

24 Hour Homecare Limited

# Heritage Healthcare - Trafford

## Inspection report

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Date of inspection visit:  
23 January 2018  
24 January 2018  
26 January 2018

Date of publication:  
28 March 2018

## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

The inspection took place on 23, 24 and 26 January 2018 and was announced. This was our second inspection of the service. At our previous inspection in November 2015 we rated this service good overall.

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 - Trafford receives 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 was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager, management team and office staff were all motivated and clearly passionate about making a difference to people's lives. This enthusiasm was also shared with care staff we spoke with, who recognised they were ambassadors for the company and acted accordingly.

The values of honesty, excellence, approachability, respectfulness and teamwork (H.E.A.R.T.) were at the centre of the company's ethos and they strived to appoint and retain staff who were able to effectively demonstrate each of these values.

People and their relatives provided extremely positive feedback that demonstrated the service was exceptionally caring, in both approach and practice. Words used to describe staff included 'wonderful', 'amazing', 'dedicated', 'passionate' and 'professional'.

People were empowered, being involved in making decisions about their lives. People's care and support was planned proactively in partnership with them. There was an emphasis on continuous improvement. The views of people using the service were at the core of quality monitoring and helped shape service delivery.

The service was committed at putting the person at the centre of everything they did. People received personalised care and support based on their assessed needs. People and others that mattered to them had been involved in identifying these needs and how these should be met.

The company went to great lengths in ensuring that people and carers were well matched, shared the same interests in life or had similar personality traits. People were given 'a new lease of life'. Staff were passionate about the role they played in enhancing people's social lives.

People using the service were introduced to meaningful activities and were given the opportunity to use technology, with assistance. People were given encouragement and support to reach their full potential and live life to the full, assisted by passionate staff responsive to their needs.

People consistently told us they were supported by staff members who had excellent caring skills and an in depth knowledge of their needs. People told us that staff were well trained, were competent in their work and attentive to their needs and that staff went over and above their duties to make sure they were well looked after. People felt safe and comfortable with the level of skill and expertise demonstrated by staff.

People's care was planned and delivered to maintain their health and well-being. The service was proactive in ensuring that any changes to support were communicated to them immediately so that people received care effective to their needs.

The service regarded people as an extended family and this was apparent in the little extras that the company provided. People appreciated the caring nature displayed by the company and its staff and we saw the positive impact this care had on people's lives.

Staff showed empathy and had an enabling attitude that encouraged and motivated people to challenge themselves. Care workers were committed to putting people at the centre of the care they received and included people in the decision making process. Care workers showed genuine interest in people's lives and knew people well, their preferred routines and other family members who were important to them.

Staff understood and had a good working knowledge of the key requirements of the Mental Capacity Act 2005. All staff demonstrated a commitment to promoting the rights and choices of people who used the service and ensured people's human and legal rights were respected. We saw that the provider always made best interest decisions in accordance with legislation and people's wishes.

Management had a genuinely open culture and viewed all safety concerns raised of value, and integral to learning and improvement. There were policies and procedures in place protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue.

Management proactively engaged with people, their relatives or representatives and other professionals to assess and minimise risks. All risk assessments were reviewed throughout the delivery of the service to make sure they continued to be relevant and suitable to meet people's needs.

People were confident that staff had the knowledge to recognise and report any actual or suspected abuse and staff confirmed the action they would take to protect people if they had any suspicion of abuse. Staff were knowledgeable and confident as to when to raise concerns.

Staff had been trained to administer medicines to people safely and regular competency assessments ensured their continued ability to administer people's medicines safely. Mechanisms were in place to ensure people received the right dose, at the right time and were kept safe from harm.

There were sufficient numbers of staff to cover all visits and meet people's needs. People consistently told us they were supported by the same staff who arrived on time and stayed for the whole duration of the visit.

The recruitment process aims to attract and maintain a workforce that is committed and caring, with a positive attitude, reflecting the same values of the organisation. There were extremely robust staff recruitment practices in place and staff employed were suitable to work with people in their own homes.

The induction process was detailed and thorough. The induction pack contained practical examples and in depth information that new carers could take away and keep for future reference. Staff valued the amount

and type of training on offer. The service listened to staff and was proactive in sourcing training to meet people's needs.

There was a proactive support and appraisal system for staff, which recognised that continuous development of skills, competence and knowledge is integral to ensuring high quality care and support. Staff were supported through individual supervision.

Observational checks of staff performance were carried out in people's homes with their consent in the form of spot checks. People thought it was good to see that the staff had regular checks, as this gave them confidence that staff were doing things properly. Staff had the support needed to enable them to develop into their role with the skills and confidence required to support people well.

We were satisfied through the analysis of records and observations of staff that the service sought to deliver care and support in a way that was non-discriminatory and respected personal preferences. People were assured their sensitive information was treated confidentially, carefully and in line with the Data Protection Act.

People knew how to complain and who to complain to, although the service had received no complaints at the time of our inspection. People and their relatives told us that they felt confident they would be listened to if they made a complaint. There had been many compliments received from people and their relatives about the care provided by staff, and for the small gestures afforded by the company.

Systems in place for monitoring the quality of service provision such as monitoring visits and management checks were thorough and robust. Where issues had been identified these were quickly addressed by management. People were encouraged to provide feedback. The company regarded all feedback as positive feedback as it meant that lessons were learned and practice could be improved as a result.

The use of technology was being further explored. Management had also looked at innovative ways of maintaining communication with and for staff who worked in the community, to make sure they were informed of changes and could share views and information with each other.

The company valued their staff and communicated with all staff to provide updates and celebrate team accomplishments. Staff highly regarded the communication and feedback from management and felt valued and appreciated by the company.

The company had fostered good links with the local community and the managing director had an active role on the board of Trafford Carers Centre. Where corporate policies and documents lacked detail the company could evidence action they had taken to strengthen these areas.

The company's five year Strategic Development Plan highlighted the sustainable growth that had been achieved since registration in 2015 and that planned to 2021. There were six master objectives that the company set out to achieve and we could see from our inspection that a number of these were in progress or nearly met.

There was a consistent team work approach from all employees, from members of the management team to those providing care and support. This ultimately benefitted people using the service and had a positive impact on the lives of those receiving care and support delivered by Heritage Healthcare.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

The safeguarding adults policy outlined the practice and procedures to be adopted by all staff, in order to minimise the risk of abuse and neglect of people. Staff described how they protected people from abuse.

Mechanisms were in place in relation to medicines to ensure people received the right dose, at the right time and were kept safe from harm.

Management proactively engaged with people, their relatives or representatives and other professionals to assess and minimise risks.

There were extremely robust staff recruitment practices in place, including the use of psychometric tests, and there were plans to improve this even further to ensure that staff employed were suitable to work with people in their own homes and displayed the right values.

Good 

### Is the service effective?

The service was effective.

People consistently told us they were supported by staff members who had excellent caring skills and an in depth knowledge of their needs. Staff went the extra mile.

There was a proactive support and appraisal system for staff, which recognised that continuous development of skills, competence and knowledge is integral to ensuring high quality care and support.

Staff understood and had a good working knowledge of the key requirements of the Mental Capacity Act 2005. All staff demonstrated a commitment to promoting the rights and choices of people who used the service and ensured people's human and legal rights were respected.

People's care was planned and delivered to maintain their health

Good 

and well-being. The service was proactive in ensuring that any changes to medicines were communicated to them immediately so that people received care effective to their needs.

### **Is the service caring?**

The service was exceptionally caring.

There was a constant theme in the feedback we received from people and their relatives about the caring nature and conduct of staff. Words used to describe staff included 'wonderful', 'amazing', 'dedicated', 'passionate' and 'professional'.

Staff showed empathy and had an enabling attitude that encouraged and motivated people to challenge themselves, while recognising and respecting people's lifestyle choices. People were true partners in determining their care and support needs.

Staff recognised and responded to people's personal preferences. The service sought to deliver care and support in a way that was non-discriminatory and respected personal preferences.

All staff we spoke with had knowledge of people's histories, likes and preferences. Care workers showed genuine interest in people's lives and knew people well, their preferred routines and other family members who were important to them.

**Outstanding** 

### **Is the service responsive?**

The service was extremely responsive.

People were empowered, being involved in making decisions about their life. People's care and support was planned proactively in partnership with them.

Staff recognised the importance of self-esteem for people and ensured this was taken into account when delivering care. This had a positive effect on people and promoted their independence.

The company went to great lengths in ensuring that people and carers were well matched, shared the same interests in life or had similar personality traits. People were given 'a new lease of life'.

**Outstanding** 

There was an emphasis on continuous improvement. The views of people using the service were at the core of quality monitoring and helped shape service delivery.

### **Is the service well-led?**

The service was consistently well led.

The values of honesty, excellence, approachability, respectfulness and teamwork (H.E.A.R.T.) were at the centre of the company's ethos and they strived to appoint and retain staff who were able to effectively demonstrate each of these values.

Systems in place for monitoring the quality of service provision such as monitoring visits and management checks were thorough and robust. People were invited to share their views about the service through quality assurance processes such as feedback forms and spot checks for staff who supported people.

The company valued their staff and had explored other ways of keeping care workers fully informed with weekly emails and mobile phone applications. Results from the staff survey indicated staff were proud to work for the company.

The teamwork approach ethos, apparent throughout the inspection, was reiterated by all employees, from members of the management team to those providing care and support and this ultimately benefitted those people using the service.

**Outstanding** 

# Heritage Healthcare - Trafford

## **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 first day of inspection took place on 23 January 2018 and was announced. Inspection site visit activity started on 23 January 2018 and ended on 26 January 2018. We gave the service 24 hours' notice of the inspection visit because it is small and we needed to be sure that someone would be in the office. We visited the office location on 23 and 24 January 2018 to see the registered manager and office staff and to review care records and policies and procedures. On 26 January 2018 we visited people in their own homes to watch interactions between care staff and people and to look at care plans in peoples' homes.

The inspection was conducted by one inspector and two experts-by-experience, who contacted people over the telephone to seek their views on the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of our inspection, we reviewed the information we already held about the provider, including notifications. Providers are required by law to notify the Care Quality Commission about specific events and incidents that occur, including serious injuries to people receiving care and any safeguarding matters. These help us to plan our inspection.

We contacted the local authority that commissions services and the local Healthwatch to seek their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We received positive feedback from a commissioner of this service.

We spent time in the office talking with the registered manager, managing director and operational office staff, reviewing care records, systems and policies and procedures. In total we spoke with 13 people using the service, five relatives and 11 care workers. This included visits to five people in their own homes, with their permission, to observe staff interaction and to gauge people's views on the service being provided.

During our visit we also looked at nine people's care records, five staff files and a selection of records maintained by the registered manager, for example audits, competency assessments and minutes of staff meetings, regarding the quality and safety of the service.

## Is the service safe?

### Our findings

People who used services told us that they felt safe with the staff that supported them and had no cause for concern regarding their safety. People told us, "Absolutely- I always feel safe and comfortable", "Indeed very safe with the care workers – I am always put at ease and always feel comfortable", and, "Yes, I am safe and I am in my own home which is important to me." Staff we spoke with told us they felt 'fully equipped' to help keep people safe.

At our previous inspection on 4 November 2015 we judged that the service required improvement in relation to keeping people safe, due to the lack of assurance that staff were competent in the management of medicines. At this inspection we saw that this had improved and medicine competencies following observations of staff practice were now documented.

The provider had a clear and accurate policy for safeguarding adults from harm and abuse. The policy outlined the practice and procedures to be adopted by all staff, in order to minimise the risk of abuse and neglect of people that staff came into contact with. The policy for safeguarding adults reflected the local authority safeguarding protocols, which were available to staff to make sure they followed the correct procedure, if they needed to raise any concerns.

People were confident that staff had the knowledge to recognise and report any actual or suspected abuse. Staff we spoke with were aware of how to protect people from abuse and the action to take if they had any suspicion of abuse. They understood the different types of abuse and how to recognise the potential signs. Staff were knowledgeable and confident as to when to raise concerns. Staff training in protecting people from abuse was part of the induction programme and there was on-going refresher training. Staff knew about their right to 'blow the whistle' on poor practice in confidence to agencies outside the organisation. A whistleblower is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organization that is either private or public.

The registered manager and management team understood their responsibilities in relation to safeguarding. The registered manager told us that any concerns regarding the safety of a person would be discussed with the local authority safeguarding of adults team and referrals made when necessary and we saw evidence of this in practice. We saw that care workers had alerted managers of potential abuse from a source outside the service and this had been immediately referred to the local authority. The service was doing all it could to assist the individual. The registered manager, who was the safeguarding lead, notifies CQC of all safeguarding alerts the service raises. This meant that people were protected from the risks of harm and abuse.

Where the service is responsible for medicines, staff worked with people to closely involve them in the management and administration of their medicines. Each person had an assessment of the support they would need to manage their medicines themselves in the form of a medicines management plan. This varied from people who were able to manage the whole process independently to those who required assistance. People who expressed a wish to self administer medicines could do so, providing this was

assessed as safe practice. We saw a risk assessment in place for one person who had chosen to self administer some of their medication. Following an assessment the staff were enabling the persons independency by leaving medicines within easy reach. We found that staff were applying creams for the individual as they were unable to do this task due to physical constraints. As there was no medicines administration record (MAR) required for this person there was no body map on file in relation to informing staff whereabouts on the body to apply the topical cream, as is best practice. We brought this to the registered manager's attention, who immediately initiated two A4 laminated body maps, with the areas requiring the application of topical cream indicated in red. One copy was kept in the office and one was taken to be placed on the person's care plan. This indicated that the registered manager was responsive and took action when improvements of existing systems were identified so that staff were kept fully informed and people received their creams correctly as prescribed.

Staff had been trained to administer medicines to people safely. Staff were required to pass a test and demonstrate their competency, including the completion of a 'mock' medicines administration record (MAR), before being able to support administration of medicines. There were also regular competency assessments to ensure their continued ability to administer people's medicines safely. Staff signed to confirm when they had supported and assisted people with the administration of medicines, including recording on a separate MAR chart, if any 'as required' medicines had been given. People were supported to manage their medicines safely, at the time they needed them and as prescribed by their GP. People told us, "Medication is given to me by the care workers; it's always on time", and "They provide [topical treatment] regularly, morning and evening without fail."

Mechanisms were in place to ensure people received the right dose, at the right time and were kept safe from harm.

We saw that the management team proactively engaged with people, their relatives or representatives and other professionals to assess and minimise risks. Some people had restricted mobility and information was provided to staff about how to support them when moving around their home. People were supported safely because staff were informed of the risks via completed assessments stored on care plans. Staff were fully aware of the action they needed to take when caring for people. All risk assessments were reviewed throughout the delivery of the service to make sure they continued to be relevant and suitable to meet people's needs.

Staff we spoke with talked knowledgably about safety and risk management. They told us that assessments of the person's home, and support and health needs of the person concerned were carried out prior to the start of any care package. One person told us, "They made all the difference to me coming home [from hospital] ; a seamless transition."

Environmental risk assessments were thorough, and included risks inside and outside the person's home. For example, it detailed any hazards in the home such as pets and any trip hazards and the types of equipment individuals used, if relevant. People's individual risk assessments included information about action staff were required to take to minimise the chance of harm occurring.

There were sufficient numbers of staff to cover all visits and meet people's needs. People knew who was coming to support them as staff were allocated specific rounds, as this system of working allowed for continuity of staff to people. This level of support was important to people so they could get to know their staff. People consistently told us they were supported by the same staff who arrived on time and stayed for the whole duration of the visit. There were never any missed visits and if care workers were ever late it was usually due to traffic conditions or an emergency and if this was the case one person said, "On the odd occasions they have been late the office will call to let us know."

We looked at five staff files, which were all in a standard record keeping format and showed that all required checks had been carried out. The checks carried out included checking prospective employees' references, and carrying out Disclosure and Barring Service (DBS) checks before successful recruitment was confirmed. DBS checks identify if prospective staff have had a criminal record or had been barred from working with children or vulnerable people. Whilst no one currently employed had a criminal record there were systems in place to assess the risks posed to people should the service decide to employ an applicant with an unclear DBS check.

Management had extremely robust staff recruitment practices in place at the time of our inspection, and there were plans to improve this even further to ensure that staff employed were suitable to work with people in their own homes. Prior to interview applicants completed an on line psychometric test. Psychometric tests are designed to measure candidates' suitability for a role based on the required personality characteristics and aptitude. The tests consist of a bank of randomly selected questions which the service uses as a tool to aid with recruitment decisions. Highlighted areas of strength or weaknesses were then fully explored during the interview process. We asked a member of staff about their recruitment experience and was told, "This was excellent. I had a personality test. They did a full interview and asked really probing questions. They showed they really wanted the right person who had their ethos and vision."

The recruitment process aims to attract and maintain a workforce that is committed and caring, with a positive attitude, reflecting the same values of the organisation. Management at the service believed this values based approach to the recruitment of new staff ensured the continued effectiveness and safety of the service being provided to people and assisted with staff retention.

Management had a genuinely open culture and viewed all safety concerns raised of value, and integral to learning and improvement. Staff knew how to inform the registered manager of any accidents or incidents. All accidents or incidents were recorded and analysed for trends and to see if lessons could be learned to minimise the risk of reoccurrence. Each client had a personal incident recording log so that the registered manager could identify patterns. We saw on one log that after a number of reported incidents in a short space of time, the service identified that additional support was needed to keep the person safe. The local authority was approached, evidence was shared and emergency two to one care was approved. Records we saw confirmed that to date no serious incidents had been reported.

Protective Personal Equipment (PPE) such as gloves and aprons were readily available and staff wore PPE when appropriate. As the staff took necessary precautions, people's risk of acquiring an infection were reduced.

The registered manager and other organisational staff planned in advance to ensure people's care could be consistently delivered. There were policies and procedures in place protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. There was a shared out of hours on call rota system, which enabled serious incidents affecting people's care to be dealt with at any time. Staff we spoke with told us a member of the management team was always available for advice and support or in the event of an emergency. All members of the on call management team were proactive in their approach and helped to seek solutions to problems raised by care workers

## Is the service effective?

### Our findings

People who used the service consistently told us they were supported by staff members who had excellent caring skills and an in depth knowledge of their needs. We asked people and their relatives if they considered staff to be trained and skilled, we received the following comments, "My care workers are trained and very skilled. They move me very carefully"; "Indeed they are –very good [and] very sensitive to my needs" and "They are very much so [trained and skilled]; they go that extra mile. They shower and shave me with dignity and respect. I could not wish for anything more than I get." Everyone that we spoke with said that staff were well trained, and were competent in their work and attentive to their needs. Several people told us that staff went over and above their duties to make sure they were well looked after. This highlighted to us that people felt safe and comfortable with the level of skill and expertise demonstrated by staff.

On the second day of inspection six new recruits to the company were undergoing induction. We were invited to speak privately with the new employees and did so, in order to gauge how they felt the induction was going and how it compared with other inductions they might have had in previous caring roles. All those who had previous experience in the care profession agreed that their experiences so far with Heritage Healthcare – Trafford, from the application, recruitment and induction stage, were second to none and far outweighed those of previous employers. One inductee said, "It's all been very positive. I'm looking forward to a career with this company." All were very aware of the provider's high standards and considered themselves fortunate they had been given the opportunity to work for the company.

The induction manual contained detailed information about aspects of the caring role, for example person centred care, safeguarding, first aid, fluids and nutrition and medicines. There were accompanying photographs throughout the pack, including illustrations of safe manual handling practices. There were also photographs of people using the service in the community or with their care worker and we saw that people had provided consent with regards to this. The manual included photographs of all the management team, their individual roles and details about the ethos and values of the company. The induction manual contained practical examples and in depth information that new carers could take away and keep for future reference.

We were invited to sample a snap shot of the induction session and observe the registered manager provide the training. During our observations we noted that the session was informative but informal, with new employees given the opportunity to contribute and provide examples of their experiences in connection with food and nutrition, the subject matter being discussed. We noted that the new recruits felt relaxed and comfortable in doing so. The induction focus was centred firmly on the people receiving a service. The registered manager reminded the new staff to 'think about how the person might feel; put yourself in their shoes, always communicate and record as necessary. '

As a result of induction feedback received from an employee in June 2017 staff now received invaluable training in the use of equipment, for example wheelchairs, hoists and slings. A new employee had suggested "more hands on manual handling perhaps" when asked if the induction content could be improved and the provider had introduced this. One staff member told us they were given the opportunity to experience being

hoisted, which they took. They told us, "It made you aware of what it would feel like." They also explained how the registered manager had stressed the importance of good communication, between the two carers providing support and the individual receiving care and support. This method of training highlighted to us that staff were taught to appreciate care from the person's point of view and we were assured that this would result in a better quality of care.

There was a proactive support and appraisal system for staff, which recognised that continuous development of skills, competence and knowledge is integral to ensuring high quality care and support is provided. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff and provide staff an opportunity to raise any concerns or issues. Staff told us they were supported through individual supervision, and appraisal and supervision records we saw documented discussions of various topics, for example roles, responsibilities, person-centred approaches, spot checks and learning and development needs. Supervisions were held on a three monthly basis or sooner, if either the employee or the provider felt this necessary.

Observational checks of staff performance were carried out in people's homes with their consent in the form of spot checks. People told us they thought it was good to see that the staff had regular checks, as this gave them confidence that staff were doing things properly. Checks were recorded and discussed, so that staff could identify development needs and receive encouragement and feedback about their work. Staff had the support needed to enable them to develop into their role with the skills and confidence required to support people well.

We spoke with existing staff members in relation to training they were offered. Comments we received included, "The training is fantastic; I have done all the training at induction", and "We also have the opportunity to do further courses for development." Staff elaborated by explaining that the company linked in with Skills For Care, offered dementia and end of life training and supervisor training for career enhancement. Staff working in the service were expected to complete 'The Care Certificate' as part of their wider induction to the company. The Care Certificate has been developed by national health and social care organisations to provide a set of nationally agreed standards for those working in health and social care.

The service had identified additional training needs in relation to dementia, through supervision and appraisals and also to best meet the needs of people using the service. We saw that an external trainer had been sourced to provide this training, with nominated dates scheduled throughout the year. It was envisaged that the external trainer would then provide other courses such as equality and diversity and professional boundaries. This showed us that the service listened to staff and was proactive in sourcing training to meet people's needs.

Staff received an email reminder when training refresher courses were due and were given a two month timescale to complete all courses and received a monetary bonus for doing so. The office were able to track progress with this and could check that staff had achieved the necessary marks to obtain a pass and demonstrate their competency in the subject matter.

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. We checked whether the service was working within the principles of the MCA.

In community settings, applications to authorise restrictive practice have to be made to the Court of

Protection. These are also sometimes called 'DoLS (deprivation of liberty safeguards) in domestic settings' (DIDs). At the time of our inspection, no applications had been made to the Court of Protection. Staff received training in MCA and DoLS to ensure they were aware of the principles of this legislation. Staff understood and had a good working knowledge of the key requirements of the Mental Capacity Act 2005. All staff demonstrated a commitment to promoting the rights and choices of people who used the service and ensured people's human and legal rights were respected.

The service had a number of consent consultation forms in place. These included consent for staff members to administer people's medicines, their money, have photographs taken and to provide personal care. If people who used the service were unable to consent then a capacity assessment and best interests meeting would be held in order to determine what action was required in the person's best interest. We saw on these occasions other professionals and relatives had been involved in the decision making process. We saw that the provider always made best interest decisions in accordance with legislation and people's wishes. Staff told us that because they knew people very well they understood their wishes and wants and provided care accordingly.

Care records we looked at showed that people's nutritional likes and dislikes were documented along with any foods that needed to be avoided, for example any known food allergies. People were supported to maintain a balanced diet of their choice. One person said, "The carers do my food and I have what I want. It's my choice. They always ask and try and suit me." Care records evidenced the care and support needs that people had for example, in relation to maintaining their health through eating and drinking.

People's care was planned and delivered to maintain their health and well-being. People were involved in the regular monitoring of their health and were at times supported to GP or hospital appointments. Staff identified any concerns about people's health to their immediate manager or to the office, who would then if necessary contact the GP, district nurse, or other health professionals, for example an Occupational Therapist.

During one of our visits to people in their own home one person told us they had been to the clinic that morning for their INR test. The INR test, or international normalised ratio, is used to monitor blood-thinning treatment, which are also known as anticoagulants. The INR can also be used to check if individuals have a blood clotting problem. As the test had been done on a Friday we asked care staff if this was a problem should the dosage of warfarin tablets change. They told us it wasn't, as the company had arranged to receive an email direct from the anticoagulant clinic the same day. This information was then printed off and brought to the property so that care workers had the correct information in place for the following Monday. We saw in the person's file an email relating to the previous test done on 12 January 2018 and the daily dosages as a result of that test.

During our feedback to the provider later in the day we were handed a copy of an email received by Heritage Healthcare – Trafford at 15.52 pm from the haematologist. This detailed the INR results for Friday 26 January and listed the dosage of tablets to be taken from Monday 29 January. The registered manager assured us that a copy of the email would always be put in place so that care workers had the current information, regardless of whether dosages had changed or not. This arrangement with the clinic highlighted to us that the service was proactive in ensuring that any changes to medicines were communicated to them immediately so that people received care effective to their needs.

A care worker we spoke with explained that prompt action was taken by management in relation to involving other professionals and said, "The other day I rang the office for help and someone came out to help straight away. They have reassessed the person and OT are going in too." Records showed that staff

worked closely with health and social care professionals to ensure the needs of people were met.

The office was equipped with computers, telephones and storage facilities for records to be stored securely and confidentially. The offices were manned during normal working hours and managers were available via an 'on call' rota in the event of any emergencies. The offices we looked at were fit for purpose and included a large meeting room that was used for management meetings and induction training.

## Is the service caring?

### Our findings

People and their relatives provided extremely positive feedback that demonstrated the service was exceptionally caring, in both approach and practice. People described the care as 'excellent' 'the best' and 'second to none' and told us "They go over and above what they should do for me", "Wonderful – I am so happy with the care", and, "They are super and do their best to keep me happy." We also looked at independent feedback left by people and relatives on a national website and saw extremely positive comments, especially in relation to the caring nature of staff. Twenty two people considered the care to be excellent quality and a further two rated the care as good. One person commented, "I am [age] years old. Having experienced two other agencies, I am so grateful to have Heritage now. They are simply brilliant - true carers!" The above examples were indicative of the many comments we received and saw in the form of written or electronic compliments, surveys and conversations. People were empowered as true partners in their care and support by Heritage Healthcare – Trafford and people were able to express their views knowing they would be treated fairly and listened to.

There was a constant theme in the feedback we received from people and their relatives about the caring nature and conduct of staff. Words used to describe staff included 'wonderful', 'amazing', 'dedicated', 'passionate' and 'professional'. People and their relatives told us how the service and the care workers improved their lives and made them better, more confident. One relative said, "Management are wonderful. They have really sourced the right care workers who truly want to care.

The service regarded people as an extended family and this was apparent in the little extras that the company provided. People described the care as 'professional and competent' but were also very appreciative of the little extras, for example birthday cakes or small gifts sent to people on special occasions. We visited one couple during the inspection who had recently celebrated a milestone wedding anniversary and were shown a handcrafted decoration made for them by the care worker. It made them feel special, they told us. After the trip to Blackpool, funded by the company, one client sent in the following feedback, "What a wonderful day you gave us. Please accept my huge thanks for giving us such pleasure – we just felt special and loved." This highlighted to us the appreciation people had for the caring nature displayed by the company and its staff and the positive impact this approach had on people's lives.

One person we spoke with on the telephone told us they liked to look after their animal, but were confined to bed. They told us, "They [staff] are very kind and caring. They go over and above what they should do for me – always considerate and thinking about my needs." We read this person's care plan and their pet was documented as being an extremely important aspect in their life. After each call care workers made sure that when they left everything was accessible for the person so that they were able to continue to feed their pet independently. This created opportunities for the person that had not been afforded to them previously. Instead of staff feeding the pet they took extra time and care so that the individual was empowered to do this, despite not being able to move from bed. Staff recognised that this was extremely important for the person, contributed to their well being and that this had a positive impact on the individual's life. This was further supported by feedback they provided to the local authority, who carried out a review at the time of this inspection. The person informed the officer they never knew there was a care agency like Heritage

Healthcare - Trafford and considered it to be the best company they had ever had.

During our visits we heard staff offer positive praise and words of encouragement to people. People did things in their own time, when they were ready and staff checked first that people were comfortable with what they were about to do. One staff member told us, "I check care plans and adhere to it, but also think about the individual behind it. You have to treat them with respect, care and love and do things at their own pace – and it has to be safe." Another staff member supported a person with a diagnosis of dementia and told us, "We remind [person] every time who we are and why we've come. It's important. It's their home." This showed us staff were patient and kind, treating people and their possessions with respect.

We heard staff asking permission before providing care and support and offering people choices, for example in respect of meals, medicines and activities. We heard a care worker ask, "What would you prefer for lunch? Soup or a sandwich – or both."

A member of staff we spoke with said they tried to involve a person with food and drink preparation as much as possible, in order to promote independence and the person confirmed this. They told us, "Sometimes [carers] help me to prepare a casserole; they bring all the vegetables and a board so I can chop them up. They support me to help myself, which I like." It made the person feel useful having helped prepared a meal for their self and gave them a purpose. Another care worker recognised that, although one person struggled with their mobility, it was important for them to continue to prepare a sandwich for their family member, so they supported them with this task. This showed us that care workers saw people as individuals and were committed to putting people at the centre of the care they received and included people in the decision making process.

All staff we spoke with had knowledge of people's histories, likes and preferences. We heard care workers call someone by the middle name, as was their preference and this was reflected in the care plan. It was obvious during our visits that people felt at ease with care workers providing support and people we spoke with confirmed this. Care workers showed genuine interest in people's lives and knew people well, their preferred routines and other family members who were important to them. Staff got to know people's histories really well and could design and tailor the package of care to the individual accordingly.

Staff were fully aware of the need to promote dignity and told us they cared for people as they would care for a family member. They were able to indicate what they did to maintain a person's dignity when carrying out personal care, for example keeping doors closed, closing curtains and making sure people were kept covered up. During our visits to people we saw staff always used the key, then knocked and announced their presence to signal their arrival. Staff were respectful and professional throughout these visits.

Equality and diversity is a term used to define and champion equality, diversity and human rights as defining values of society. Equality promotes equality of opportunity for all, regardless of their abilities, their background or their lifestyle. Diversity means appreciating the differences between people and treating people's values, beliefs, cultures and lifestyles with respect. Every member of staff employed at Heritage Healthcare – Trafford treated people as individuals, were passionate about the caring role and recognised the positive impact they had in people's lives. Staff showed empathy and had an enabling attitude that encouraged and motivated people to challenge themselves, whilst recognising and respecting people's lifestyle choices and control over their lives

We looked at how staff recognised and responded flexibly to people's personal preferences and how additional needs were taken into account. For example, how the pastoral needs of those who practiced faith were met. One person had an earlier call every Sunday. This was so that they were up and dressed ready for

church, as was their request. There was creativity in communicating with a person whose hearing aids were away for repair. An iPad was used to ask permission and ask questions with regards to care and they were happy to read and respond to these questions. Photograph books created by staff helped people with dementia remember life activities they had participated in. We saw from looking at one person's photograph book the obvious pleasure they had experienced on the days captured by the photographs, but also by their response, in the way they retold the story, remembering the days. By looking at the format of care records and how information was captured, and through talking to staff and members of the management team, we witnessed first-hand how the service sought to deliver care and support in a way that was non-discriminatory and reflected personal preferences.

Relatives and people who used the service confirmed their permission was sought before their confidential information was shared with other healthcare professionals. This meant people could be assured their sensitive information was treated confidentially, carefully and in line with the Data Protection Act. People we spoke with were 'absolutely certain' that care workers would not discuss them or anyone else. One person said, "They are very professional. I don't honestly think [carer] discusses me with anyone else," whilst another told us, "No, they don't do that."

During our visits to the office every member of staff was professional and respectful towards their colleagues and others. There was a definite teamwork approach from the managing director, the registered manager and below. Care workers visiting the office were greeted by all in a supportive and friendly way and asked if they were well.

## Is the service responsive?

### Our findings

The registered manager, management team and office staff were all motivated and clearly passionate about making a difference to people's lives. This enthusiasm was also shared with staff we spoke with, who recognised they were ambassadors for the company and acted accordingly, mirroring the company's values in their teamwork approach. People we spoke with consistently described their staff as being 'supportive' and 'caring', helping them to remain as independent as possible. One person told us, "I am pretty independent really, but they help me to stay safe when I'm doing my shopping or going on appointments. I feel more confident knowing they [staff] are there to support me."

People were empowered, being involved in making decisions about their lives. People's care and support was planned proactively in partnership with them. One person we spoke with confirmed their involvement and told us, "The manager came and discussed my care plan with me. They've been through it with me since, checking it's still what I want. They are always there for me"; whilst a relative said, "They ring me and discuss the care plan. The company places [person's name] at the centre of discussions, which I appreciate."

Everyone that we spoke with, without exception, said that when their care was being planned at the start of the service the registered manager spent time getting to know them and finding out about their preferences. The registered manager told us they were accompanied on these assessments by the care supervisor, who would write down what was discussed. This enabled the registered manager to give the person being assessed their full attention; to listen fully to what they were saying in relation to what care they wanted or needed and how they wanted this care to be delivered, as they weren't distracted with the note taking element. This demonstrated the services' commitment at putting the person at the centre of everything they did.

People received personalised care and support based on their assessed needs in a way that suited their abilities and promoted their independence. People and others that mattered to them had been involved in identifying these needs and how these should be met. People's care and support was set out in a plan that described what staff needed to do to make sure personalised care was provided. At the initial assessment people were asked about personal details, such as people's next of kin and other health care professionals involved in their care. These details were collected and recorded in care plans to ensure the information was available if needed. People were asked what their routine was and how they wanted their support to be carried out. This was important information for staff, to enable them to provide help and support in the way the person themselves wanted, whilst also making sure that people's welfare and safety was maintained when receiving care and support.

It was evident from information we inspected that care plans kept at the office were replicated in people's homes. We saw that the person was placed firmly at the heart of the care planning and care delivery process. Staff told us they found care and support plans easy to follow. Details of medical conditions were noted in care plans and highlighted for ease of reference for care staff. Staff were also provided with information about how these conditions might impact on the safety of people and this then shaped the

delivery of care by staff.

People's plans were reviewed regularly during the period the service was provided. One person told us, "[It's a] wonderful service. They think about what I really need. They themselves reduced my double up as they said I did not need it. Excellent people."

A representative from the local authority carried out a review on an individual with complex needs. The review had taken place on the last day of inspection so we later contacted the council officer for feedback who told us, "In all the years I've been here I've never done a spot check like it before. [Person's name] couldn't fault them and praised them very highly." This was a particularly complex package of several daily visits with support provided by two care workers.

Staff recognised the importance of self-esteem for people and ensured this was taken into account when delivering care. For example, they supported a person to self administer and left medicines within easy reach so that they could manage this. This had a positive effect on the person and promoted their independence. During one of our visits a person asked us if we would like refreshments. As we accepted they went to the kitchen to prepare a drink. The care worker was present in the property at the time, making conversation with their relative, who also received care and support. It would have been easy, they told us, to break off what they were doing and make the drink however, they knew how important it was to the person not to take over. Not only did this help them retain living skills but it also had a positive impact on their self-esteem, as they continued to enjoy making drinks for their partner and for visitors to their home and ultimately felt valued.

People told us the service was flexible wherever possible. We saw that the service was responsive in changing the times of visits and accommodating last minute additional appointments when needed. Throughout our conversations with people and their relatives this flexibility and offer of physical and emotional support, not only to people receiving a service, but to other family members was apparent. Feedback provided on the service included the following comment; "Not only did they help Dad but Heritage [also] supported Mum with advice, guidance, and support in caring for her husband of more than 60 years. As Dad's needs have changed so has the support from Heritage. At every crisis point they have responded to emails and phone calls instantly. We now have carers and sitters and I cannot explain the difference this has made to my parents and to our family."

Heritage Healthcare – Trafford had featured in a local newspaper in 2017, celebrating its two year anniversary. The company had planned a trip to Blackpool for all clients wanting to make the trip, giving people the opportunity to socialise together. We saw that this had gone ahead and had been enjoyed by many of their clients. One person who attended sent in a thank you card after the event, which read, "To all, thank you for your care and friendliness that you have all shown me – had a lovely day in Blackpool."

We saw the lengths the company went to in ensuring that people and carers were well matched, shared the same interests in life or had similar personality traits. This company policy was appreciated and praised by people receiving a service and their relatives. Feedback from people and their relatives in relation to this had been left on the independent website and included the following comments, "Heritage are a breath of fresh air to the caring profession. Unlike some other agencies, they are proactive in suggesting venues and opportunities to 'entertain' [relative]. They understand their needs and personality type, and match supporters accordingly. They exceed our expectations and I have no hesitation in recommending them"; and, "Heritage work on the basis of carefully matching the care worker to the clients particular needs and personality. In our case this has been a real success and has opened up a wider variety of social, personal and friendship opportunities which were hitherto lacking in [person's] life. The company has been totally

reliable, efficient and helpful in other ways too and consequently my friend is a much happier person as a result." We received similar comments from people and their relatives reiterating that people had been given 'a new lease of life' as a result of support from Heritage Healthcare – Trafford.

Staff were passionate about the role they played in enhancing people's social lives. One care worker told us, "I take my clients to the airport watching planes, shopping, playing pool – it really works around what the client needs are." Other venues utilised in the community included the library, cinema, coffee shops, pubs and garden centres. One care worker had accompanied an individual on holiday in summer 2017 and a repeat trip was being planned due to its success.

We saw an excellent example of this in action as a care worker with an interest in history had helped a person trace their family name back to the Norman conquest of 1066. The care worker was in the process of printing off the family crest and had identified the family name to mean 'persistent.' We were told that the client wanted to have the crest and other prints framed once these were printed out. Matching people and their care workers meant that people were better-supported, there were shared interests or life experiences and this had an extremely positive impact on people receiving care.

We visited one person with a diagnosis of dementia in their own home in the presence of their care worker. The individual had come to the service after neglecting their own care, as they often forgot to eat and take medicines. The care workers had gained the person's trust and built up their confidence. They were now accessing the community with support, experiencing things they had not done before. As the person liked dogs they were taken to a local dog café, where they had petted dogs and had refreshments. There were outings to a local shopping centre and to the hairdressers. Due to their dementia diagnosis the service had made a best interest decision to take photographs of the person taking part in outings and activities and these were all kept in a small photo album in their home. The individual took great delight in showing us this album during our visit and staff prompted them about what they had done during these trips out. The interactions between the person and the care worker were lovely to watch and it was obvious that there was a great deal of trust afforded to the care worker, who showed great enthusiasm and compassion, whilst maintaining professional boundaries at all times.

People using the service were introduced to meaningful activities and were given the opportunity to use technology, with assistance. Feedback provided to the registered manager from the care worker in an email mentioned the fact that the client now 'wants an apple iphone', as they had been introduced to its capabilities, having made a video and watched a You Tube clip of Fred Astaire and Ginger Rogers dancing. People were given encouragement and support to reach their full potential and live life to the full, assisted by passionate staff responsive to their needs.

The use of technology was being further explored by the company as they were in the final stages of investing in a software application. It was envisaged that this system would go live around April 2018. We saw examples of communications between the operations director of Heritage Healthcare – Trafford and a nominated representative from the telecare company, whom we met on the second day of inspection. They told us they had worked consistently with the provider to ensure the software package was bespoke to Heritage Healthcare – Trafford, so that the system was capable of performing all the functions required by a domiciliary care company. For example, in testing the software the provider had asked the telecare company to look into issues identified with rostering, staff availability and overnight calls. Ironing out these details prior to implementation of the new software meant that the provider was up to speed with the system and its capabilities and therefore the likelihood of errors occurring were reduced.

Management had looked at innovative ways of maintaining communication with and for staff who worked

in the community, to make sure they were informed of changes and could share views and information with each other. As a result of this the TalkFreely employee application with a number of different modules was installed on all company mobile phones. This application provided management and employees with ways of communicating ideas, good practice and acknowledging recognition. Staff also had access to a Whatsapp group where they could communicate with each other. There were plans to introduce a video for new staff to watch during induction and this was in production at the time of this inspection. Twelve staff featured on the informal video, being asked their opinions of the recruitment process, aspects of the role they struggled with and aspects they enjoyed. It was envisaged that this video would be ready in March 2018 and would benefit new staff in seeing other employees' experiences with the company.

The provider had a robust complaints policy and procedure which was given to people on introduction to the service. Everyone we spoke with over the telephone and on our visits knew how to complain and who to complain to, although the service had received no formal complaints at the time of our inspection. People and their relatives told us that they felt confident they would be listened to if they made a complaint, but thought this was unlikely. People told us, "I do know and have the number but have no need to make any complaints", "No complaints made – I do have the procedure should I need it but I doubt this very much" and, "I have no complaints about the care at all. If you have any problems, you just have to let them know and they will sort it out." We saw that where a concern had been raised in relation to care and support, for example at review, this was acted upon and resolved to the client's satisfaction.

There had been many compliments received from people and their relatives about the care provided by staff, and for the small gestures afforded by the company, for example trips out and Christmas gifts. There was an emphasis on continuous improvement. The views of people using the service were at the core of quality monitoring and helped shape service delivery. People were invited to share their views about the service through quality assurance processes such as feedback forms and spot checks for staff who supported people. Telephone calls and house visits to people using the service were also an opportunity for a member of the management team to talk with people and gather their feedback.

The service had provision to care for people at end of life and staff were trained accordingly. At the time of our inspection the service had not yet provided this level of care, but management were confident that staff had the right skills and values to deliver this in a sensitive and caring way. We were assured that people would be respected and receive dignified care from Heritage Healthcare – Trafford when at the end of their life.

## Is the service well-led?

### Our findings

Everyone we spoke with, people their relatives, staff and other professionals expressed how consistently well led the service was. People were extremely complimentary about how the service was run and told us, "Going to Heritage was the best move I could have made", "Management have supported me – I am utterly grateful", and "They've been good from day one." One relative we spoke with referred to the company as 'a breath of fresh air.'

We asked people who used the service if they knew who the registered manager was and they did. Comments we received included, "I know who the bosses are. They come and talk to me and ask about my care. I am very happy with everything", and, "The management and carers are very nice; very professional and always available."

The managing director and the operations director set up the company as a result of a family member experiencing inadequate care some years before and were committed to providing a quality service. They were hands on senior members of staff who were actively involved in the day to day running of the company and visited clients in their homes for a friendly chat, or to informally gauge how the service was performing. During our home visits we were accompanied by the operations director and it was obvious from people's responses and interactions that the operations director genuinely knew people as individuals and was highly regarded by them.

Staff we spoke with described management as 'brilliant', 'approachable', 'open' and 'transparent' and a care worker told us, "They're striving to do their best and make sure we provide the best service, as you would expect for yourself." Feedback received from professionals we contacted centred on the theme of collaboration, in that the company worked in partnership with others to achieve the best outcomes for their clients.

The values of honesty, excellence, approachability, respectfulness and teamwork (H.E.A.R.T.) were at the centre of the company's ethos and they strived to appoint and retain staff who were able to effectively demonstrate each of these values. We saw the company values displayed in the training room in order that all staff were made fully aware of these when on induction or in staff meetings. These were also repeated in the job description of the Carer Support and Quality Assurance officer, recently promoted from the existing team of care workers.

We spoke with the quality assurance officer regarding the new role. They told us they were now responsible for client reviews and spot checks on staff. We saw examples of these spot checks and saw where issues had been identified these had been rectified due to the prompt action taken by management. The quality assurance officer told us it was envisaged that in future they would assume the role of trainer, inducting new staff into the company. However, as this was a new role, the management were keen not to overload them. The quality assurance officer was appreciative of the support they received from the registered manager and other senior managers. They told us, "Everyone is really approachable. The managing director has an open

door policy."

Recognition of the service in providing outstanding good practice was reflected in a number of accolades it had received since our last inspection. In 2017 the company was in the running for the Great British Care Provider (North West Region) award, in recognition of its on-going commitment to provide quality homecare services to their clients. The company was also shortlisted for the award of the Best National Start Up in the UK, in recognition of its growth and robust business model. The family run business was also named in the top ten North West Care Providers in the Homecare 2016 Awards, based on independent reviews from clients, their families and friends received by homecare providers on the website over the course of the year.

The service had a manager who registered with the Commission in 2016. At our initial inspection of this service in November 2015 they had been in post for three days and went on to register with CQC in May 2016. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. We saw that the rating awarded at the previous inspection carried out in November 2015 was clearly displayed in the office and on the company website. The registered manager and management team understood their responsibilities in relation to the legal requirements of The Health and Social Care Act 2008 and informed CQC about notifiable incidents, as is the law.

Systems in place for monitoring the quality of service provision such as monitoring visits and management checks were thorough and robust. We saw that when issues were identified during spot check audits of staff, for example non-compliance of wearing the company uniform, this was quickly addressed by management. Staff were formally interviewed and areas of concern were explored. There was input from all sides and agreements reached. Staff were provided with a copy of formal minutes made at the meeting and were given the opportunity to raise anything they didn't agree with.

The service had a staff handbook in place. This contained detailed information in areas such as policies and procedures, training, MCA and DoLS, personal care, moving and positioning, medication and risk assessments. Staff were also provided with handbooks in relation to health and safety and driving and told us these were useful reference documents they could consult if they were unsure about anything when out in the community.

We saw that formal surveys were conducted with people and their relatives and were extremely positive. People were grateful to receive the service, particularly as some had previously experienced poor care. In addition to formal surveys clients and their relatives were encouraged to leave reviews about the service on an independent national website, regardless of whether experiences of care were good or bad. The company regarded all feedback as positive feedback, even if this was negative, as it meant that lessons were learned and practice could be improved as a result. We checked this website and found no negative feedback had been left. At the time of this inspection Heritage Healthcare - Trafford was scoring 9.9 out of a maximum score of 10, with a total of 24 reviews of the service.

We could see that the company valued their staff and whilst recognising that monthly team meetings were logistically difficult it had explored other ways of keeping care workers fully informed. We saw that the managing director sent out a weekly email every Friday to update staff and celebrate the accomplishments of the week. In the weekly email sent out on 13 October 2017 staff were informed about the appointment to the carer support and quality assurance role and attached a copy of the job role. Staff were assured that this was a supportive role in order for the company to ensure that the care delivered was of a superior quality. We saw a member of staff's response to one weekly email that read, "Super email and thank you for the time

and effort taken to update us all on the company."

We saw other examples of electronic feedback care workers had sent to the managing director in response to their weekly emails, including this comment from one care worker, "When I worked at [care provider] I didn't feel valued; my opinion about residents didn't matter. My last year working there made me sad. Now I get up in the morning, proud to put on my uniform and go to work happy. I know my opinions and concerns are listened to." The above examples demonstrated to us that the emails from the managing director were highly regarded by staff and staff felt comfortable in replying to these emails to show their appreciation. The number and content of the comments we saw highlighted to us that staff felt valued and appreciated by the company.

Records we looked at showed that staff meetings were held at two levels, one level involving the managing director, registered manager and other senior office based staff held weekly, discussing topics such as staffing, quality assurance and performance. Weekly meetings for staff were not possible so these meetings were held once a quarter. Staff we spoke with told us they were able to discuss anything relating to their role and topics we saw that had been discussed included policies and procedures, health and safety, safeguarding and dementia training planned for 2018.

Every member of staff we spoke with told us they received supervisions and an appraisal and the supervision matrix and personnel files we saw confirmed this. The company encouraged staff to visit the office and management operated an 'open door' policy. Staff told us they were made welcome in the office and did not need to wait for a scheduled supervision to air any concerns as they were able to do this at any time.

Staff told us they were encouraged to join the company pension scheme and said, "We were told about the company pension when we started and encouraged to take it on." There was also a company vehicle at staff's disposal, with the required tax and insurance coverage, if their own vehicle was off the road for any reason. They regarded communication from management as 'second to none' and told us about the text alerts they received about traffic alerts or any admissions to hospital or emergencies, when out in the community. The provider recognised staff were its most important resource and worked hard to maintain staff consistency, for the benefit of people receiving a service. The company demonstrated its willingness to invest further in relation to rewards and benefits for its employees in order to retain staff.

An independent company had been appointed to carry out a staff survey in 2017 and produced a carer engagement report that we had sight of during the inspection. Twenty eight staff had been consulted and 26 responses had been received, a response rate of 93%. Staff were consulted on a range of aspects including training and support, leadership and culture and client focus. Heritage Healthcare – Trafford achieved 96% overall and we saw that everyone who responded was proud to work for the company.

The company had fostered good links with the local community and the managing director had an active role on the board of Trafford Carers Centre. The local authority was commissioning packages with the service and shared with us the quality assurance tool completed in September 2017, where 90% compliance was achieved. We saw that a recommendation made by them at this assessment had been implemented and the registered manager was now receiving formal supervision with the managing director and this was documented. Other partnership links included one with a local college where the managing director had presented to students undertaking a health and social care course.

The service was part of a franchise group and as a result of this policies and procedures were centrally controlled to ensure standardisation and compliance across the network of franchises. We looked at a sample of the policies and procedures that were in place within the service and found these provided staff

with the relevant information they needed to undertake their duties. The company did not have the required permissions to alter or amend documents but could evidence that they had contacted head office when they felt documents could be added or improved. Management felt that a number of corporate policies and documents did not contain a sufficient level of detail, for example the health and safety policy and those relating to employment law. They had chosen to invest in the services of an independent employment law company and were confident that information and advice provided to them was legally sound.

We were given a copy of the company's five year Strategic Development Plan and saw the sustainable growth that had been achieved since registration in 2015 and that planned to 2021. Review of organisational requirement had identified a need for the role of a digital marketing executive and the successful applicant was due to start on 5 February 2018. There were six master objectives that the company set out to achieve and we could see from our inspection that a number of these were in progress or nearly met. There was the vision to create a robust recruitment strategy, which had been outlined to us in detail and demonstrated with a pilot system. The company also strived to achieve Investors In People accreditation in 2018 and were working towards this and preparing for assessment.

In January 2018 head office had rolled out a set of self audits to all its franchise companies based on the revised key lines of enquiry in use by CQC. The managing director envisaged that Heritage Healthcare – Trafford would use this benchmarking exercise to identify any areas of improvement and also to evidence compliance for future inspections. Whilst this exercise wasn't yet fully completed, by the end of the inspection the service could evidence strengths and areas of improvement with regards to individual key lines of enquiry. The managing director outlined to us that the tool would be fully discussed at the next management meeting, with specific and designated responsibilities allocated to different members of staff, as many of the areas within the self-audit forms, spanned more than one job description. They pointed out to us that the intention was still to complete them as a team. This teamwork approach ethos, apparent throughout the inspection, was reiterated by all employees, from members of the management team to those providing care and support. This ultimately benefitted people using the service and had a positive impact on the lives of those receiving care and support delivered by Heritage Healthcare.