24 Hour Homecare Limited

Heritage Healthcare - Trafford

Inspection report

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Ratings

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

Overall summary

We inspected this service on 4 November 2015. The inspection was unannounced which means they did not know we were coming to the service to undertake an inspection. The service had not been inspected since it was registered in June 2015.

Heritage Healthcare is a new domiciliary agency providing support to 16 clients in and around the areas of Sale, Flixton and Stockport.

On the day of inspection there were 6 members of staff employed by the service. Interviews had taken place the day before the inspection and the provider told us that they were looking to recruit one additional member to the care team.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

A registered manager was not in post on the day of inspection. The previous registered manger had left the service the week before this inspection took place but we found this had not disrupted the service. The provider was intending to appoint a particular individual as the new manager who had extensive experience in the public health sector. We were able to meet with them on the day of inspection and saw the quality checks that they had undertaken that week.

Staff ratios were adequate to meet the needs of people using the agency. The service had robust recruitment processes in place to ensure that the right people were appointed. Proper recruitment checks were carried out, including checks with the Disclosure and Barring Service (DBS).

We found people were involved in assessing their needs and in their care planning. Relatives and people who used the service told us the staff were caring. Staff were able to describe the procedures in place to report concerns if they felt someone was at risk of harm and abuse and people told us they felt safe when receiving care and support from staff.

Staff were aware of infection control and took the necessary precautions to help prevent the spread of infection whilst working in the community. Medicines were obtained, stored and administered safely although not all staff involved in the administering of medication had been assessed as competent to do so.

People, their relatives, staff and other professionals were complimentary about the service. Mechanisms were in place to deal with any complaints raised, however, people told us they had had no reason to complain.

The service ensured that all staff were trained to enable them to deliver safe and effective care and the provider invested in the personal development of the staff.

There was an effective system of audits in place to monitor the quality of the service and to improve where necessary. At the time of our inspection the provider had recognised and prioritised areas for improvement and was working towards these with the full support of the staff.

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 not always safe.

Not all staff involved in administering medication had been observed and assessed as competent to do so.

Staff were able to explain the action they would take to protect people if they were concerned people were at risk of harm or abuse.

Recruitment checks were carried out to ensure suitable people were

employed to support people in their own homes.

Identified risks were managed well and there were systems in place for staff to respond to these risks.

Requires improvement

Is the service effective?
The service was effective.

Staff received training to enable them to deliver effective care.

People were consulted and involved in the planning and delivery of their care.

Staff were pro-active and acted in people's best interests to help them access healthcare and maintain good health.

Good

Is the service caring?
The service was caring.

People told us they were supported by staff who understood their needs and delivered support in a way that met their needs.

People were encouraged to maintain their independence.

Staff promoted people's dignity and provided person-centred care.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed to ensure support was planned to meet these.

People told us that staff provided care visits as planned. They also said that the provider was flexible with support provision if changes were needed.

The provider was committed to delivering care that was responsive to individuals' personal preferences.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

People told us the managers of the service were approachable and attentive to their needs.

Staff felt fully supported by management and were aware of their roles and responsibilities.

Improvements to the service had been identified in consultation with staff and were being prioritised by management.

Heritage Healthcare - Trafford

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 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.'

This inspection took place over three consecutive days commencing on 4 November 2015 with the first day being unannounced. This means we did not give the provider prior knowledge of our inspection. The first day was spent in the office with the managers of the company. The following day we spoke over the telephone with 5 staff employed by Heritage Healthcare and on 6 November 2015 we visited four people receiving support in their own homes. This was by pre-arranged agreement and during these visits two relatives were also present and we were able to get a good overview of the service.

This inspection was carried out by two adult social care inspectors. Before the inspection we requested a Provider Information Return (PIR). This 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. The provider returned this prior to the inspection taking place.

The registered manager had left the service the week prior to the inspection therefore we spoke with both the director of the service and the operations director. The directors had recruited a replacement care manager who had just commenced working three days per week. We saw that the new care manager had extensive and relevant experience within the public health sector and the directors were confident that the care manager's appointment would drive up the quality of care offered by the service.

Whilst on site we viewed five care records and looked at four staff files as well as training records, electronic staff rotas, minutes of staff meetings and the policies and procedures relating to the service. Information supplied in the PIR included the details of eight professionals, predominantly local authority commissioners, who had previous or current involvement with the service. We were able to contact them the week prior to the inspection and received feedback about the service from five of them. In addition to this we observed staff supporting some people during our visits to their homes, for example administering medication and with the provision of meals, and viewed a range of records contained in care plans kept in their homes.

Requires improvement

Is the service safe?

Our findings

We asked people if they felt safe. One person told us, "Definitely. I feel very safe with the staff." Another person added that staff gave her confidence and two relatives we spoke with told us they considered the staff to be professional and that both their family members were supported safely by staff. One relative referred to the service as, "Fabulous, not like our previous experiences."

We asked staff if they had received training in safeguarding. All the staff told us they had received safeguarding training during the induction process and this was reflected in training records. The staff we spoke with were able to describe the types of abuse that may occur and told us they would have no qualms in reporting incidents to management.

During our inspection we asked to see copies of the local safeguarding authority's multi-agency procedures but the provider did not initially have access to these. Multi-agency procedures are important for providers as they outline their responsibilities with regards to the protection of vulnerable adults from abuse. The procedures provide a structured approach and outline different stages and responsibilities of the Safeguarding Adults process, from alert of potential abuse through to closure of the case. Providers need to be familiar of the local authority's approach, have a copy of the multi-agency procedures, and make their own employees aware in the event that they should want to raise a safeguarding concern about any care provider.

By the end of the inspection the provider had contacted the local authority, received information regarding whom to contact in the event of reporting a safeguarding and had an electronic copy of their multi-agency procedures. The provider told us that they intended to source safeguarding training for staff with the local authority so that this would complement their own processes. We were confident that systems were in place to enable staff to raise concerns and that staff were able to identify, recognise and would respond to symptoms of abuse to ensure the safety of the people receiving a service.

Staff files we looked at were well organised and easy to follow. We saw in files the necessary Disclosure and Barring Service (DBS) checks had been completed and references from previous employers reviewed prior to new employees starting work. The DBS helps employers make safer recruitment decisions and aims to prevent unsuitable people from working with vulnerable groups.

The care plans we looked at contained risk assessments completed prior to the commencement of care. These risk assessments provided staff with specific information in relation to potential risks. We saw care plans stored at the office contained risk assessments in relation to medication administration, moving and handling and the environment within the person's own home. When undertaking home visits we were able to see that these were duplicated in the person's care plan located in their home. This meant that staff were made aware of the actions they had to take to protect themselves and the person being supported in the event of any risks arising.

We asked the provider how they ensured sufficient numbers of staff were available to meet peoples' needs. We saw that assessments had been undertaken with people receiving a service prior to the commencement of care. Copies of these were on support plans and where it had been identified that a person required two carers we could see that every visit had an allocation of two care staff.

The managers told us rotas were prepared electronically and sent to staff in advance. We saw a sample of employee rotas for the week prior to our inspection and we could see that staff were given a period of travel time between each visit. All the staff we spoke with told us they did receive their rota in advance and that they were also allocated enough time to drive from location to location. This enabled them to deliver support at the time agreed with the people who used the service.

We asked people if they were happy with the staffing arrangements in place and everyone we spoke with confirmed they were. The service had undertaken interviews the day before our first day of inspection and was able to demonstrate the newly adopted process to ensure the right candidates were being recruited. We saw that they had adopted the values-based Skills For Care recruitment tool. This is where an individual's approach, attitudes and motives are measured to see if they match with the demands of the job, the values of the business and the culture of the working environment. Having a stable, confident staff team results in consistent, safe care for people receiving support.

Requires improvement

Is the service safe?

People we spoke with also confirmed they received support from a consistent team of staff. One person we spoke with told us, “My carer is wonderful. It’s reassuring to know that you can depend on that person.” It is important that people receive care and support from staff who know them as individuals as this helps ensure care is delivered in way that meets people’s needs and leads to the formation of good, positive relationships between staff and people using the service.

We saw care files contained next of kin contact details and actions staff had to take in the event of an emergency. Staff confirmed that protocols were in place that had to be followed in the event of an emergency, for example, if they arrived for a home visit and they received no response. This ensured that in the event of a possible fall or accident occurring in the home people would receive the assistance they required within a specified timescale.

We looked at a person’s care plan whose support included administration of medication. We then correlated this with the training staff had received. All staff had received medication training on induction in the form of DVD training and discussions, however, only two out of the three carers allocated to one particular person had a completed medication competency assessment on file. The third carer’s competency document was included on their personnel file but it was blank. The service should ensure that staff administering medication are assessed as competent to do so and that these checks are fully documented.

We saw that staff had received training on how to support people to manage their medicines. Support around medication involved aspects of administering, prompting and reminding people to take their medicine. Where staff administered medicine this was done from blister packs prepared by a pharmacist and the person’s Medication Administration Record (MAR) chart was completed and signed by staff.

Medicines that are taken “as needed” are known as PRN medicines. Care plans stored at the office contained protocols to be followed by staff with regards to PRN medicines, for example pain killers or laxatives. Staff we spoke to were able to describe what they would do in the event of an individual requiring PRN medication and how this would be recorded.

We recommend that all staff involved with the administration of medication are assessed as competent to do so and that any checks or observations undertaken are documented accordingly.

Good

Is the service effective?

Our findings

People we spoke with and their relatives told us about the care and support they received. Everyone consulted believed the care provided was effective and it improved their quality of life.

One person told us, "I can just relax." Another awarded the service, "Ten out of ten. I would recommend to anyone." A relative we spoke with also referred to the service as "fabulous" and told us that their own quality of life had much improved as they trusted the staff implicitly. Communication between staff and themselves was "excellent," we were told. They added,"I asked staff to keep me informed and they do."

One professional had commissioned the service to undertake shopping for an individual. Feedback provided to us indicated that the style of support progressed within a matter of weeks as carers started to assist the person to do their own shopping. This promoted independence and provided social inclusion for the individual and demonstrated the provider's commitment to deliver effective care and improve the person's quality of life.

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.

Staff were able to demonstrate a basic understanding of the Mental Capacity Act 2005 and confirmed that this had been covered in induction training. Staff we spoke with were able to explain how they would respond if they felt as person lacked the mental capacity to make an informed decision. They recognised and respected that people had the right to makes choices but told us they would seek further advice and guidance from management if they felt decisions were unwise or placed the person at risk.

Heritage Healthcare had also submitted an application to their local authority for inclusion to the Dementia Action Alliance group in August 2015. Their application was accepted shortly after our inspection. We saw that the service was committed to improving the lives of people diagnosed with dementia and had scoped how the company would achieve this. Action they would take involved training all staff to be dementia champions and delivering dementia awareness sessions to the general community. Progress in these areas will be checked at our next inspection.

People we spoke with confirmed they were fully informed and consulted before care was delivered and we saw evidence of this during home visits. We heard a member of staff offering a breakfast choice and asking a person if they needed a particular medication prescribed on an "as needed" basis. The person responded that they did want the medication and we saw that it was administered and recorded correctly.

We asked staff what action they would take, if any, if they felt people weren't eating or drinking enough. Responses from staff were appropriate and included recording the concern, informing relatives, informing a line manager and offering alternative food choices to try and encourage the person to eat, such as offering any favourite foods they might have. At one of the visits to a person's home we saw in the care plan that food and drinks were being recorded. A relative told us that the recording of food and drinks had been suggested by carers due to previous malnutrition concerns. The relative said they were happy because the person had gained weight since being supported by Heritage Healthcare and the person's general well-being had improved we were told.

Due to the relatively small size and newness of the staff team supervisions had occurred in group sessions and staff confirmed that there had been regular meetings with the previous care manager. Three monthly appraisals had not yet taken place on the day of our inspection, however we saw that one was scheduled for the following week. Whilst there had been regular communication and discussions with the staff team this had been within a group setting. Following our discussions with management they recognised the need to undertake individual supervisions with staff members so that aspects of personal performance could be discussed. Responsibility for these would be delegated to the new care manager and progress will be checked at the next inspection.

We asked management what training was provided to staff employed at Heritage Healthcare to ensure that they delivered safe and effective care. Management told us that induction training had been predominantly DVD based and we saw the library of DVDs available to staff. The training

Good

Is the service effective?

DVDs were themed around particular aspects of care and legislation, examples included safeguarding, moving and handling, medication, fire safety, food hygiene, infection control and the role of the carer. The managers had recognised that staff would benefit from training that incorporated a more realistic approach to care. The new care manager planned to develop the training to include role play and scenarios of care so that the induction was not all classroom based and staff could identify with how it felt to receive aspects of personal care such as being hoisted and being bathed.

Inductions had taken place with small groups of staff employed when the service started. Induction days had also included discussion around the company's vision and core values. We saw these were formally displayed in the meeting room at the office and staff we spoke with also demonstrated their knowledge of these core values and knew what was required of themselves to help achieve the company's vision.

Staff confirmed that the induction was a combination of theory from training DVDs followed by group discussions involving the trainer and the inductees. Booklets on the core subjects covered had been completed by the new carers and this was followed by a period of shadowing more experienced care staff for three to four days. Staff we spoke with were complimentary about the induction. Care staff told us, "It was good," and "It prepared me for my role."

The copies of employees' contracts we saw in personal files contained an instruction that manual handling should not be done until appropriate training had been completed. Staff we spoke with confirmed that training in this subject had been delivered prior to them supporting people who required moving and handling, demonstrating the provider's commitment to having appropriately trained staff and ensuring the safety of people receiving a service.

Staff were not yet signed up to the Care Certificate but the company was committed to training all staff to nationally recognised standards. We saw that staff were already undertaking relevant programmes of study. An assessor visited the office on the day of our inspection to assess a member of staff for progression towards a level 3 qualification. Progression with the programmes of study will be checked at our next inspection.

The service used a bespoke software package to produce weekly rotas for staff. We could see that there was also a means of communicating messages to staff on the rotas, or to highlight any changes made to rotas, for example in the event of staff sickness or holidays. Staff were made fully aware and this helped the service to prevent missing people's care visits. We were informed that when the service expanded the implementation of an electronic call monitoring system, where staff reported their arrival and departure from each care visit by use of a business mobile phone, would be considered. As the service was still in its infancy it was not considered to be necessary as all monitoring was currently undertaken by the operations director.

We were provided with an example of the provider taking action to ensure people received good healthcare and support. Staff raised concerns with regards to the number of pain killing medication a person was able to access and was taking.

Communication between professionals involved in prescribing and dispensing the medication was instigated, including the usual GP,an out of hours GP and a chemist. After discussions with and consent from the individual the medication, previously prescribed on an "as required" basis, was added into the daily blister packs to minimise the risk to the individual. This demonstrated that care staff recognised risks and raised concerns when they believed a person's health and well-being could be compromised.

Good

Is the service caring?

Our findings

Some of the visits we made to people's homes were timed to correspond with visits made by care staff. We observed carers undertaking their duties with warmth and care, whilst also maintaining a professional approach. We saw a member of staff treat a person in a kind and compassionate way and responded to them when they requested support. The mood in the person's home was relaxed and friendly and the carer had established a good rapport, not only with the person they were supporting, but also with other family members who were present. All the people we spoke with told us that staff were very caring and always willing "to go the extra mile."

A professional we contacted about Heritage Healthcare gave positive comments about the service. The commissioner had received feedback from a person's family receiving support from Heritage Heathcare. We were told that the family had reported that staff provided care of an "excellent standard." The commissioner also told us that both management and staff at Heritage Healthcare had taken time to get to know the person properly which had resulted in a reduction in the behaviours that could challenge others the person was known to display.

We saw that one person who received support did not like too many people talking at once as it caused confusion and distress for the individual. This was noted in the person's care plan and, as the person required the support of two carers, it was documented that only one member of staff was to talk to the person at a time. The software package used to produce weekly rotas for staff allowed management to include any relevant information or messages for staff. We saw that this same piece of information was included on the rotas of all carers supporting the individual for the week, ensuring that person-centred care was delivered and received thereby minimising the risk of causing upset to the individual.

From the conversations we had with staff it was evident that they understood the specific needs of the individuals they supported. We saw and were told that staff were polite and very kind, often doing over and above what was required of them. Everyone we spoke with confirmed that staff always stayed for the allocated time and if commissioned duties were finished staff would find something that needed doing to fill the remaining time. One person told us their carer had done some ironing for them and chatted to them. Another person had had their finger nails painted.

People told us that staff were courteous and treated them in a dignified manner. One person described how staff always announced their arrival by knocking on their bedroom door and waiting for a response before entering the room. Another person told us, "They treat me with dignity. We have a laugh. They [the carers] are smashing."

When we asked staff how they ensured a person's privacy and dignity was maintained we were told curtains and blinds were closed, doors were knocked on before entering and closed when leaving with towels or blankets being used to preserve dignity when providing personal care. Staff commented on the need for confidentiality in order to build trust with a person and all staff we spoke with recognised the importance of understanding the needs of the individuals they were supporting.

Staff told us that their role was to assist and support and provided examples of how they helped people to retain their independence. A relative we spoke with confirmed this. They told us, "They [the staff] don't take over. They understand independence and recognise the good and bad days [with my relative]."

Through speaking with people and their relatives and looking at a selection of care plans it was clear that the service provided good person-centred care. Feedback received from professionals we contacted also supported this. One person reported, "I have found Heritage both proactive and professional. They work from a value base which is exemplary." Another added that the commissioned service, "was promoting [the person's] independence and providing social inclusion." We were told that the communication from Heritage was very good. We saw that the company's ethos was to place the people being supported at the centre of the care and both practice and policies demonstrated this.

Good

Is the service responsive?

Our findings

We saw an example of how the service was responsive to people's needs. A support plan had been sent to the service by a social worker from the local authority, it identified an individual as requiring two to one support for six days per week and one to one support to be provided on a Sunday. This was flagged up to management by the carer as an issue after support was provided on the first Sunday. There were no differences in the person's needs between Monday to Saturday and Sunday as two carers were required at all times to ensure the individual was safe. Management had contacted the social worker outlining the carers' concerns and we saw on file an email agreement from the commissioner which increased the Sunday package of support to two care staff.

There was a process in place for handling complaints, however no complaints had been made to the provider since the service's registration in June 2015. The service user guide detailed the complaints process and listed the routes that were available to a complainant. This included contact details for the company, the Care Quality Commission and the Local Government Ombudsman. The service user guide also signposted those who might require assistance in making a complaint to the local citizens advice bureau for independent support. People we spoke with confirmed they had received a copy of the service user guide and would know what to do if they wanted to make a complaint.

The service had received a compliment via email which had been sent to the head office address. This was from a neighbour of someone receiving support who had noted the time and care spent with the individual. The person making the compliment had requested details of the service so that these could be passed to a friend requiring home care support. The compliment dated 1 September 2015 had been updated to reflect that a leaflet had been sent electronically to the person in response to their request.

People we spoke with provided examples of when the provider had responsed to certain requests. One person had been given a hospital appointment at a time when support was normally provided for going out shoping. The person had contacted the service to request a change in support and they had provided the person with a choice of alternative dates. Another person had requested a lunch time call be moved as she liked to eat later and this was also facilitated by the provider.

Care plans accurately reflected the needs of the people requiring support. One client's commissioned support included being assisted to eat a meal. We saw that the care plan noted that the person could manage finger-foods without assistance and carers incorporated easy-to-eat foods into the person's diet whilst ensuring that nutritional needs were met. This kind of action promotes independence, helps people to retain life skills and increases their well-being.

A family member we spoke with told us that staff had suggested they could record food and drink amounts for their relative who used the service, due to concerns about their nutritional intake and low weight. Staff had explained how food and drinks provided to the person could be recorded and monitored, providing information for the person and keeping the relative informed. We saw examples of daily food logs and saw a carer record what one person had been given for breakfast. This demonstrated the responsiveness of staff in relation to meeting people's nutritional needs and also in satisfying the concerns of the relative.

One person gave us an excellent example of staff being responsive to their needs. They told us that their support involved assistance with money management and being support to go shopping in the community. Before starting the support the provider asked the person their preference with regards to what the carer wore whilst providing support, in other words, would they prefer the carer to wear a uniform or casual clothing. The person told us they opted for staff to wear their usual clothes as they felt this was a more personal touch. "It's like shopping with a friend, not a carer," they told us. This demonstrated the provider's commitment to delivering care that was responsive to an individual's personal preferences.

We saw that the company was keen to learn from the experiences of those using the service and had taken action to seek the views of people using the service to see if they had any suggestions on how the service could be improved. People we spoke with told us that management would contact them personally to check that they were

Good

Is the service responsive?

happy and that the support was to their liking. A relative told us that a manager had "popped down" and carried out a home visit, again to check on the service delivery. No one we spoke with had any cause for complaint.

Electronic feedback was also welcomed and the company had registered on the homecare.co.uk website. We saw five positive comments from people using the service or their relatives on the website on the day of the inspection, and an overall score of 8.8 achieved from a maximum score of 10.

These comments indicated that people and their relatives were either extremely likely or likely to recommend Heritage Healthcare. One comment from a person receiving support summed up the responsiveness of the service. "Since Heritage have started caring for me, my life feels it has meaning again and I can assure any prospective service users, that Heritage will provide not only what you need but also what you want."

Good

Is the service well-led?

Our findings

The management of the company fully understood their roles and responsibilities and were clearly focused on providing good care to the individuals they supported. We could see that they did this by investing in and assisting the small, close-knit staff team, most of whom had been employed since the formation of the company.

As the team of carers was less than 10 the directors had established a hands-on approach with regards to managing staff and co-ordinating visits since the previous care manager had left. People told us that managers even paid them social calls to gather feedback on the service and offer any other help that might be needed.

People we spoke with were very impressed with the service and said they would recommend it to others. Despite the fact that the registered care manager had recently left we could find no evidence that this had disrupted the service. On the whiteboard in a meeting room at the office we noted that elements of the business identified as weak or requiring improving were listed. These were being prioritised for action by the most appropriate person, including the new care manager, and the director was able to outline examples to us.

Training was to be improved to include scenarios and situations that would put the carer "in the person's shoes," so that staff gained an insight into how it felt to receive personal care. Carers we spoke with had found the initial training useful but welcomed the proposed updated programme of training.

Spot checks were carried out by the service and we saw documented evidence of spot checks that had been carried out earlier that week by the new care manager. Aspects evaluated during spot checks included noting whether carers were referring to support plans, if medicines were administered correctly, whether the carers treated the person with dignity and respect and if uniforms and identity badges were worn by staff. Comments on one spot check form noted that the carer preparing a meal for a person had offered them choice and had chatted with the person whilst cooking the meal, which demonstrated the caring nature of the member of staff and the respect shown for the person they were supporting.

Improvements to recruitment practices had commenced with the interviews held on 3 November 2015, as the provider had adopted the values-based Skills For Care recruitment tool. Both the director and the operations director had recognised that employing staff who embraced the service's values helped to ensure high quality, consistent care and support was provided. The provider was concerned with getting the right people in place, doing the right thing, in the right way and this was a consistent theme across the service. Management told us they were keen to have a positive local community profile and were looking to foster links with the local job centre and a recruitment agency in order to recruit the right calibre of staff.

Management had listened to staff with regards to shift patterns and had acknowledged that they did not promote the well-being of staff. A new employee with previous rostering experience had offered to help and management had allocated them the responsibility. New rotas were in the process of being formulated at the time of the inspection and staff we spoke with confirmed that the changes to rotas were welcomed. This showed us that the provider listened to staff suggestions, had their well-being in mind and were also keen to develop the personal strengths of individual members of staff.

There was a staff suggestion box located in the main office and staff we spoke with were aware of this. Management had taken action following one staff suggestion and had issued all staff with a small 'grab-bag' containing equipment to help them with their role. Staff we spoke with confirmed that these grab-bags contained aprons, gloves, hand sanitizer, a small torch, a diary and a pen. We saw that replacement supplies of personal protective equipment were readily available for staff.

Plans were in progress to introduce a regular team away day to give staff the opportunity to meet up, support each other and voice any individual or group concerns. Away days would take place once every two months and be funded by the company. Staff confirmed that this had been broached with them prior to our inspection and they were in the process or arranging to meet somewhere in the community.

We saw and were told by staff that they had a good working relationship with the managers and they regarded them as being approachable. A member of staff told us that management gave her 100% support and added, "I've never had that in any job." One member of staff after meeting the new care manager had emailed the director

Good

Is the service well-led?

about how well the meeting had gone and how positive it felt working for "a fantastic company." Staff we spoke with were very appreciative of their employer. They told us, "I love it [working] at Heritage." "I couldn't have asked for a better company" another added, "They put the clients first and staff [are] close behind."

We saw an internal audit report dated 9 September 2015 undertaken by an auditor from Heritage Healthcare Franchising Limited. The audit detailed initial findings after reviewing employee files and service user files. There were positive comments from the auditor about detailed support plans and well-referenced employee files. Some additions or amendments were suggested and were to be followed up in a second audit. The provider had been given a timescale of eight weeks to address this and we saw that work had been started on the files and care plans at the time of our inspection.

Feedback received from other professionals with current or previous involvement with the provider was extremely complimentary. We were told by commissioners of the service from the local authority that the company was both proactive and professional and that, "Their [Heritage Healthcare's] communication is excellent." We were given an example of when management had gone the extra mile in taking on support for an individual who had been let down by another provider. They had undertaken assessments and talked to other health professionals involved with the individual within a short time-frame so disruption of care and support for the person was kept to a minimum.