

Mr Thomas Norton

Heroic Care

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 20 February 2017 and was announced. We gave the provider 48 hours' notice because the service is a small home care agency and the registered manager is often out of the office supporting staff or providing care. We needed to be sure they would be in.

Heroic Care is a home care agency people who live autism and learning or physical disability. At the time of our inspection nine people used the service.

People who used the service were safe. They were supported and cared for by staff that were exceptionally skilled. Staff consistently supported people to lead the lives they wanted and to achieve exciting and challenging objectives. The provider's recruitment procedures ensured only staff with the required competences and values were employed.

People's care plans included risk assessments of activities associated with their care and support. People were supported to manage risks in order to achieve what was important to them.

People were supported to receive the medicines that they needed by staff who were trained in this area.

Staff had excellent training and support to ensure that they understood the often complex needs of people who used the service. They put their training into practice and consistently provided outstanding care that met people's needs. People using the service and their relatives consistently described the care and support as outstanding. People experienced care and support that improved the quality of their life and taught them new and exciting skills.

The registered manager understood their responsibilities under the Mental Capacity Act (MCA) 2015. Staff had awareness of the MCA and understood they could provide care and support only if a person consented to it and if the proper safeguards were put in place to protect their rights.

Staff made special efforts to support people to have meals they enjoyed. They also supported people to access health services when they needed them. They had training about people's medical conditions and were able to recognise if a person's health deteriorated. When people needed it they took appropriate swift action to support the person to access health services. People and their relatives told us that they received care and support that had a significant positive impact on their lives.

People using the service and their relatives told us consistently that they held staff in high regard. The registered manager 'matched' staff with people using the service which meant people were supported by staff who naturally empathised with them. Staff were caring and knowledgeable about people's needs. People were consistently supported by the same staff which was important to people and their relatives.

Staff supported people to express their views in a variety of ways. Staff excelled at how they communicated

with people and involved them in decisions about their care and support. This resulted in people consistently experiencing care that met their needs.

Relatives told us that people using the service were always treated with dignity and respect. The provider actively promoted values of compassion and kindness in the service.

People contributed to the assessment of their needs and to reviews of their care plans. Their care plans were exceptionally well focused on people's needs and objectives they wanted to achieve. Staff provided outstanding care and support that consistently met people's needs. Staff supported people to maintain their interests and hobbies and to learn new skills. This made a big difference to people. It helped them build confidence to lead lives that were much more independent and active than before they used the service. This also supported people to emerge from social isolation which had a transforming effect on their lives.

People knew how to raise concerns if they felt they had to and they were confident they would be taken seriously by the provider. People told us they had never had a reason to raise a concern. When people expressed preferences about their care and support these were acted upon by the service.

The provider had effective arrangements for monitoring the quality of the service. These arrangements placed a high value to people's feedback which was acted upon. The quality assurance procedures were used to continually improve people's experience of the service. The registered manager's aim was to have as near a perfect service as possible for people currently receiving care and support before expanding the service to provide care and support for more people.

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.

Staff understood and consistently discharged their responsibilities for protecting people from abuse and avoidable harm. They advised people how to be safe at home, in the community and when on holiday.

Staff underwent a recruitment process that assessed their suitability and ensured as far as possible that only people who met the provider's high expectations were recruited.

People were supported to take their medicines at the right times by staff who were trained in safe management of medicines.

Is the service effective?

Good ●

The service was effective.

People received support with their nutritional and health needs. This contributed to people experiencing an outstanding quality of life.

Staff were consistently supported through effective supervision, appraisal and training and were supported to study for further qualifications in health and social care.

Staff discharged their responsibilities under the Mental Capacity Act 2005 and ensured that care and support was provided only if a person gave consent and they protected the rights of people to make decisions about their care.

Is the service caring?

Good ●

The service was caring.

The service had a strong person centred culture that put people's needs at the heart of decision making and support.

Staff had excellent caring relationships with the people they supported. They were inspired to support people to achieve goals despite the obstacles people experienced in their lives.

People using the service and relatives consistently referred to staff as being kind and compassionate.

Is the service responsive?

Outstanding 

The service was responsive.

People received care and support that was always centred on their personal individual needs. The care and support people experienced had a significant positive impact on their lives.

People were supported to maintain their interests and hobbies and to learn new skills which enhanced their lives.

People's views were valued by the service and were used to drive continuous improvement.

Is the service well-led?

Good 

The service was well led.

The provider was committed to continual improvement.
People's needs were the engine that drove the service.

The provider had robust arrangements for monitoring the quality of the service that were used to drive continual improvement.

Heroic Care

Detailed findings

Background to this inspection

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

The inspection visit took place on 20 February 2017 and was announced. The provider was given 48 hours' notice because the service is a small home care agency and the provider is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection team consisted of an inspector and 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.

Before the inspection visit we contacted all of the people who used the service. We spoke with relatives of five of the nine people who used the service.

On the day of the inspection we spoke with the registered manager, a team leader and an administrator. We looked at three people's care plans and associated records. We looked at information about support staff received through training and appraisal. We looked at two staff recruitment files to see how the provider operated their recruitment procedures to ensure they only recruited staff who were suited to work for the service. We looked at records associated with the provider's monitoring of the quality of the service.

After our visit we carried out telephone interviews with our four care workers.

Is the service safe?

Our findings

All people we spoke with told us that their relatives were safe and protected from abuse and harm. They gave a variety of reasons for this. One reason was that people who used the service felt confident and safe with the staff who supported them. A relative said, "Yes, he is safe, very much so. They [staff] are very good with him and careful. He has 24/7 care so they are always with him."

A relative told us, "[Person who used the service] is safe. He is very happy with his carers". People told us that they were confident that their relatives were safe at home and when they went out. A relative said, "They [staff] are excellent with him and they ensure he is safe in the house" and another told us, "He is safe when the staff take him out".

Staff knew how to identify and respond to signs of abuse. They knew about the provider's procedures for reporting suspected or actual abuse. All staff had received training in safeguarding people from abuse or avoidable harm. All the staff we spoke with knew how to use the provider's procedures for reporting any concerns about people's safety. Staff told us they were very confident that any concerns they raised would be taken seriously by the registered manager.

People were supported to be as independent as they wanted to be. People told us they received the support they wanted and needed and that they were supported to do as much for themselves as they could. Relatives felt strongly that the care and support that their family members received helped them to be as independent as they could be.

People's care plans had risk assessments of activities associated with their care routines and activities they participated in. People were supported to take part in sports and recreational activities which carried risks of injury. They were supported by staff who shared the same interests and who were aware of the risks associated with activities, for example swimming, physical exercise classes and martial arts. Staff therefore had a practical understanding of the risks and people's abilities. People were supported to take risks and to experience greater levels of independence.

Risk assessments of people's home environment had been carried out and reviewed to ensure that people were safe at home.

A major contributing factor to people being safe was that the provider involved people who used the service and their relatives in deciding who should support them. This included being involved in interviewing people who wanted to work at the service. The recruitment process was driven by the needs for people who used the service. For example, staff were recruited to support each individual which meant that the recruitment procedures were focused on the needs of people. People were not recruited unless the registered manager and a person who used the service or their relative were confident that the job applicant had the right skills and demonstrated a caring and compassionate attitude. Only 75% of job applicants were successful which showed that the recruitment process identified people who were not suited.

Newly recruited staff were not allowed to start work until all the required pre-employment checks were satisfactorily completed. This included two satisfactory references and a Disclosure Barring Service (DBS) check. DBS checks help to keep those people who are known to pose a risk to people using care services out of the workforce. Once staff were employed they were required to report if they had committed or been charged any offences which called their suitability into question.

People were supported to have their medicines as prescribed by their doctor. A relative of a person who used the service told us, "I'm very happy [with how staff supported a person with their medicines]. They do all his medicines. I have full confidence in them". Another relative told us, "[Person] has a daily routine where they [staff] do all his medication and tablets for him. I'm happy they do all that for him". All staff were trained in handling of medicines. Their competence to continue supporting people was assessed by the registered manager or a team leader every six months.

The training staff received included training about the medicines people took. A care worker told us, "The training about medicines was very good. It was about the medicines people take. I understand why people take the medicines and about the side effects". People's care plans included information for care workers about how to support people with their medicines. For example, care plans stated that care workers should remind and prompt people when their medicines were due to be taken. Care workers observed whether people took their medicines and made a record of this. People were supported to store the medicines safely. The provider arranged for them to have safes where they could keep their medicines.

Is the service effective?

Our findings

Relatives consistently told us they felt that staff had the right skills and knowledge to meet the needs of people who used the service. A relative told us, "The staff certainly know what they are doing". Another said, "The staff work excellently with [person] and us. You certainly need the skills to do that".

People were supported by staff who were trained and themselves supported to provide excellent care to people who used the service. Before staff worked with people they had an induction that prepared them for their role. The induction was tailored to the needs of the people they were to support. This included reading people's care plans and 'shadowing' an experienced care worker for up to four shifts.

Care workers we spoke with told us that their induction had prepared them for their role. A care told us, ""The training made me very confident because it did a lot to help me understand the people I support. I'm very confident that I can give people the support they deserve".

Staff continued to receive training after their induction. This including training about conditions people lived with, for example autism, and how to support and communicate with them. The training methods included classroom training, 'e-learning', and completing the Care Certificate. The Care Certificate is a set of 15 standards that apply to health and social care. Some of the training is provided by an accredited training organisation specialising in training on how to support people who may on occasions present behaviour that some people find challenging. Other training is provided by an independent nursing consultancy. The provider consulted specialist charities for advice about aspects of supporting people with sensory impairment. Care workers we spoke with told us they were very satisfied with the quality of training they received. One told us, "The training is brilliant. It is orientated towards the people we support, other training is generic. It is really good".

Relatives also expressed confidence in care workers. A relative said, "We are very happy with the carers. They understand about autism and learning difficulties and they support [person] with whatever he wants to do. He is very happy with them, so are we". Training records we looked at showed that staff received training about conditions that people lived with. Relatives we spoke with consistently praised the skills of the staff. We saw a letter a health professional sent to the provider in which they praised the service. They explained that they had been able to discharge the person from their care only because of the quality of care provided by Heroic Care.

People using the service told us that care workers had excellent communication skills. This was important because most of the people they supported lived with learning difficulties. Care workers used a variety of communication techniques including British Sign Language (BSL) and Makaton, a form of language that uses signs and symbols to help people communicate. Care workers also supported people to develop their own unique style of communication using gestures, symbols and objects. Two people were provided with i-pads to use as a means of communication after staff found that this had broadened their communication skills. A relative told, "The staff ensure everything is communicated". Care workers used BSL, Makaton or a person's unique 'language' to support them to take their medicines, have their meals, to understand risks,

for example risks associated with kitchen appliances.

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. Any applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

The registered manager had a thorough understanding of the MCA. They periodically reviewed people's mental capacity to make a range of decisions affecting their lives. This meant that they were alert to the possibility that situations may arise when decisions would have to be made in a person's best interests and knew what to do to protect people's human rights. Staff we spoke with had a good understanding of the MCA and its importance. They understood that they could provide care and support to a person using the service only with their consent. Where people were unable to give consent because they lacked mental capacity they received care that was in their best interests and in line with the Court of Protection orders.

Staff supported people to do their food shopping, either going to shops or doing the shopping on-line. A relative told us, "[Person] goes shopping with the carers and decides what he wants". People were able to use their preferred means of communication when they went shopping and their care workers understood this. A relative told us, "Because of [person's] lack of verbal communication he can indicate with his hands what he likes or doesn't like and the carers get it [the right food]". Care workers knew what food people liked because there was information about that in people's care plans. However, they supported people to decide what food they wanted when they went shopping.

People were supported with their health needs. People's care records and letters from health professionals showed that the provider worked closely with a wide range of professionals including peoples' GPs, social workers, psychiatrists, nurses, dentists, opticians and speech and language therapists. Staff followed health professional's guidance. For example, staff ensured that a person used toothpaste that a dentist recommended for a person. Staff supported people to attend annual health checks and appointments.

Is the service caring?

Our findings

The registered manager promoted a caring and compassionate culture within the service. This began during the recruitment process for new staff. People who used the service and their relatives were involved in the recruitment interviews if they wanted to be. Job applicants were not recruited unless they demonstrated they had characteristics of empathy and compassion.

This caring culture was reinforced during induction training and post-induction training that staff received. All staff received training about supporting people with respect. This was under-pinned by the policies and procedures that all staff had access to.

Care workers received training about building relationships with people they supported. That training was provided by an award winning organisation that specialised in training care workers who supported people who lived with learning difficulties. We found that care workers put their training into practice to by the way they supported people with dignity and respect.

Care workers were able to develop caring relationships with people. People who used the service and their relatives appreciated this and it helped them feel that they mattered. A relative told us, "The carers are respectful all of the time". Another said, "All of the carers are wonderful. We are very pleased with them". The registered manager matched care workers with people using the service based on their interests and hobbies and other characteristics including age and gender. If a care worker had the same interests or hobbies as a person using the service the registered manager 'matched' them. This meant that care workers were able to actively participate in recreational activities they supported people with. For example, a care worker who was interested in martial arts supported a person to attend martial arts classes. Having similar interests fostered caring relationships with people. A relative told us, "The carers are all wonderful with him. That is reflected in how happy he is".

People were cared for and supported by a dedicated team of care workers they and their relatives had selected. Care workers told us they strove to have caring relationships with people. Their induction and training supported them in that regard and they maintained relationships by continually learning about what people liked and how they wanted to be supported. A care worker told us a key factor was that, "I know them [people who used the service] well and they know me well". We found that the quality of life people experienced improved because of the caring and compassionate nature of the support they received. People grew in confidence because of the support they received and consequently engaged with people in the community and visited places they would otherwise not have visited.

The trust people had in care workers meant that they had the confidence to be more involved in making decisions about their care and support. We saw from people's records that they were supported to develop their communication skills to be able to be more involved. Relatives we spoke with consistently told us that staff communicated in ways that suited a person and made them feel involved, especially with regard to how they spent their time and the activities they participated in.

Relatives told us that staff treated the people they supported with dignity and respect. One said, "Oh yes, definitely. They are very respectful all the time". Two others told us, "They really are very good. They always ask him if he is okay and what he wants to do or wants" and "They are very thoughtful and caring and they always take their time with him". Care plans included guidance for care workers about how to support people with dignity and respect. Care workers described to us how they treated people with respected people's privacy and dignity when they supported them with personal care. For example, how they ensured bathrooms were closed when they supported people and how they used towels to cover people. A relative told us, "The staff are very good and respecting people's privacy and dignity".

Is the service responsive?

Our findings

People received care and support that was centred on their needs, preferences and personal ambitions. That happened because people who used the service and their relatives contributed to the assessments of their needs and the planning of their care. A relative told us, "We do it [care plan] with them, and they keep us well informed". Relatives continued to be involved after a person's initial assessment. A relative told us that after a care plan was written "We communicate with them about any changes" and another said, "They do the actual plan but we work with them on it".

People who used the service lived with autism and learning or physical disability. Relatives told us that this had a major impact on their lives. They explained that the support people received from Heroic Care had improved people's lives. Relatives told us that the service had the right skills to support people on the autism spectrum. One told us, "The staff certainly have the skills. We did our research before coming to this company. We are very pleased with them". Another described the impact autism had on their relative in the past and added, "Because of the excellent support they give he is doing more normal things now and we have seen a great improvement which has to be down to their skills".

Care plans contained detailed assessments of people's needs and information about how people wanted to be supported. A care worker told us, "The care plans are brilliant, they really helped me to get to understand how the people I support want to be supported". The care plans contained information about what people liked and disliked, what they were happy, their hobbies and interests and things they wanted to achieve. All care workers we spoke with told us they often referred to people's care plans in order to ensure that they provided care and support that people wanted. We saw a note from a person who used the service which said, 'I receive the best quality support from Heroic Care'.

Care workers made written records each day of the support they provided. We looked at three people's notes. We found that the notes provided assurance that care workers supported people in line with their care plans. Those records and what relatives told us about the care and support provided were entirely compatible and together provided strong evidence about the responsiveness and quality of care people experienced.

Relatives consistently told us that care workers provided the care and support in line with people's care plans. One told us "[Person] indicates to us he is very happy with the carers as he has a lot of needs". Relatives told us that a reason care workers provided care that met people's needs was they were excellent at communicating with the people they supported. A relative told us, "The carers need to be skilful at communicating and they are very good at this". Staff used a variety of communication techniques including BSL, Makaton and signs and symbols that people who used the service had devised. An innovation was the use of iPads as a means of communication. This meant people who used the service were able to express themselves in ways care workers understood and communicated back to people.

Relatives told us that the support care workers provided made a difference to people's lives. They were very pleased with the quality of support people received with their personal care but they were especially

pleased with the support with recreational activities and hobbies. A relative told us, "They [staff] do loads for him". These were very much centred on what people wanted to do. People participated in a wide range of activities, for example 'zumba' classes, going to cinemas, bowling, swimming, fencing, music and foreign language lessons. Some people had been supported to take holidays, including in distant overseas locations. People had not done those things before they used the service because they lacked the confidence to do so. This showed that staff supported people with their social and cultural needs to an extent they had not experienced before they used the service.

Care workers supported people to become more confident about socialising by incrementally increasing people's exposure to other people. They also supported people to reduce the extent and frequency of behaviour that some people found challenging and which impacted adversely on their own lives, for example by being barred from social and entertainment venues. Staff were able to do this because of high quality training they received in communicating with people and managing behaviours some people found challenging. The support from staff meant that people were more able to make decisions and choices that enabled them to experience social activities that they previously not been able to enjoy.

Relatives we spoke with consistently praised care workers for quality of their communication and support skills. People had previously been barred by venues because of behaviours they presented were now welcomed at those venues. People who used the service therefore experienced a greater sense of wellbeing because of the support they received from Heroic Care.

People who before had no confidence to leave their homes to go outside now went to social clubs and supermarkets for shopping. A relative told us, "[Person] struggles with other people but the carers help him all they can and take him into the community to build up his confidence". The service had therefore supported people to avoid the social isolation they experienced before they used the service.

The support people experienced to make choices and take control had a significant impact on the quality of their lives. Staff promoted healthy eating and supported people to lose weight and exercise by increasingly participating in sports and recreational activities they enjoyed. Relatives and staff we spoke with told us that people had gained confidence and led far more active and meaningful lives. They said this was because people were able to do much more than before they were supported by Heroic Care.

Health care professionals were complimentary about the service. A professional told the service they had been able to discharge a person from their care because of the quality of the support the person experienced from Heroic Care.

People's care plans were reviewed every month by the registered manager or a team leader. Relatives were involved in the reviews if they wanted to be. They told us they were kept very well informed about their loved ones.

People using the service had access to a complaints procedure. This was made available to them in an easy to read format. Relatives were also aware of the procedure, though they all told us they had not had any reason to make a complaint. They knew they could raise any concerns or issues. One gave an example where they had requested that the registered manager ask a care worker not to wear a scent as this affected how the person engaged with staff. The registered manager acted on this. The relative told us, "It had nothing to do with the care they gave but they acted on it".

The provider's complaints procedure made clear that people's complaints and concerns would be used as

an opportunity to identify areas of the service that required improvement. The procedure also referred people to organisations they could approach if they felt their complaint was not satisfactorily dealt with, for example the local government ombudsman.

Is the service well-led?

Our findings

Under the direction of the registered manager care workers supported people to receive the care and support they wanted and needed. Staff consistently made special efforts to respond to people's individual preferences. Some people had been supported to overcome significant challenges to improve the quality of their lives.

The approach and ethos of the registered manager was borne from their determination to run a service that provided the best quality care and support possible. This began with a staff recruitment process that aimed to ensure that only people with outstanding characteristics were employed. The registered manager, people who used the service and their relatives personally assessed job applicants for their suitability.

People's needs were very well known to the registered manager. They carried out an assessment of every person's needs before they began to use the service and were involved in monthly reviews of people's care plans. They had a clear vision about what person centred support meant for each person using the service and they, working with training providers ensured that staff were supported to develop skills to be able to meet people's needs.

Staff we spoke with told us their ideas and suggestions were listened to and acted upon. One told us, "We have brain-storming sessions where we think of things we could do to improve people's lives. We think about how we can support people with activities they want to do".

The service had an open and transparent culture, with clear values and vision. All staff were given a 'code of conduct' which set out how they must treat people with respect and dignity, offer freedom of choice and control over what happened in their home. This was communicated through policies and procedures, training, supervision meetings and daily dialogue with the registered manager.

Staff told us the registered manager was very knowledgeable and supportive. They said they felt highly motivated. One told us, "It is a really good company to work for. I've learnt lots from the manager, the training is really good and we work so well together as a team". Others also told us how well staff worked together. They also told us they felt comfortable about raising concerns because they were confident they would be listened to and that the registered manager would act upon their concerns.

The provider had effective arrangements for monitoring the quality of the service. The registered manager visited people who used the service at least once a month to discuss their care and support. They met with relatives monthly to do the same. They asked for their feedback about the service. Feedback we saw was consistently positive.

Other monitoring and quality assurance activity included audits of care plans and care records. The registered manager made observations of care worker's practice. They worked alongside care workers to offer support and to monitor their performance. They used supervision meetings to assess whether staff had retained information from training they received. In these ways the registered manager ensured that staff

were equipped with the skills and knowledge they needed to meet the needs of people who used the service.

Relatives told us they felt the service was very well run and that the registered manager was both supportive and accessible. One said, "The manager is great" and others described the service as "excellent", "brilliant". They told us they felt involved and listened to. One told us, "The care is wonderful which is all down to the right communication between the service and ourselves".

The registered manager understood their legal obligations including the conditions of their registration. This included ensuring there was a system in place for notifying the Care Quality Commission of serious incidents involving people using the service.

We found that the service was very well led and focused on providing the best possible support for people using the service and employees. It was forward looking and focused on delivering the highest quality of care for people currently using the service as a foundation for gradually increasing the size of the service.