

## Heritage Homecare Services Ltd

# Heritage Homecare Heywood

### Inspection report

Independence House,  
Adelaide Street,  
Heywood,  
OL10 4HF  
Tel: 01706) 629774  
Website: [www.example.com](http://www.example.com)

Date of inspection visit: 13 and 17 August 2015  
Date of publication: 09/10/2015

### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This was an announced inspection, which took place on the 13 and 17 August 2015. Notice of the inspection was given to make sure that the relevant staff and people we needed to speak with were available.

This was the first inspection since the service was registered. The service provides personal care and support for 90 people living in their own homes. The provider had two other locations also providing care in

people's own homes at Lancaster and Nelson. The service provided care and support for older people, people living with dementia, end of life care, long term conditions, respite care and night care.

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

# Summary of findings

We checked medicines management. We found that clear and accurate records were not being kept of medicines administered by care workers. Details of the strengths and dosages of some medicines were not accurately recorded. Care plans and risk assessments did not support the safe handling of some people's medicines. This breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 is being followed up and we will report on any action when it is complete.

We checked how the service followed the principles of the Mental Capacity Act 2005 (MCA). The MCA governs decision-making on behalf of adults who may not be able to make particular decisions for themselves. The requirements of the MCA were not being followed. This breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 is being followed up and we will report on any action when it is complete.

There were no systems in place to monitor all aspects of the service. By the second day of our inspection the registered manager had started to put in place systems to assess, monitor and improve the quality of the service.

These had not yet been fully implemented. This breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 is being followed up and we will report on any action when it is complete.

There were safeguarding policies and procedures in place. Staff were knowledgeable about what actions they would take if abuse was suspected.

Safe recruitment procedures were followed and staff said that they undertook an induction programme which included shadowing an experienced member of staff. Staff were appropriately trained and told us they had completed training in safe working practices and were trained to meet the specific needs of people who used the service such as dementia care

People received food and drink which met their nutritional needs and they could access appropriate health, social and medical support, as soon as it was needed.

People and relatives were extremely complimentary about the caring nature of staff. Staff were knowledgeable about people's needs and we were told that care was provided with patience and kindness. People's privacy and dignity was respected.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Not all aspects of the service were safe.

We found that clear and accurate records were not being kept of medicines administered by care workers.

Safe recruitment procedures were followed. There were sufficient staff employed to meet people's needs.

There were safeguarding procedures in place. Staff knew what action to take if abuse was suspected.

**Requires improvement**



### Is the service effective?

The service was not always effective.

The service was not following the necessary requirements of the Mental Capacity Act.

We saw that training courses were available in safe working practices and to meet the specific needs of people who used the service, such as dementia care.

People received food and drink which met their needs and they could access appropriate health, social and medical support, as soon as it was needed.

**Requires improvement**



### Is the service caring?

The service was caring.

People and their relatives were complimentary about the caring nature of staff. They told us that staff promoted people's privacy and dignity.

People told us that they mostly had the same staff team and were informed of any changes to the carers.

Staff were enthusiastic about the care and support that they gave to people and their desire to provide a good quality service.

**Good**



### Is the service responsive?

The service was not always responsive

People's care plans did not always contain the information to help staff provide individualised care.

There was a complaints procedure in place which was not followed by the service. Most people and relatives informed us that they had no concerns or complaints.

Staff knew people's needs and responded when people were unwell.

**Requires improvement**



# Summary of findings

## Is the service well-led?

Not all aspects of the service were well led.

There were no audits and checks to monitor the quality of all aspects of the service. As such the service was not checking on areas for improvement and making sure that they dealt with any issues or risks in a prompt manner.

People's feedback was not sought by the provider or acted on.

People using the service were complimentary about the support that they received.

**Requires improvement**



# Heritage Homecare Heywood

## 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 team consisted of an adult social care inspector. We had received concerns regarding the service and these were followed up at this inspection. The inspection took place over two days on the 13 and 17 August 2015.

We contacted 20 people and their relatives by phone following our inspection. Additionally we contacted 20 staff members and spoke with four staff in the main office.

We looked for a variety of records which related to the management of the service such as policies, recruitment, call monitoring and staff training. We also viewed three people's care records.

Prior to carrying out the inspection we reviewed all the information we held about the home. We reviewed a completed provider information return (PIR). A PIR is a form which asks the provider to give some key information about their service, how it is addressing the five questions and what improvements they plan to make. Additionally we spoke with social services regarding their views and examined the NHS choices website and Good Care website for any feedback.

# Is the service safe?

## Our findings

People and their relatives told us that they felt safe. Comments included: “I have the same team of carers I always know whose coming and when to expect them”; “Yes he feels very safe”; “The girls come to get my [relative] to bed and I can have an early night if I want one”; “They let me know if someone is running late. On occasions they have been a couple of minutes late. I can’t fault them” and “I know the care workers who come and I feel safe knowing them.”

Most people received medicines in blister packs supplied by the local pharmacy. We viewed the daily care records and medication administration sheets (MARS). These did not accurately show the medicines that people received. The records showed that staff were recording ‘medication observed’ but did not detail the medication they had administered. In daily records we saw that on one occasion staff were unsure if the medication had been given and had advised the person not to take until later. They staff member had not checked if this was the most appropriate action. We also saw in daily records that staff had found loose tablets and were unsure if the person had taken their medication. Again they had not informed the care managers in the services office of this who could have sought further guidance.

Care records did not contain up to date details of medicines that people were taking, that the staff were responsible for giving. Where staff were managing the medications for an individual this was unclear in the care plan. There was no information as to the ordering, managing or giving of prescribed medicines. We saw in care records that one person had run out of medicines and staff had requested that these be ordered. However it was unknown as to when the medication was received. Another person needed medication “as needed” for pain relief there was no information in the care records that told staff how to support this person appropriately or to record when these medicines had been given. As a result there was a risk that the person could receive pain killers too close together. A further person was described as not needing any support with medicines as their family were undertaking this. The daily records showed that staff were applying three different prescribed creams to the person. There was no information in the care records to direct staff so that creams were being correctly applied.

**This was a breach of Regulation 12, Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** The provider had not made sure that care and treatment was provided in a safe way as there were not proper and safe arrangements in place for the management of medicines.

One safeguarding incident, which included a police investigation, had not been reported to us. The registered manager apologised and stated that in future all safeguarding concerns would be notified to CQC within 48 hours. We had not received any other safeguarding concerns from the service and social services informed us that they were satisfied with the action that the service took in relation to safeguarding concerns.

We saw that risk assessments were in place and covered a range of areas such as environmental risks and security. However the risk assessments had not been updated since they were developed. We saw that a person’s care records showed that they had a number of falls and their care records had not been updated to reflect this risk. We also saw that one person had contracted an infection. The care records in the office did not contain these details. However the records in the person’s home that informed the staff had been updated. The registered manager explained that they would make sure that both the office copy and the care records in the persons own home contained the same information in the future.

We checked recruitment procedures at the service. Staff told us relevant checks were carried out before they started work. One member of staff told us, “I had to wait for my checks to come though before I could start working on my own, I did training until they were done.” We checked the personnel files for the last five care workers who had started work for the service. We saw that a Disclosure and Barring Scheme (Police check) had been carried out before the staff member had commenced working. Two written references had also been obtained. These checks are carried out to help ensure that staff are suitable to work with vulnerable people. The service has recently recruited the services of an independent HR (Human Resources) team to assist them in making sure that they remain up to date with their recruitment practices.

We saw there were safeguarding policies and procedures in place. Staff spoken with were knowledgeable and demonstrated an understanding about the actions they would take if abuse was suspected. The policy in place did

## Is the service safe?

not describe to senior staff how to manage any potential safeguarding concerns, as a result senior staff told us they

would have started an investigation before consulting with Social Services. This does not adhere to the social services policy that the service must follow as part of its contract of care.

# Is the service effective?

## Our findings

We asked people and relatives whether the service effectively met people's needs. Comments included; "They're very efficient and caring;" "I've never had a problem and I'm happy with all the people that have come into my house. They do a lot of tasks;" "The staff are excellent;" "They're very good, very friendly and she likes them all" and "It's B\*\* brilliant I couldn't ask for anything better. They love mum and she loves them what more do I need."

People and relatives told us that staff were knowledgeable and knew what they were doing, they told us: "They all know what they are doing"; "They're always training and learning new things. They are trained in health and safety"; "They are [trained], but if a new member of staff starts it can take a bit longer"; "They know what they are doing, as well as being really kind" and "They've had a level of training and they are pleasant and professional. I haven't met one who isn't lovely".

We checked how the service followed the principles of the Mental Capacity Act and its associated guidelines (MCA) which governs decision-making on behalf of adults who may not be able to make particular decisions at certain times.

The service did have a policy on consent but we found that some of the information in this conflicted with other sections and was confusing in its guidance to staff. There was no policy regarding how to implement and adhere to the MCA. We saw that care records made no reference to people's capacity and a number of people had been diagnosed with conditions that could potential impact on their mental capacity to make decision. There was no information regarding when to support people to make decisions and no information that informed staff if a person lacked capacity who had the legal standing to make decision on their behalf. We saw a number of people were receiving medication from the staff, however there was no evidence that they had consented to this or that decisions had been made in their best interests where they were unable to manage their medicines safely. Assessments undertaken by the service prior to commencing the support did not determine if the person had consented to this or how decisions had been made in the 'best interests'.

**This was a breach of Regulation 11, Consent, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** The provider was not making sure that care and treatment was provided only with the consent of the relevant persons as they were not meeting their obligations under the Mental Capacity Act 2005 and its associated codes of practice

Staff said that the training provided was good. They gave examples of training which they had completed. This included national vocational qualifications in health and social care, fire safety, moving and handling, health and safety, infection control, medicines management and the Mental Capacity Act 2005 (MCA).

Staff informed us that they received supervision and an annual appraisal. These are used amongst other methods to check staff progress and provide guidance. The registered manager confirmed that supervision and appraisal had been, "a bit ad hoc" and they had no system to check that staff had received supervision regularly. The registered manager stated that they would shortly be implementing a supervision log and matrix that would show what staff had received and when. The registered manager also stated that they were revamping the supervision records and this would also be part of the HR services they had contracted in order to monitor supervision closely.

People's needs in relation to food and fluids were documented in their care records. The amount of help given varied from person to person. Most people received ready-meals which staff heated in the microwave oven. Staff monitored and recorded what people had eaten and drunk and took appropriate action if people were not eating and drinking sufficient amounts. A relative of a person using the service said their relative occasionally had a reduced appetite. They said staff always offered a choice of meal and encouraged them to eat, offering an alternative if they did not eat much of their meal. One person's care plan stated they should be left cups of tea or water before the care staff left, and daily records of care showed care staff did this.

People and relatives told us that staff contacted health and social care professionals to ensure that people's health care needs were met. We saw care plan entries which documented that care workers had sought advice from



## Is the service effective?

GP's, district nurses, podiatrists and speech and language therapists. This showed that the service worked with other health care professionals to ensure people's health care needs were assessed and managed.

# Is the service caring?

## Our findings

People and relatives were extremely positive about the care provided by staff. Comments included, “Fantastic, above and beyond”; “For caring they are outstanding”; “They are superb” and “Overall they do a good job some are much better than others but they do care”.

Staff spoke with pride about the importance of ensuring people’s needs were held in the forefront of everything they did. One staff member told us, “Everything we do is for the people we look after.”

People told us that they were provided with all the information they needed from the service. The registered manager explained that people were given a service user’s guide when they started receiving care from the service. This contained information regarding what they could expect from the service and how they would be cared for. The registered manager told us that the content of this guide was explained to people and they were supported to understand it

Staff said they supported people to make choices, and adapted their approach in relation to people’s needs. One

care staff gave us an example of how they supported people. They told us they whilst respecting people’s decision regarding clothing choice they would make sure the person was still comfortable. For example, if they were likely to be too warm the staff would make sure there were drinks available and a lighter clothing choice within reach if they wished to change.

Staff were aware of the need to preserve people’s dignity when providing care to people. Staff told us they took care to cover people when providing personal care, and helped people to dress their top half, for example, before washing their lower half. They also said they closed doors, and drew curtains to ensure people’s privacy was respected. One care staff said, “I try to maintain dignity as if they were me or someone I loved. As an example if they don’t want me in the bathroom I close the door and wait for them to shout me before I go back in”.

The service can and has supported people with end of life care. The registered manager explained how external agencies such as palliative care nurses would be contacted for the correct support. The service also provided staff with an over view of end of life care as part of their training.

# Is the service responsive?

## Our findings

People and relatives stated that staff were responsive to people's needs. One person told us, "Staff know what I need assistance with. They are fantastic." Another told us, "They are very kind and helpful."

We spoke with four people and seven relatives about the staff team that they received, comments included, "I've got the same girls all the time"; "She's got one main worker [name of person] who is flawless, she understands mum and knows what she needs".

People and relatives' comments about the continuity of care provided, was confirmed by our own observations. The service operates a call logging system and these showed the same regular staff attended people. Staff we spoke with were knowledgeable about people's care needs and could explain these to us.

Most people and their relatives told us that people received their care calls as planned. Most explained that they had never had a missed call. Some people and their relatives said that there had been the occasional missed call or staff arriving a few minutes late, but these were not regular.

There was a complaints procedure in place. Most people and their relatives with whom we spoke informed us that they had no complaints or concerns. We looked at the policy and procedure for complaints and found that the complaints would not be formally addressed until people had spoken to a member of staff and a care manager. The policy stated that all concerns would receive a response within 28 days. We saw records that showed that a written response had not been sent to an individual within 28 days. We were aware of two complaints but saw that only one of

these had been logged and no investigation had commenced to determine what actions could be taken to deal with the concerns raised. In discussions with staff, complaints were not recognised or actioned as a complaint until received in written format verbal complaints were not logged or investigated in order to address the concerns. An open culture in which complaints are recognised and addressed promptly was not in place.

Of the three care plans we looked at a person centred approach was not evident. The care was laid out as a series of tasks to be accomplished and did not take account of people's personal preferences, such as what particular food they liked to eat or what particular toiletries they preferred to use. Staff told us that people tended to tell them these things but did acknowledge that not everyone was able to tell them or had a relative available that could inform staff. The registered manager stated that the care plan system was under review and it was their intention to make sure that care plans were more reflective of people's views in the future.

We did see examples where call times were changed to accommodate people's personal choices and preferences. The registered manager explained that they always try to manage this by using staff to work in the same area during the day and had a little more flexibility. During our inspection the office received a call from a relative to state that they needed assistance although a visit was not due for several hours. A carer was arranged to attend to the individual in order to meet their hygiene needs and make them comfortable. The registered manager said that they always tried to accommodate additional calls that may be outside the contracted times to visit and were flexible in meeting the needs of people as much as possible.

# Is the service well-led?

## Our findings

There was a registered manager in place. They spoke enthusiastically about their role and dedication to ensuring the care and welfare of people who used the service.

People and relatives informed us that they were generally happy with the service provided. Comments included, “We have had excellent service and would recommend them to anyone needing someone cared for”; “A good organisation when it is working well”; “It is outstanding” and “It’s absolutely fantastic.”

Some staff said the registered manager and the office team promoted an open culture in the agency. They said they could ask for support and advice at any time. Other staff felt less supported and said that they often asked for advice but did not always receive this.

There was no quality monitoring of the service. “Spot checks” (a check on staff in people’s own homes) were in place however there were no arrangements for these to be undertaken at planned or regular intervals. The spot checks reviewed the staff appearance, arrival time, duration of call and interactions but not the care planned and delivered met the persons assessed needs. Of the spot checks we reviewed there were two that showed some areas of development but there were no actions in place to address these points.

We discussed with the registered manager if there were any quality checks or reviews of health and safety such as accidents, the quality of care planning, medications, policies and procedures, handling of complaints, staff supervision or the views of staff and people who used the service were sought.

The registered manager confirmed that no quality arrangements were in place. There was a quality procedure but this did not detail how the service intended to check on the quality of the service or how any areas for development would be actioned. On the second day of our inspection we were shown some quality forms that the service intended to use had been developed. These did not include what actions would be taken from the findings. The registered manager told us that they were aware they needed to improve the quality monitoring of the service and were trying to recruit a quality manager.

**This was a breach of Regulation 17, Good Governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** The provider did not have systems and process in place to assess, monitor and improve the service provided. There were no arrangements in place to mitigate any potential risk to people using the service. Feedback was not sought and acted on.

The service operated a visit logging system. Staff would ring a number and log in on arriving and leaving a person’s home. The visit logs that we looked at showed that the log in had not taken place on at least three occasions. The registered manager was unable to explain if a call had taken place or if the staff member had failed to log in. The visit log in system was monitored by the “out of hour’s team” and did allow for an explanation to be recorded if a call was showing as not logged in. This had not been actioned. The registered manager stated that this would be addressed as a matter of urgency. The logs were not checked or audited to make sure an appropriate service was consistently delivered.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>The provider was not making sure that care and treatment was provided only with the consent of the relevant persons as they were not meeting their obligations under the Mental Capacity Act 2005 and its associated codes of practice.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had not made sure that care and treatment was provided in a safe way as there were not proper and safe arrangements in place for the management of medicines.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not have systems and process in place to assess, monitor and improve the service provided. There were no arrangements in place to mitigate any potential risk to people using the service. Feedback was not sought and acted on.</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.