

BJB Care Services Ltd

Heritage Healthcare- Wakefield

Inspection report

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14 August 2018

15 August 2018

16 August 2018

17 August 2018

24 August 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Outstanding ☆

Summary of findings

Overall summary

The inspection of Heritage Healthcare – Wakefield took place between 14 and 17 August 2018, and 24 August 2018. The inspection was announced on each day and consisted of a mixture of site visits and telephone calls to people who use the service and staff. This was the first inspection of this service.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. Not everyone using Heritage Healthcare – Wakefield receives a regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. There were 25 people using the service at the time of the inspection, 17 of whom received support with a regulated activity.

There was a registered manager in post but they were on annual leave at the time of the site visits so we spoke with them by telephone on 24 August 2018. 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.

People and relatives we spoke with were happy with the support they received and told us they felt safe with staff. This was because staff were confident and well trained, always willing to work with the person and ensure their needs were met as they preferred them to be. Staff were able to explain how they would recognise and respond to any concerns promptly and we heard this happen during our site visit.

Risks were managed with the person at the centre and measures to reduce the likelihood of harm were understood and followed by staff. Risk assessments and care plans were detailed and provided staff with the relevant guidance.

We found people received calls at the time and for the duration they requested, and staff had sufficient time to complete tasks. The electronic system used by the service provided real time data which was overseen by the registered manager and provider to ensure swift action was taken if alerts were received.

Medication administration and infection control practices were safe and followed required guidelines.

The registered manager displayed a thorough knowledge of their role and how to access current best practice information. They discussed many topics in depth showing an appreciation of the challenges of care delivery whilst keeping the person at the centre. Their focus and drive was evident and embodied in the culture of the service by the many positive comments received by people using the service and staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to access other services as required and staff were encouraged to ask for training in specific conditions which was duly arranged. Effective nutritional monitoring was in place.

People and relatives spoke extremely highly of all care staff and were very complimentary about their approach and willingness to assist. People's preferences and views were integral to care delivery including timing of calls and type and manner of support received. Records showed people were at the heart of the process.

Dignity and privacy was promoted at every opportunity and all staff placed a strong focus on this aspect of care delivery.

Care records contained detailed, person-specific information to guide and support staff so care was delivered in line with people's wishes and preferences as far as possible. Staff spoke positively about the electronic system, saying how easy and reliable it was, providing current information and prompts for them to follow if needed.

The service had a dedicated provider committed to only the highest standards of care delivery and who was supported by an excellent registered manager who embodied this vision in their leadership. People and staff all spoke very highly of the service and told us how responsive it was. External agencies also endorsed the service, citing some of the work undertaken as excellent in supporting people. The continual drive to improve and be the best was evident in day to day tasks, and encouraged through its robust quality assurance systems which left nothing to chance.

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 felt safe and staff knew how to recognise and report potential concerns.

Risk assessments were person-centred and all calls were covered by regular staff.

Staff understood the importance of medication procedures and infection control practices.

Is the service effective?

Good ●

The service was effective.

Staff had access to regular supervision and training which was supported through frequent observations.

The service adhered to the requirements of the Mental Capacity Act 2005 and best practice was followed as knowledge was current.

People were enabled to access external services as necessary and had effective nutritional support.

Is the service caring?

Good ●

The service was caring.

People spoke highly of all the care staff including the registered manager and provider who they had met.

Care records evidenced people's preferences and choices, which stressed promoting independence as much as possible.

Privacy and dignity was always respected.

Is the service responsive?

Good ●

The service was responsive.

People were happy with the service they received as it met their needs as they wished them to be met.

Records were reflective of current needs and regularly reviewed.

Complaints were handled appropriately and balanced by many compliments.

Is the service well-led?

The service was always well led.

The registered manager and provider demonstrated sound understanding of their roles and responsibilities which was shared with staff. They set high expectations which were mirrored in service delivery.

All feedback received was 100% positive and everyone told us how accessible the management were.

The quality assurance framework was robust and evidenced a willingness to constantly seek improvement along with working in partnership.

Outstanding 

Heritage Healthcare- Wakefield

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 took place between 14 and 24 August 2018 and was announced 24 hours before to ensure there would be someone in the office. Inspection site visits took place on 14 and 16 August 2018. We visited the office location to see the provider; and to review care records and policies and procedures. On 15, 17 and 24 August 2018 we made telephone calls to people using the service, staff and the registered manager. The inspection team consisted of one adult social care inspector.

Before the inspection we requested a Provider Information Return (PIR) which was returned to us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked information held by the local authority safeguarding and commissioning teams in addition to other partner agencies and intelligence received by the Care Quality Commission.

We spoke with three people using the service and two of their relatives. In addition, we spoke with four staff including two care assistants, the registered manager and the provider.

We looked at three care records including risk assessments in depth, three staff files including all training records, minutes of resident and staff meetings, complaints, safeguarding records, accident logs, medicine administration records and quality assurance documentation.

Is the service safe?

Our findings

One person told us, "Yes, I feel safe. Absolutely. I trust the people – they are caring, professional and conscientious. I have no qualms about any of them." One relative said, "They always tell [relative] what they are doing or about to do, ensuring they are comfortable and happy."

Staff were able to explain the process for identifying possible safeguarding concerns and the procedure for reporting them. One care assistant spoke with us about the importance of gauging people's moods and ensuring this was recorded.

Two people told us independently of each other, "Carers always arrive on time and I feel safe with them. They are reliable." Another person said, "If staff are late, it is due to traffic and they always apologise. They have never missed any of my calls." No one we spoke with had had any missed calls.

We asked people if they tended to see the same staff. One relative said, "They tend to be the same staff allowing for holidays. They arrive on time and stay for as long as needed. Carers are reliable and supportive." Another relative told us, "We usually have a core staff team of four. The continuity of provision has improved and they have never missed any calls."

Staff told us they received rotas well in advance and calls accommodated their preferred working patterns as much as possible. One care assistant said, "All calls are timed to allow enough travel between each and make sense so you don't go back on yourselves. I always have enough time to complete all tasks." Another care assistant said, "We are supported to work with a wide range of people and differing needs to ensure we build confidence. My experience has increased hugely." They also stated, "If we find we need extra travel time, we tell the office and this is arranged."

We looked at staff recruitment records and found appropriate checks had taken place, including checking gaps in employment history. References were obtained and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups. One care assistant told us they were not allowed to work until all their checks had been completed. Both the registered manager and provider placed a strong emphasis on staff retention and supported this through a number of initiatives including awards and recognition of long service.

Risks were well managed with person-focused risk assessments which reflected specific needs, detailing control measures in place. Staff were able to explain how they assessed risk on each visit looking at both environmental and equipment as a baseline. The service had risk assessments in place for individual environments, moving and handling, lone working, medication and falls among other specific risks. Moving and handling tasks were recorded in a step by step format enabling staff to fully understand each person's abilities and strengths. All equipment service dates were logged and the organisation responsible, if there were any issues, was also recorded. One care assistant explained how they had received training using a hoist before visiting a person, then this was renewed once they began working with the person in their own

environment and their competency was checked at the first visit.

We looked at accident and incident records and found these were logged appropriately. Full investigations were conducted and there was an analysis conducted by the provider to ensure all aspects had been considered including any lessons learned. This had resulted in some changed policies and procedures.

One person told us, "Staff are very conscientious with medication. They support me well." One care assistant told us, "We are given clear guidelines such as how to use the hoist including the correct colour for the loops and all medicines are listed." They talked through the process of safe medication practice and the importance of ensuring they only gave medication listed on the Medicine Administration Record (MAR). Another care assistant was aware of the importance of ensuring minimum intervals existed between medication dosages and what action to take if this was not possible, and also the importance of infection control practice. Where people received assistance with topical medication, body maps were in place to indicate where creams were to be applied. Medication records detailed all required information including name, dosage, time, route of administration and any side effects.

All staff were assessed as competent prior to visiting people through mock medicine administration tasks and written tests. Where medication issues had arisen, staff were immediately retrained and provided with supportive supervision and observations to ensure they were fully competent. The registered manager discussed how they had changed their procedure for managing syringed medication following an accident where some had been spilled and this system had been adopted by other providers in the area.

The electronic system provided an extra safeguard as staff were unable to log out of a call without completing all tasks as an alert was set up on the system. This meant the likelihood of missed medication, for instance, was much reduced.

Is the service effective?

Our findings

One person told us, "Staff know what they are doing. If they are not sure of my routine, I explain and they get it straightaway." Another person said, "They follow my choices. They try and accommodate my preferences." A further person said, "They always ask before doing anything."

One relative said, "They always respect [name's] choices." Another relative echoed this comment saying, "They always perform care tasks how we would like them to do. They are skilled and experienced. They initially asked how we would like things doing and then followed that."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. We found mental capacity assessments followed the requirements of the MCA and were decision-specific. They also detailed whether the person had appointed a Lasting Power of Attorney to manage different decisions.

One relative said, "We always feel part of any decision as my [relative] lacks capacity." One care assistant told us, "If a person does not agree to what we are suggesting we do not do it. We want to make sure people are safe and happy. If there are any issues we would contact the office." One care assistant explained how the electronic system provided significant information about people's preferences such as how much sugar they had in their tea. They reassured us this did not stop them asking people each time, but it was useful as a reference point.

We asked people if they were introduced to new staff. One person said, "If there is a new member of staff, they are mentored by a more experienced one." One relative said, "New staff come with someone who we know so we can be introduced to them. I feel confident they know what they are doing. They use equipment to help transfer my relative and know how to use this safely."

Staff confirmed they received an induction, regular supervision and training. One care assistant new to care said, "It was very thorough. I was taught about moving and handling, medication and health and safety among other things. This was supported by face to face training and information was provided in a booklet which contained tests for me to complete to ensure I understood. It was fun and enjoyable, and I got to know my colleagues."

They also told us about shadowing more experienced colleagues on a number of shifts before being expected to provide care alone and how they were in the process of completing the Care Certificate which is a set of minimum standards for all care staff new to care to complete. We saw the completed

documentation. Another care assistant told us how the registered manager was supporting them to complete additional qualifications to aid their career progression.

We saw ratification of staff's competency following completion of their shadowing period and further observations of their care delivery by the registered manager. Staff also had personal development plans which enabled them to set goals for career development and these were regularly reviewed.

Staff also spoke with us about supervision where they received feedback about their performance based on comments by people using the service and from the observations conducted by the registered manager or provider. All staff felt this was a great opportunity to ensure they continued to improve and the managers were receptive to any ideas they had as to how things could be better. We found regular supervision records with actions for both supervisee and supervisor, many of which had been completed within the set timescale. The notes were reflective in content and ensured positive practice was praised alongside practical support and guidance for further improvement.

The registered manager discussed with us many models of best practice and how they ensured their knowledge was current. They were aware and able to signpost specific sources of guidance and this was reflected in the induction which they delivered to all new staff.

We found care records evidenced where staff had concerns about people's health and wellbeing, and what action they had taken with the person's agreement to investigate such events. No one in the service was requiring support due to nutritional risk at the time of the inspection but we saw records linked what food people had to food groups to evidence a balanced diet. Care staff were encouraged to record if there was evidence of people taking any fluids in between calls and to record this so any concerns were identified swiftly.

Is the service caring?

Our findings

One person told us, "Carers would do anything I asked them." This was echoed by another person who said, "They will do anything for me." A further person told us, "Staff are friendly and like a laugh which I find great. They are very helpful and have got to know me well." Other comments included, "Staff are never other than co-operative and amusing. They are very friendly and respond well to my changing needs."

One relative said, "Carers are very good. They are polite and friendly. I feel they know my relative well." They continued, "They are reliable, efficient and accommodating." Another relative said, "These carers outshine any others (from other agencies) we have had. They are very personable and respectful in their approach. I used to stay and ensure things were being done right, now I have confidence to step away."

Staff were able to explain measures they took to ensure they promoted people's privacy and respected their dignity such as encouraging people to do as much as possible for themselves. One care assistant told us, "I always ask people to wash their own hands and face. One person likes to shave and so I pass them their equipment." Another care assistant said, "I always ensure people are comfortable with what I am about to do. I ensure they remain covered and always ask their preferred method of support." We saw in one care assistant's spot check, "Personal care was given with dignity and respect. Encouragement and positive persuasion was used to motivate [name] with mobility successfully." All staff were trained as dignity champions as this was an area the provider felt was crucial to personalised care.

The registered manager and provider independent of each other discussed how one person had initially commenced with four calls a day requiring two staff on each visit, as they had used aids to help them transfer. However, through the regular use of exercises promoted by the physiotherapist and encouraged through the visits of the care assistants, the person had increased their ability to only needing one carer to needing none. They now were no longer in need of any regulated activity support as they were independent. Another person had commenced the service needing to use a rota stand but again, through the regularity of exercise support they were now able to step transfer with the aid of a quad stick alone.

We asked staff if they supported anyone with particular cultural requirements but no one had. However, they were all aware of how to offer support or seek further guidance if they did not fully understand what action to take. The registered manager was very aware of the requirements of the Equality Act 2010 and explained how people's identity was integral to the care planning process. They explained how they liked to match staff with people not just on availability but with personality and interests as far as possible. They stressed how everyone was treated as an individual and they were keen to explore avenues into differing communities to see how the service could develop.

The provider advised us all people using the service and their staff were sent birthday cards to promote feelings of integration and inclusivity. Care records demonstrated who was important to people such as family and friends, their likes and dislikes and their life history including previous occupations.

Is the service responsive?

Our findings

One person told us, "I would be happy to raise any issues but I'm very happy with my care." Another person said, "There is always someone in the office to listen and they will take action if required."

One relative said, "If I had any concerns I would ring [name of registered manager] and [name of provider] and I would be confident they would sort it out." Another relative told us, "If I had any concerns I would say to staff directly but if their response was not appropriate, I would equally happily raise it with [name of registered manager] or [name of provider]."

The service had received a couple of low-level complaints regarding tasks not being completed as expected but these had all been considered and responded to swiftly and thoroughly. An apology was sent where applicable and the issue reflected on 'as an opportunity for improvement'.

The service had also received a number of compliments from people and relatives using the service and also other professionals. Comments included, "[Name of care assistant] did an excellent job", "The care I get is excellent. Couldn't be more satisfied. I will always recommend your service," and "What a fantastic job you are doing. My [relations] are so pleased. It has made such a difference to them both."

One compliment from a local dementia support service read, "I've had some amazing feedback over your service and staff are really impressed with your team accessing us for support on complex issues." The feeding tube trainer had also expressed their congratulations as to how the registered manager had developed a step by step guide for staff to follow when administering medication or food through a percutaneous endoscopic gastronomy tube (PEG). Their comment read, "Wow! Expertly done. Spot on." There was also a compliment from the local MP as the service had supported a local jobs fair.

We saw where specific staff had been involved in good practice, these compliments were shared with them individually and also with the wider team. Comments had been drawn together from specific letters or feedback but also from observations conducted at staff visits showing the service was considering the promotion of best practice from every aspect of care delivery.

One person received a large print copy of their rota so they knew who would be visiting that week. Each support plan contained a form assessing people's communication needs such as whether they needed adjustments for hearing or sight, and their preferred method of communication. This showed the service was acting in accordance with the requirements of the Accessible Information Standard.

Care records were in the process of being made electronic to enable real time information to be accessible to all care staff. We found records were person-centred with details of each support need clearly identified. They were well structured with clear reference to key needs and significant contact information. The support plan contained significant personal information about important factors for people. For example, one person needed assistance with mobility, and their care record stated, "If there is time please help me to do my exercises using the rota stand. I would like to stand up and down twice with the aim of strengthening my

leg muscles to stop them from stiffening. Please ask and I will tell you if I want to attempt this." Another record noted staff were to ensure the person called a family member before going to bed to allow them to say goodnight.

Health-related information was also recorded to provide an overview of how a person's conditions may impact on an individual. Each aspect of support offered contained a personalised outcome from the person detailing how they would like their needs met. This was incorporated into tasks for staff to complete. One such outcome included, "Give me encouragement and provide me with light humour for my mental health keeping things cheery" which showed the service was considering the provision of care support holistically. We read many comments regarding how staff built positive rapport with people.

One care assistant told us, "I always read people's care notes so I know how they like things doing." The real time electronic information provided invaluable information as to where staff were, and how they were progressing during each call. The system enabled alerts to be sent if any task was left unfinished and care staff were unable to log out of calls until each task had been addressed. The system also allowed care staff to receive up to date information such as if a person had gone into hospital.

Daily notes reflected what support had been offered on each visit and commented on the person's wellbeing. Records showed staff turned up at the times requested and there were consistent staff teams. Care delivery was reviewed with the person which included assessing whether call duration was sufficient and how they felt about the service including the timeliness and conduct of staff.

Is the service well-led?

Our findings

One person was keen to tell us, "This is an excellent service. I told them so on a recent questionnaire." Another person said, "I know the manager. They visit themselves to check everything is fine." A further person also told us this, "The manager comes in to observe staff in action. They check that what needs doing is being done."

One relative said, "I can't fault the service at all. They are absolutely excellent. This is a five-star service." They also told us they had completed a survey asking for their opinion. Everyone we spoke with knew the names of the registered manager and provider and spoke highly of them.

People using the service had been asked their opinion in a survey and the service had had a 100% return rate. Where the service had not achieved a '100% always' rating, comments showed how these areas for improvement had been considered such as the development of an electronic rota system, better communication if care staff were running late and further consideration to the travelling times between calls. There was a 100% satisfaction and reliability rate for staff completing tasks to the best of their ability.

Staff were equally positive. One care assistant told us, "I'm loving my role – it's not like working!" They were aware feedback was sought from people using the service and felt this was a very positive move as it "provides me with reassurance I'm doing it right." Another care assistant stressed, "There is regular communication. The on-call phone is always answered, and we are frequently contacted to check we are OK. We also have regular meetings; these allow us to discuss what we're doing well, what needs to be done and how we can improve as a service. It allows us to check we're 'doing it right'."

We looked at minutes of staff meetings and saw these were a mix of team building and discussing best practice such as how to encourage people to have adequate nutrition. The provider said they used external speakers to discuss the impact of specific health conditions. Previous topics had included stoma and catheter care, end of life considerations and the importance of person-centred care and they were intending to cover topics including Parkinson's or dementia in the future.

Staff spoke positively of the registered manager and provider. One care assistant said, "[Name of registered manager] and [name of provider] are always there if you need them. We have an out of hours number and this is always answered. They encourage to ring with even the smallest of doubts as they would rather you check first. I have never been made to feel uncomfortable doing this. They told me 'We're always here' and they always are!" Another care assistant was emphatic in their response to, "Yes, I would definitely recommend the service." The registered manager and provider were both keen to stress their 'open door' and staff felt they were able to talk about anything.

Staff had been asked their views of working for the service and all had rated Heritage Healthcare – Wakefield as 100% in relation to being proud to working for the company, commitment to health and safety, whether they felt sufficiently involved and were able to share new ideas which were then implemented. Comments included, "My work is valued", "I know what is expected of me and have received information to do my job

properly," and "They never sacrifice quality." Suggestions had been proposed by staff and we saw these had all been implemented including the electronic system of records, weekly updates to all staff about key information about people using the service, any new members of staff and training opportunities.

The registered manager and provider conducted regular observations of staff delivering care to people. This included punctuality, presentation, how people were spoken with and how their dignity was promoted and how specific tasks were performed. Each visit contained a detailed record of what was observed and the feedback was shared with the staff member. Comments included, "[Name] brightens up the room and made the person smile on their arrival. They talked through their routine while supporting with personal care and put the person at ease. They were very efficient with their time keeping without compromising professionalism," "They were competent in using the rota stand" and "There was good pressure care advice offered. They encouraged [name] to have bed rest to air their pressure area. They showed great humour and rapport." This role was to be continued through the appointment of a care co-ordinator who would oversee all quality of care visits to allow the provider to take a more strategic overview.

We saw in some people's reviews how they were signposted to other support services to ensure they received maximum support such as a local rehabilitation centre. The provider and registered manager had established positive links with other care providers and services in the local community as they utilised specific groups all aimed at promoting good practice including a registered manager's network for domiciliary care providers.

The provider had a robust quality assurance system in place which included monthly audits of people's records looking at completion, detail and whether any further action needed taking in regard to the support offered by staff or if the person needed additional services. Analysis of actual and planned call time data also took place to ensure the staff were meeting call times within the 15 minute allowance.

The audit programme was aligned to the key lines of enquiry used by the Care Quality Commission which ensured all aspects of care delivery were scrutinised in depth and enabled the provider and registered manager to see if there were any shortfalls in documentation or practice. Evidence was presented to indicate how specific areas were being met and areas for action highlighted. We saw evidence of action being taken where issues were noted.

The registered manager highlighted the achievements of the service which included working well as a team, who were happy to share and bounce ideas off each other, utilising the positive relationships with the local authority and clinical commissioning group. The staff team were proactive in requesting help and advice when needed to promote better outcomes for the people using the service. An example of this was the development of a leaflet for a person who was reluctant to go out. Care staff collated information about local activities and produced a leaflet, leaving it discreetly in the person's home. The person then found this and discussed trying out some of the places on it with staff support which they subsequently did.

There was also a focus on recognition where staff had gone 'above and beyond' such as cooking a person's favourite meal and receiving praise from the individual for this, which was then shared with the team as a morale boost but also an incentive. Another care assistant had taken one person a full Christmas dinner they had cooked themselves. The outcome for the person was always the focus, such as '[Name] perked up' as a result of this action. These small, but significant, actions were noted, acknowledged and praised, showing the importance of supporting and recognising staff to the organisation.

The registered manager and provider shared a vision, which was mirrored and supported by staff's comments and evident in people's feedback of being a high-performing agency. They were keen to set a

benchmark where nothing less than the best is good enough and this was shown in their enthusiasm, and eagerness to learn and develop at the right pace with the right team. They further supported staff by delivering hands on care themselves and set the example for all staff to follow. Through their involvement in the wider care networks in the area they shared their ideas and good practice with other providers and related services. The registered manager felt, and we found, they were modelling a care agency based on person-centred care for both people using the service and for the staff employed in it.