Heron Care Limited

Heron Care Limited

Inspection report

Unit 4 Helsby Court
Sinclair Way, Prescot Business Park
Prescot, Knowsley
Merseyside
L34 1PB

Tel: 01514300033

Date of inspection visit:
22 April 2016

Date of publication:
25 May 2016

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

This was an announced inspection, carried out on 15 and 22 April 2016. We gave 48 hours' notice of the inspection because we needed to be sure that the registered manager or someone who could act on their behalf would be available to support our inspection.

Heron Care is a domiciliary care agency, providing personal care and support to people living in their own homes. The service operates from an office based in the Prescot area of Knowsley, close to the town centre.

The service has a manager who was registered with CQC in October 2010. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The last inspection of Heron Care was carried out in January 2014 and we found that the service was meeting all the regulations that were assessed.

People felt safe using the service and had no concerns about how staff treated them. There were systems in place to protect people from abuse and to keep people safe. This included training for staff and policies and procedures for them to follow. Staff were confident about reporting any concerns they had about people's safety and they said they wouldn't hesitate to do so. People, family members and staff were provided with the details of services they could contact if they had any concerns about people's safety, including an out of hour's service operated by the registered provider. Risks people faced were identified and managed. Care plans included information about how to minimise the likelihood of harm occurring.

Staff were safely recruited and received the training and support they needed. Checks were carried out on all applicants before they started work to make sure they were suitable for the job. New staff were inducted into their role and they received on going training in key topics and topics specific to people's needs. Staff understood their roles and responsibilities and spoke positively about their work and the people they provided a service to.

People received their medication on time by staff that had completed the relevant training. Staff had their competency checked regularly to make sure they had the right knowledge and skills to manage people's medication.

People received support by the right amount of suitably, skilled and experienced staff. Staff arrived at people's homes on time and stayed for the full duration of the contracted call and there was a system in place to monitor this.

Staff took time to get to know people, knew the people they were supporting well and provided a personalised service. Individual care plans, based on relevant assessments were in place and they detailed

how people wished to be supported. People's wishes and preferences were accurately reflected in the care plans. Contact records were maintained detailing the support people received and they were an effective way for staff to communicate onto relevant others important information about people's needs.

People who used the service and family members described staff as caring, kind, patient and respectful. Family members gave examples of how staff used their knowledge to help people overcome difficult situations. People's independence was promoted and encouraged and staff were careful not to take over and restrict people's lifestyles.

There was a clear management structure at the service which included clear lines of accountability and responsibilities. People and family members understood the management arrangements and they had confidence in the way the service was managed. Systems were in place to monitor the safety and quality of the service and to gather the views and experiences of people and their family members.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe using the service. Staff were confident about dealing with any concerns they had about people's safety.

Risks people faced were identified and managed. Medicines were appropriately administered to people.

Staff were safely recruited and received training and support appropriate to the work they carried out.

Is the service effective?

Good

The service was effective.

People made choices and decisions about their care and support.

People's needs were assessed, identified and planned for with their involvement.

People who needed it were provided with the support they needed to maintain a healthy diet.

Is the service caring?

Good

The service was caring.

People were treated with kindness and their privacy and independence was promoted and respected.

Staff were patient and sensitive in their approach when supporting people who were anxious or upset.

Is the service responsive?

Good

The service was responsive.

People received all the right care and support to meet their needs.

Staff listened to people and were responsive to their needs.

People had information about how to complain and they were confident about raising any concerns they had.

Is the service well-led?

Good

The service was well led.

People had confidence in the way the service was managed.

The management team had clear lines of accountability and responsibilities.

There was a system in place to assess, monitor and improve the quality of the service.

Heron Care Limited

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.

This inspection was carried out by one adult social care inspector. The inspection took place over two days and was announced. The registered provider was given 48 hours' notice because we needed to be sure that someone would be at the office.

During our inspection we visited the office and met with the registered manager who is also the registered provider. We checked a selection of records held at the office, including care records for seven people who used the service, staff recruitment and training records for eight newly recruited staff, policies and procedures and other records relating to the management of the service. Whilst at the office spoke with nine staff, including care staff and office staff. With their prior consent we held telephone discussions with two people who used the service and family members of six people who used the service.

Before our inspection we reviewed the information we held about the service including notifications that the registered provider had sent us and the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, including what the service does well and any improvements they plan to make.

Good

Is the service safe?

Our findings

People told us that staff were careful when supporting them and that they felt safe with them. People's comments included, "They do things carefully" and "I always feel very safe with the girls [staff]". Family members said they had a lot of trust in the staff and that they were confident that their relative received safe care and support. One family member said "I have no doubt that he [relative] is safe when in their care" and another family member said, "I trust them one hundred per cent".

The registered provider had a recruitment policy which clearly described a safe procedure for recruiting new staff. Records held in the files for new staff showed that the procedure was followed. New staff had completed an application form which included details of their previous employment history, qualifications, skills and experience. Two references, including one from the applicant's most recent employer, and a check with the Disclosure and Barring Service (DBS) were obtained in respect of applicants before their employment was confirmed. These checks helped the registered provider to make safe recruitment decisions and prevent unsuitable people from working with people who used the service.

Each member of staff was issued with a handbook which provided information and guidance in relation to various aspects of health and safety and employment law relevant to their work. For example, managing risk, accessing people's homes, accidents and incidents, food hygiene, safeguarding people and working late or alone. The purpose of the handbook was to help staff understand basic health and safety requirements, how they affect their job and how they can contribute to ensuring they maintain people's safety and their own. The registered provider also issued staff with a copy of their emergency on call policy which described the arrangements in place should staff need to contact someone in an emergency outside of office hours. Staff confirmed that they had a health and safety handbook and a copy of the emergency on call policy. They also told us that they were provided with a rota detailing those on call and their contact numbers.

People received care and support from the right amount of suitably skilled and experienced staff. The recruitment process helped match people with the right staff. For example, staff with previous experience and specialist skills were matched with people in accordance to their needs. People's level of dependency was continually assessed to help determine the amount of staff they needed at any one time to provide their care and support. For example, people with limited mobility received care and support from two staff. Staff underwent additional training as people's needs changed to ensure they had the appropriate skills and knowledge to keep people safe. People who required the support of more than one member of staff told us the right amount of had staff always attended their home and this was confirmed by family members.

There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. Staff who administered medication had completed the required training and competency checks annually. Medication and medication administration records (MARs) were kept safe in people's homes and were checked regularly by a manager to ensure they were accurate and up to date. People told us that they always received their medication on time and that staff were careful when administering them and completing records.

Staff had access to a range of information about safeguarding adults and children, including policies and procedures set out by the registered provider and the relevant local authorities. As part of their induction new staff completed safeguarding training and after completing the training they underwent a check of their knowledge. Staff were issued with a safeguarding handbook which included key information such as the types and indicators of abuse and what their responsibilities were for preventing abuse and protecting people from harm. Staff knew the different types and indicators of abuse and how to report any kind of abuse which they witnessed suspected or were told about. One member of staff said, "I don't care if it was a friend I would still report them" and another said, "I would keep calm, reassure the victim and make sure they and any other people were safe before reporting it".

Risk assessments were undertaken to identify any potential risks to people who used the service and to staff who supported them. Risk assessments were in place to keep people safe but did not restrict their lifestyles and aimed to provide people with support to remain in their homes. The risk assessments included tasks and activities associated with people's care and support and the safety of the environment. For example, accessing and entering people's homes and potential hazards with equipment or any health related issues such as mobility. Staff were aware to report any hazards or equipment that was unsafe.

People who used the service lived in their own homes and were responsible for any infection control issues. However, staff had been trained in infection prevention and control. Staff told us they would report any infection control risks to their manager. Personal protective equipment (PPE) was available for staff to wear such as gloves and aprons to help prevent the spread of infection.

Good

Is the service effective?

Our findings

People who used the service and family members told us that they thought the staff were well trained. Their comments included, "They [staff] know what they are doing" and "They [staff] are all very competent and I have no concerns about their ability".

All new staff completed an induction programme which included training based on the 15 fundamental standards which make up The Care Certificate. For example, person centred values, privacy and dignity, health and safety, communication and duty of care. The induction included the completion of a work book so managers were aware of the capabilities of staff. Some senior staff had been trained to enable them to verify the competency levels of staff so they were safe to work with vulnerable adults and children. Staff spent a period of time during their induction out in the community shadowing more experienced staff prior to them working unsupervised. We met with a new member of staff who had recently commenced their induction. They confirmed that they had completed some of the training and arrangements had been made for them shadow other staff working in the community as part of the next stage of their induction.

Staff were suitably trained to meet people's needs. Training was provided to staff on an ongoing basis and delivered by a full time training manager in a fully equipped training room at the office. Staff were required to undertake a knowledge test to assess their competency in relation to the training they had completed. Training included mandatory topics such as fire prevention, safeguarding, first aid and infection prevention and control and specialist training such as dementia care, epilepsy awareness and percutaneous endoscopic gastrostomy (PEG) feeding. Staff were also encouraged or had completed a nationally recognised qualification in health and social care such as a diploma or National Vocation Qualification (NVQ).

Staff received the support they needed to carry out their roles effectively. Staff told us that the management team were all approachable and very supportive. They told us they could telephone or call into the office at any time if they needed to discuss anything. Each member of staff had a named care manager who was responsible for their support and supervision. Staff confirmed that they received formal supervision at least twice a year and end of year review which enabled them to discuss their work and plan any training and development needs. Records also confirmed this. Care managers also visited people's homes to carry out spot checks on staff performance.

People who required it were supported to access food and drink of their choice. The support people received varied depending on their individual circumstances. Some people lived with family members who prepared meals. Staff members reheated and ensured meals were accessible to people who used the service. Where people were identified as being at risk of malnutrition or dehydration staff recorded and monitored their food and fluid intake. Staff told us that food and fluid charts were in the homes of people who needed them. People who used the service and their family members also confirmed this.

People who used the service were responsible for managing most of their own health care appointments and health care needs with the help of family members and friends. However, any intervention staff were

required to provide was recorded in care plans. Staff had appropriately supported people to access healthcare appointments and when required they liaised with health and social care professionals involved in people's care. People's care records included the contact details of their GP and other relevant healthcare professionals so staff could contact them if they had concerns about a person's health or for advice and guidance. Staff were confident about what to do if they had immediate concerns about a person's health and they said they would not hesitate to call emergency services. A family member gave us an example of when a staff member had contacted their relatives GP because they had concerns about their health. The family member said, "They acted as I would have".

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 people lack mental capacity to make particular decisions, any decisions 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 received care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this are called Deprivation of Liberty Safeguards (DoLS). People living in their own homes are not usually subject to DoLS. However, staff were trained in the MCA and DoLS to ensure they were aware of the principles. The registered manager told us they would report any suspected restrictions on people to social services as a safeguarding concern.

The office was equipped to deal with day to day management, for example, computers with email access, telephones and other office equipment such as a photocopier. There was a room available for private or group meetings. There were dedicated office staff who took calls and co-ordinated care during office hours and the out of hours on call service. Office staff arranged visits in a calm and professional manner.

Good

Is the service caring?

Our findings

People who used the service and family members told us that staff were respectful, kind and caring. Their comments included, "They [staff] always say hello when they arrive and ask if I'm ok" "They know me well", "They are very patient and caring" and "The girls are very reliable and are careful in what they write".

People's independence, privacy and dignity was respected and promoted. People and family members told us that staff were respectful of people's homes and always left them clean and tidy before leaving. They said staff always knocked prior to entering people's homes even if they had authority to enter using a code or by other means. A family member told us "Although staff can enter X [relatives] house using a code they always knock, before going in and introduce themselves from the hallway even though they don't need to".

Staff told us that they encouraged people to do as much as they could for themselves and that they were conscious not to take over. People confirmed this and told us that staff were respectful of their independence. Staff gave examples of how they ensured people's privacy, for example ensuring curtains and doors were closed when assisting people with personal care and leaving rooms when people had visitors or were on the telephone.

Staff knew people well and things which were important to them, for example a member of staff told us that one person they supported was a very private person and did not like to be asked too many questions and this was respected. Another member of staff explained a range of situations which had the potential to cause upset to a person they supported. They described the techniques they used to reassure the person and the positive impact this had on them. Family members also confirmed this. One family member told us that the staff team who supported their relative were very knowledgeable and understanding about their relatives needs and that the staff related extremely well to them.

Care plans emphasised the importance of involving people all aspects of their care and support, included people's personal preferences and choices such as what gender of carer they preferred and their usual daily routines, such as what time they like to get up and retire to bed. Care plans included terms such as 'promote', 'involve', 'encourage', 'ensure privacy and dignity'' and 'choice' when describing how people should be supported. These terms were also used by staff when describing how they supported people.

People told us that they were introduced to staff before they supported people in their homes. Family members told us that their relative was mostly visited by the same staff that they were familiar with. They said the consistency of staff was very important to their relative as they had particular routines which staff were familiar with and knew how important they were to their relative. A family member told us that when new staff were introduced they visited their relative at home on a number occasions and shadowed other staff who knew their relative well. They explained that their relative found it difficult to establish relationships with new people and because of this it was important to introduce them to new staff slowly.

People told us that staff were reliable, arrived at their homes at the agreed time and remained there for the full duration of their contracted call. Both people and family members said there had been occasions when

staff were late but they had contacted them with an explanation and assurances that they would arrive as soon as possible.

People were given a booklet about the service which they kept at their home. The booklet included such things as how to complain and who to contact both during and outside of office hours. The registered manager was aware of the circumstances of when a person may need the help of an advocate and they held details of services which they would share with people who may require assistance from an independent advocate. An advocate acts as an independent person to help people express their needs and wishes, as well as assisting people to make decisions which are in their best interests.

Care files and other documents were stored securely to help keep all information confidential. Staff were trained to keep documents confidential and how to safely share information. This helped to ensure people's right to confidentiality.

Good

Is the service responsive?

Our findings

People who used the service and family members told us that staff provided people with the right care and support and that staff knew people well. Their comments included; "They [staff] are excellent, really good at what they do", "They [staff] are fabulous. They work as a team and know X [relative] very well indeed. They know what X likes and doesn't like and the things which are very important to him" and "Yes, all the help X [relative] needs is in a care plan. The girls [staff] do everything they are meant to do and more".

People's needs were assessed prior to them using the service to make sure the service was right for them. Care plans were developed based on the outcomes of assessments carried by a suitably qualified member of staff and assessments obtained from other health and social care professionals. People who used the service or where appropriate those acting on their behalf were involved in the assessment process. This ensured that people's needs were fully understood and appropriately planned for.

Care plans were kept in people's homes and with the person's consent a copy was held at the office. The plans provided staff with instructions about how best to meet people's needs in a way that they preferred. Care plans were reviewed each month or sooner if there had been a change in a person's needs. People and family members confirmed that they were involved in the development and reviewing of care plans and that they were kept up to date. They said care plans were accessible to staff in their home and that staff read them regularly. Staff said they knew where to find care plans and they were easy to follow. They said if they noticed a change in a person's needs they would report it onto their manager immediately to ensure relevant changes could be made.

A record of the contact staff had with people was maintained. The records were used by staff to summarise the tasks and activities which they carried out during the visit as well as any significant observations, which needed to be communicated onto other staff and relevant others such as family members. Details of any contact staff had with the person's GP or other health and social care professionals involved in their care was also entered onto the contact records. The records helped to ensure that relevant information was shared about people with those who needed to know and to check that people had received the right care and support in line with their care plan.

The staff team consisted of established members of staff who had worked with the same people for a number of years. This meant that people were supported by staff who knew their needs well and with whom they had had the opportunity to build relationships. Staff had a good awareness of the individual needs of the people they supported and of the importance of how people liked to be supported. Staff knew about the particular conditions people had and the potential impact of these. This enabled staff to understand people's behaviours and manage them in a positive way.

The provider sought feedback from people or their family members through the use of survey questionnaire. This was sent out to people at different intervals throughout the year seeking their views about the service they received. The questionnaires invited people to rate and comment on aspects of the service including; effectiveness of care plans, involvement in their care and support and ability of staff. The results from the

latest questionnaires which were completed in 2014 - 15 were all positive.

People who used the service and where appropriate those acting on their behalf were provided with information about how to make a complaint about the service should they wish to. People confirmed that they had this information at their home and they said they were confident about complaining if they needed to. One person said, "I am very happy with everything at the moment. I would not have a problem complaining if I needed to". Staff were familiar with the registered provider's complaints procedure and they told us that they were confident about how to assist a person to make a complaint if they raised one. Staff comments included, "Those we care for have the right to complain if they are unhappy about something and it's important that we listen and take them seriously. I would help anyone to complain if they needed to" and "If I was unhappy about something I'd complain and our service users have the same rights". The registered provider had a system in place for investigating and addressing complaints.

People who used the service had access to advice and support at all times. They were provided with details of the office opening times and the names and contact details of an on call manager who was available outside of office hours. People and family members told us they had always got a response they used the on call service.

Good

Is the service well-led?

Our findings

People and their family members told us they were familiar with the management structure of the service and that it was well managed. They described the service as reliable and consistent and said they had never had any difficulties contacting or communicating with managers and office staff. A family member said, "They are all fabulous and work very well as a team".

The service was located in two storey office within a business centre near to Prescot town centre and was easily accessible to people who used the service, their family members and staff. People and staff told us they found it easy to make contact with the office. They said the service operated an open door policy whereby they could visit the office at any time during office hours or telephone to speak with a member of the management team and office staff.

There was a clear management structure operated at the service which was understood by staff, people who used the service and their family members. The structure was made up of the registered provider/manager who had overall responsibility for the running of the service, an operations manager, a training manager and care managers. Each manager was based at the office and had clear lines of accountability and responsibilities, which included line managing a team of staff and reviewing and monitoring people's care packages. A team of administrative staff were based at the office and each had designated responsibilities relating to the running of the business, for example, human resources (HR), administration and finances.

There were systems in place for assessing and monitoring the quality of service provision, which aimed to protect people who used the service against the risks of inappropriate or unsafe care, treatment and support. Staff confirmed their arrival and departure at people's homes using an electronic system which was linked to the office. This was monitored regularly to make sure people received care and support at the right time and for the correct amount of time. Regular reviews of care plans, contact records, medication and medication administration records (MARs) were carried out to ensure they remained accurate and up to date. Spot checks at people's homes were carried out to check that people were receiving the right care and support and to check on staff punctuality, attendance, performance and the accuracy of records. The training manager monitored staff training to ensure they were suitably trained to deliver the right care and support to people.

People, their family members and staff were asked for their views about the service, the support they received and any concerns they had were acted upon. They also told us they were notified promptly of any changes made to the service which impacted on them such as changes to the management team, staff and working practices.
Staff said they attended staff meetings and held regular informal discussions with the relevant member of the management team. They said they received regular updates about the service including any changes to policies and procedures.. Staff told us that they were encouraged to put forward suggestions and ideas about improving the quality of the service and that managers had always listened to their point of view.

There were processes in place for monitoring and learning from incidents and accidents which staff were

familiar with. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to staff, resulting in improvements to people's health, safety and welfare.

Policies and procedures were held at the office and easily accessible to staff and staff were issued with a staff handbook, which included copies of them. Policies and procedures support effective decision making and delegation because they provide guidelines on what people can and cannot do what decisions they can make and what activities are appropriate. Policies and procedures were reviewed on regular basis and updated when there were any changes in legislation or best practice.

There was a whistle blowing policy in place and staff were aware of it. Whistle blowing is where a member of staff can report concerns of poor practice to a senior manager in the organisation, or directly to external organisations without the fear of reprisals.