity to see how our customers are and if they are happy or not." They also said, "I always try to offer continuity of care to all our customers. I always explain to the customers that I like to introduce two regular carers and one more as a backup should the occasion arise and one carer is of sick and one is on holiday." Another senior member of staff commented, "I am hands on I am involved in all aspects of the care starting from carrying out assessments to delivering the care myself. I help with the training of the carers and support and supervision. I feel that by being involved in all of the care gives me a better understanding of both the customers and carers."

The manager or senior staff met with people who were planning to use the service to carry out an assessment of their needs. People were able to speak about what they wanted from the agency and their own preferences. The manager then developed a care plan which outlined how the staff would support the person. People were given a copy of their care plan and a handbook of other information about the agency. The manager told us they asked people if they wanted them to introduce the care worker before they started supporting them and this was arranged if they wanted this. Following the first care visit the manager contacted the person to ask them whether they were happy. They told us they tried to have regular contact with people to reassure them and make sure care was provided how they wished. We saw evidence of this in the care records which showed that people had been visited or had a telephone call from the senior staff and their views had been recorded. Where people wanted changes to their care, this had been accommodated.

Care plans included information on people's personal preferences, lifestyle and religion as well as their individual mental and physical health needs, personal care needs and social needs. There was a detailed plan of the way in which staff needed to support people. These plans were person centred and reflected people's individual needs and preferences. The plans were clear and laid out in a way which made the information accessible and clear. The staff recorded the care they had provided and these records were clear, detailed and showed that care plans had been followed. The records of care provided showed that care workers arrived on time and carried out all the required tasks.

People told us they knew how to make a complaint and felt these would be responded to. They told us they felt comfortable speaking with the manager and requesting changes or reporting concerns. One person told us they had made a complaint about a care worker. They said, "The agency responded immediately and a replacement was sent." They told us the senior office staff had visited them to find out what the problem was and they were happy with this response.

There was an appropriate complaints' procedure and people were given details about this in the information packs they kept at their homes.

Is the service well-led?

Our findings

Everyone we spoke with told us they would recommend the agency to others. One person said, "They are the best in the area, pricey but well worth it. Yes of course I would recommend." Another person told us, "This agency is excellent and we would recommend." A third person commented, "I would highly recommend Heritage as I feel I know and trust them." People told us the agency was well led. One person said, "When the care workers could not come for a reason one of the (senior members of staff) rolled up her sleeves and came to help."

The professionals who we spoke with also told us they felt the service was well-led. Some of the comments from professionals included, "I've been really impressed by this agency's professionalism and client centred care", "My main feedback is that they really focussed on quality, individualised care and the well-being of their clients", "In the six months that I had clients placed with them, I cannot say that I had one single negative comment from any service users or families. It was only good feedback, and likewise I never had one occasion on which to doubt the professionalism of the company", "I thought their customer care was excellent, they were always very friendly and polite", "(The manager) would always go the extra mile to arrange care and make sure client and family were happy. They would always take a proactive and involved approach to care, and contact me if they had any concerns with clients, but they would also try to think of solutions too. For example, they would suggest if an OT assessment might be required if a client's condition changed", "My own perception is that they are a very well run and professional company. I have no issues with the care provided. My clients only had praise for the care received", "In my experience with other agencies, they lack flexibility to appropriately engage with clients with long standing and severe mental health problems. This was not the case in this situation and because of the work of the agency, my client has remained well in the community and continues to engage with the package of care and our service" and "The family of my client raised no concerns about the care agency, and reported that they were happy with the level of support they were provided with."

The staff told us they enjoyed working for the agency and felt it was well managed. Comments from the staff included, "I have thoroughly enjoyed the experience of working for Heritage Healthcare. I appreciate that I have much more to learn and am very grateful for the training given and the knowledge that at the end of each day I would have made a positive difference in my service users' day", "So far I am perfectly happy with this company", "We are continuously supported and helped by the seniors at all times; we can reach the management over the phone at any times without any problems", "I have learnt so much in the time since I have been at Heritage. We always work as a team and put the customers first", "I feel supported by the agency and I can speak with my manager whenever I need, and she listens to me", "I think the agency is really good and that they really support the staff and the service users", "I always have support. When I am on-call and I need advice I can always call (my manager). Her personal phone is always on" and "I feel the agency is performing at their best at this present time."

The staff told us they liked their jobs. One member of staff said, "I love caring, enjoy meeting new people and cherish the moments when I see I am making difference to some people's lives." Another member of staff told us, "Although the work can occasionally be challenging and difficult, I very much enjoy working

with senior staff, Learning new ways and techniques of aiding each service user to have the best care possible and getting to know new people and sharing a part of their day." A third member of staff commented, " I love helping people, and service users have so much to share with the carers, their experience and situation they lived really inspire me. "

The manager and their partner set up the agency in 2014 as a franchise. The manager had experience working in care agencies and had a management in care qualification. Their partner had experience managing a business. They told us they wanted to provide a high standard of care. Some of the things they told us were, "I am so proud of what we do", "You cannot beat the feeling I get from doing this work" and "I want to make a positive difference to people's lives."

The manager told us the franchise provider offered training for the manager, support with developing policies and procedures and other guidance and support when needed. The franchise operations manager also carried out audits and had telephoned people using the service for their feedback on the agency.

The provider carried out their own audits and checks. These included a survey provided to people who used the service and their representatives. A survey carried out in 2016 was responded to by 64% of people using the service and the findings were largely positive. Where people had identified areas they would like to improve there was evidence that these had been acted upon.

Other audits carried out by the provider included telephone reviews, visits to the person to review their care, the appraisal of staff, spot checks where the senior staff observed how care was being delivered, analysing accidents and incidents and monitoring training needs of staff. The senior staff assessed the care staff in the work place. One person told us, "They do spot checks to make sure everything is okay."

The provider kept a log of compliments and comments they had received through quality monitoring visits, surveys and other contact. Where people had expressed a concern or requested a change then the agency had recorded what action they had taken and the desired outcome. The majority of comments were positive and showed that people felt the service was good. For example some of the comments included, "I am very impressed with the care provided", "The outstanding care you gave to my relative made a huge difference", "(The carers) are absolutely fantastic", "The best standard of care I have ever had", "They are always on time and cheerful", "I think the world of them" and "A very efficient and caring service."

The care records for people who used the service, records relating to the staff and other records were accurate, up to date and information was easily accessible. Notifications were being sent to Care Quality Commission (CQC) for any notifiable events, so we were being kept informed of the information we required.