

Bristol Homecare Ltd

Heritage Healthcare - Bristol

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 ●

Summary of findings

Overall summary

About the service:

Heritage Healthcare is a domiciliary care agency that was providing personal care to eight people at the time of the inspection. The service cared for people that required one staff member only. People who used the service were privately funded. The service was not commissioned by any local authorities at the time of our inspection.

People's experience of using this service:

Staff understood how to raise concerns should they need to. People and staff felt they were listened to and that their ideas and any concerns they may have were addressed.

People had individual risk assessments so that staff had the information they needed to support them safely and minimise the identified risks.

People's medicines were being managed safely and administered by trained staff.

Staffing levels were sufficient to meet people's needs and protected them from harm. The service carried out pre-employment checks on staff before they worked with people to assess their suitability.

People and relatives provided consistently positive feedback about the care, staff and management. They said the service was caring, timely, effective and well-led.

Training and observations of staff practice, as well as supervision with the management team ensured that staff were competent in their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staff knew people well and provided support in the way people wanted. People's individual needs and preferences were known and understood by staff which meant that they received a person-centred service. Support was provided which ensured people received food and drink when they needed this.

People told us staff were kind and caring and treated them with dignity and respect at all times.

The service was well-led by a dedicated management team who demonstrated compassion and commitment to the needs of the people who used the service as well as the staff who worked for them.

The registered manager and deputy manager completed regular audits to ensure the service was running in line with their policies and procedures. Audits identified any shortfalls within the service with action taken to address this.

People and their relatives were asked for feedback about the service and were kept updated about any changes. The registered manager planned to send out surveys to people and their relatives to check they were happy with the standard of care provided.

More information in Detailed Findings below.

Why we inspected: This was a planned inspection. This was the service's first inspection since they registered with the CQC. This inspection was carried out to check that the service was meeting requirements and to rate the service.

Follow up: We will continue to monitor intelligence we receive about the service until the next inspection. If any concerning information is received we may inspect sooner.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Heritage Healthcare - Bristol

Detailed findings

Background to this inspection

The 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.

Inspection team: The inspection of Heritage Healthcare Bristol was carried out by one Adult Social Care Inspector.

Service type: Heritage Healthcare Bristol is a domiciliary care agency that provides personal care to people in their homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection of the service was announced. We gave the service 48 hours' notice of the inspection visit to ensure the registered manager, staff and people were available to speak with us.

What we did when preparing for and carrying out this inspection: We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with three people by phone who received personal care from the service and one relative', to ask about their experience of the care provided. We received feedback by email from eight members of staff. During the inspection we spoke with the registered manager, provider, deputy manager and one support staff.

We reviewed a range of records. This included two people's care records and medicines records. We also looked at three staff files to check the recruitment of staff. We reviewed records relating to the management

of the service and training records.

Is the service safe?

Our findings

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- Staff had a good understanding of safeguarding and whistleblowing procedures and knew how to identify and act on any concerns.
- Staff told us they had received safeguarding training and this was confirmed in the records we reviewed.
- Safeguarding incidents had been referred to the local safeguarding team appropriately. Information about abuse and how to contact the local authority safeguarding team was available in the service so staff could easily access the information.
- People we spoke with told us that they or their relatives felt the care and support they received was safe. Comments we received included, "The staff always lock the door behind them" and "The staff always make sure I have everything I need before they leave as I am at risk of falls".

Assessing risk, safety monitoring and management.

- The registered manager had assessed, monitored or mitigated the risks relating to the health, safety and welfare of people using the service.
- Associated risks within people's homes and their environment were assessed by staff. Where risks were identified, risk assessments were in place that helped keep everybody safe from avoidable harm.
- The staff told us they were aware of the risks to the people they provided care for, such as, falls, moving and handling constraints and malnutrition.
- Risk assessments were regularly reviewed to identify changes in people's needs and they were amended accordingly.

Staffing and recruitment.

- There were sufficient numbers of staff available to keep people safe.
- People and relatives verified that they and their family member received a consistent and reliable service.
- People were supported by a regular team of staff so they were familiar with them.
- Staffing levels were based on the people's needs and the amount of time required to support them.
- People's visits were monitored by a computer system. We found that people's visits were recorded on the computer and carried out within the times planned. Staff signed in and out of visits through the use of mobile phone software.
- The provider had a safe recruitment system. Full employment checks were in place before staff started working with people who used the service.

Using medicines safely.

- We found medicines were managed safely.
- People spoke positively about the support they received with their medicines.
- We saw the MARs were well completed with no gaps or missing signatures. The service used a computerised system to manage people's medicines. Gaps in signing or administering medicines were identified on the same day with the appropriate action taken.

- Where people were prescribed 'as required' medicines there was clear guidance for staff about when these medicines should be given.
- Body maps identified where and when prescribed creams should be applied.

Preventing and controlling infection.

- Infection control and prevention procedures were in place for staff to follow when providing care.
- Staff knew what actions to take to reduce the risk of infection. This included following basic hand washing techniques and reporting concerns to the registered manager.
- Where concerns had been raised about the environment people lived in due to poor hygiene, the appropriate action had been taken. The service had supported people to organise deep cleans of their homes which helped to minimise the risk of poor hygiene.
- Staff told us they received infection control training and understood their responsibilities for maintaining appropriate standards of cleanliness. Staff were provided with gloves and aprons to wear. Staff told us they were given the appropriate stocks when needed.

Learning lessons when things go wrong.

- There was a clear procedure around reporting and recording accidents and incidents and records confirmed this was followed.
- The registered manager had a system in place which recorded when things had gone wrong and the lessons learnt. An example being included a system failure which occurred at the service. The appropriate action had been taken to investigate the incident with measures in place to prevent recurrence.
- The service also used a dashboard on a computer system to monitor incidents and accidents. This helped to analyse information and highlighted possible trends.

Is the service effective?

Our findings

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Assessments of people's needs were comprehensive. Expected outcomes were identified, and care and support was regularly reviewed.
- Assessments were carried out by the registered manager or deputy manager.
- People's needs had been identified and choices were supported. Support plans contained information about people's likes and dislikes.
- Staff applied learning from training, which was in line with best practice. This led to good outcomes for people and supported them to have a good quality of life.

Staff support: induction, training, skills and experience.

- People told us they felt that the staff had the skills and competencies to meet their individual needs.
- New staff received an induction and training when they started work at the service.
- Staff completed the Care Certificate as part of their induction programme. The Care Certificate is designed so staff are assessed to ensure they have the skills, knowledge and behaviours expected to provide compassionate and high quality care and support to people.
- Staff told us they felt supported to carry out their roles. Records confirmed staff had regular one to one supervision sessions. Observations by the managers during spot checks were discussed with them.
- Staff training records showed when staff had attended training and when updates were due. • Staff had completed a range of training which included, safeguarding, manual handling and nutrition.

Supporting people to eat and drink enough with choice in a balanced diet.

- People were supported to manage their nutritional needs.
- We asked people about the support they received to eat and drink. Each person we spoke with said that they had no issues with how staff supported them.
- People's care records contained information relating to their dietary needs. People's individual preferences were recorded within their care records. This gave staff guidance on knowing what people liked to eat and drink and any special requirements they had.
- If staff were concerned people were not receiving the appropriate levels of nutrition, this was reported to the office. The appropriate professionals were then contacted for advice.

Staff working with other agencies to provide consistent, effective, timely care.

- People were proactively supported to maintain good health and had access to external healthcare support when necessary. An example included district nurses and GP's.
- If people were unwell they were encouraged to ring the health professional's themselves. However, on some occasions staff contacted them on a person's behalf. One person we spoke with told us, "The staff had to speak to the GP for me as I was unwell".
- If people were admitted to hospital, information about people's care needs was shared with professionals. Consent was sought from people prior to this.

Ensuring consent to care and treatment in line with law and guidance.

- 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 knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- People confirmed that staff explained what that were doing and sought their consent before they provided them with personal care.
- People had signed their care records to show that they consented to the care and support they were being provided with.
- Training records confirmed that staff had undertaken training in relation to the MCA.

Is the service caring?

Our findings

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- People received care from staff that were kind and thoughtful.
- People told us the staff were respectful of them and called them by their preferred names.
- We spoke with people and relatives whose views on the care provided were positive. People told us, "I am really happy with the care I receive". One relative told us, "I am pleased with how things are going. The staff seem really caring".
- The management team visited people often. This was to ensure that support plans were reviewed and updated with people.
- Each person had their life history recorded and staff used this information to get to know people and build positive relationships with them.
- We asked staff if they felt people were well cared for. Their comments included, "Our clients regularly tell us they are happy with the service" and "The staff are very caring and helpful".

Supporting people to express their views and be involved in making decisions about their care.

- Staff told us they supported people to make decisions about their care and knew when people needed help and support from their relatives.
- People we contacted confirmed they had originally discussed their care with the service and a 'support plan' had been put together.
- There was evidence of people and relative's involvement in the care planning and review process.
- People were supported by staff to make decisions about their care; and knew when people wanted help and support from their relatives. External professionals were contacted when help was needed to support people with decision making.

Respecting and promoting people's privacy, dignity and independence.

- All people we spoke with told us staff respected their privacy and dignity. One person told us, "The staff call out before coming in".
- People were supported to maintain their independence. People's support plans included information on things they could do for themselves and those that they needed staff support with.
- The service ensured people's confidentiality was respected. People's care records were kept confidential, staff had own passwords logins to access electronic records.
- Several examples were given to us regarding sensitivity and empathy towards people. For example, one person's relative told us that the staff, provided constant reassurance to their mum.
- We asked staff how they ensured people's dignity was respected. Their comments included, "Tasks are carried out by the clients wishes e.g. if they want curtains doors closed etc" and "Client's dignity is always respected".

Is the service responsive?

Our findings

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Staff knew and understood people's likes, dislikes and preferences, and used this knowledge to care for people in the way they wanted.
- We asked staff for examples of person centred care given to people. An example included. "One of our clients is very particular in his support with personal care. The support plan details this very well and allows time and scope for day-to-day differences in needs".
- The service was responsive to people's needs. They were able to care for people who had become unwell during their visit. This included calling people's family member and professionals for advice.
- The service supported people with personal care. This also included taking people out to participate in activities that they enjoyed doing. They helped people to achieve their potential. An example included that the service supported one person with dementia to go swimming with a staff member.
- The service tried hard to provide consistent carers to people. Staff had built good relationships with people and had developed a good understanding of people wants and preferences.
- The service had a system of reviewing support plans regularly to ensure they were relevant, up to date and reflected people's needs.

Improving care quality in response to complaints or concerns.

- People were given information about the service, including their support plan, out of hours contact arrangements and a copy of the complaints procedure.
- The complaints procedure explained how to make a complaint and set out how they could expect any concerns or complaints to be handled.
- People were encouraged to express their views and make comments about things during their review.
- The service had handled concerns and complaints raised by people or their relatives. The records kept by the service evidenced that each 'complaint' had been responded to appropriately.
- The registered manager used the opportunity for lessons to be learnt which followed on from any concern or complaint being raised to make improvements in care delivery.

End of life care and support.

- At the time of our inspection the service was not supporting people with end of life care.
- Staff had received basic end of life care training. The registered manager looked to find further end of life care training for staff.
- The registered manager told us they were able to support people with end of life care. We were told the service would liaise with professionals to see if they were able to care for people.

Is the service well-led?

Our findings

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- People were at the heart of the service and staff worked collaboratively to ensure a shared vision about the ethos and culture of the service.
- People who used the service spoke positively about the management team. One comment included, "They are a great team and very supportive. We have added in some extra visits". One relative told us, "Nothing is too much trouble. They managed to set things up very easily. Assessments were done quickly".
- Each person had a file kept within their own home. This contained various information such as the contact details of the service, complaints procedure and a copy of people's individual support plan.
- The provider had a duty of candour policy in place. We were told this was to make judgements regarding complaints, incidents and when things went wrong.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- People benefitted from a registered manager who had created an open culture and had developed positive values within the service.
- There was a clear organisational structure. The registered manager was supported by the deputy manager and the provider who was involved with the day today running. They were experienced, knowledgeable and approachable within their role.
- Staff spoke positively about the management. They felt the service was well led. Comments included, "I think the whole service is well managed", "I feel the service is well managed for the people we care for and the staff team".
- The service had a staff recognition scheme in place. A recognition book was kept in the office where staff compliments were recorded. The provider planned to put forward staff and the service for local and national awards within the next 12 months.
- The service had a robust quality assurance system in place. Audits were regularly undertaken by the registered manager, deputy manager and provider.
- The registered manager had informed the Care Quality Commission about any events or incidents in line with their legal requirements.

Engaging and involving people using the service, the public and staff.

- People were empowered to express their views and suggestions about the service. The service had introduced a 'you said, we did board'. This was displayed in the office and contained suggestions made by people.
- The service had plans in place to send out surveys to people, staff and professionals. The registered manager told us they wanted to wait until the full year to send these out. They told us they planned to analyse the survey response's and action plan any shortfall identified.

- There was a positive workplace culture at the service. Staff worked well together, and there was a shared spirit of providing a good quality service to people. Each member of staff that gave feedback told us they would recommend the service.
- There were regular staff meetings where staff could speak about people's needs and operational issues.
- Newsletters were sent out to staff to share useful updates with them. The last newsletter was sent out during January 2019 and discussed staff recognition, updates and people's care.

Continuous learning and improving care. Working in partnership with others.

- The service had a good reputation in the local community. They had connected with professionals that could benefit people who used the service. There were good connections with GP's and district nurses.
- In the event of bad weather or a major incident the provider had a contingency plan in place.
- The service looked at innovative ways to improve the care people received. They regularly met with people who used the service to carry out reviews or to check on how things were going.