Heritage Care Limited

East Anglia Domiciliary Care Branch

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

East Anglian Domiciliary Care Agency is part of Heritage Care. The service provides support to people living in their own homes.

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

The inspection was carried out on 30 and 31 March 2016.

The safety of people who used the service was promoted and enhanced by staff who had received training in safeguarding procedures. Staff had been recruited safely to ensure that they were appropriate to work with vulnerable people.

The service ensured that sufficient numbers of suitable staff were deployed to keep people safe and meet their needs.

Staff received appropriate and ongoing training to ensure that they had the skills and knowledge to meet people's needs. Staff were well matched to meet people's needs and had developed caring and positive relationships with them.

People received their medicines safely and as prescribed. The service maintained a good overview of the medicines records to identify any errors or omissions that might indicate additional training needs.

Risks to people's wellbeing were identified and care plans devised to minimise their impact without unnecessarily restricting their freedom.

The service had a good understanding of the Mental Capacity Act (MCA) where it was appropriate within this service. People were enabled to express their wishes and preferences for how their support was delivered.

People were supported to have enough to eat and drink and maintain a healthy diet.

Care plans were comprehensively compiled, personalised and regularly reviewed to ensure that they reflected the current needs of people who used the service.

People were supported to express their views and were involved in decisions about how their care was delivered. People were treated with dignity and respect and their independence was promoted by the service.

The service responded appropriately to concerns and complaints and people were supported to express their views about the service.

The registered manager ensured the quality of service by carrying out regular audits where people were supported by the service.

The registered manager ensured their visibility in the service by talking to people when they carried out quality checks and by organising and attending inclusive social events for people who used the service.

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's safety was promoted by staff who were well trained in safeguarding and who were aware of procedures to ensure that any concerns for people were reported appropriately.

Risks for people were identified and managed appropriately.

Staff had been appropriately recruited, inducted and trained to ensure that they were suitable to meet people's needs.

Where appropriate, people were supported to receive their medicines safely and as prescribed.

Is the service effective?

Good

The service was effective.

People's needs were effectively met by staff.

Where appropriate the service was acting in accordance with the MCA.

People were supported to have enough to eat and drink.

People were supported to access health services when they needed them.

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Is the service caring?

Good

The service was caring.

People using the service were treated with respect and kindness.

People were involved in planning their own care.

People's dignity and privacy were maintained

Is the service responsive?

Good

The service was responsive.

People's needs were responded to appropriately.

The service supported and encouraged people to enjoy social and leisure pursuits.

Complaints were responded to appropriately.

Is the service well-led?

Good

The service was well-led.

The service had a good overview of quality assurance.

Staff received regular supervision and appraisals and felt well supported by management.

The management ensured their visibility by visiting locations regularly to carry out quality assurance checks and running social events for peole who used the service.

East Anglia Domiciliary Care Branch

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 registered persons were 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.

Before our inspection visit to the service we reviewed notifications of incidents that the registered manager had sent us in the preceding twelve months. Providers are required to notify us about events and incidents that occur in the home including deaths, serious injuries sustained and safeguarding matters.

We visited the service office on 30 and 31 March 2016. The inspection was announced because we wanted to make sure that someone was available to speak with us. The inspection was carried out by one inspector and one expert by experience. An expert by experience is a person who has experience of using services or caring for someone who uses services. The expert by experience called people to ascertain their views on the service.

We spoke with the registered manager, three care staff, the local authority quality monitoring team and eight people who used the service in person and on the telephone. We also viewed records held by the service including the care records for five people, files for five staff, management audit files including medicines management, complaints, incidents and staff training. We also observed the interaction between staff and the people they were supporting when they visited the office during our visit.

Good

Is the service safe?

Our findings

People told us that they felt safe and comfortable with the staff. One person told us, "I feel safe here I don't have any worries if I was worried about something I would tell the staff". Another person told us, "Yes, I feel safe, if I had a problem I would ring the office".

The manager and staff demonstrated that they understood what constituted abuse and that they knew the correct reporting procedure. The manager said they were confident that all the staff would report anything they were concerned about straight away. We saw that staff had completed training sessions in safeguarding. This made us confident that the service would be able to identify and report safeguarding incidents.

Staff told us that they were aware of the organisations policy on whistleblowing and would feel comfortable raising any concerns if they needed to.

We saw that individual and 'person centred' risk assessments had been completed in respect of all aspects of people's everyday lives. Where new or potential risks were identified, the information and guidance for staff was updated promptly to reflect the relevant changes. For example, assessments explained how to support people safely with their food and fluid intake, transferring people by using mobility aids, how to know when people were experiencing pain and how to minimise the risk of acquiring pressure ulcers. Risk assessments had also been completed for the social and emotional aspects of people's lives. Environmental risks for people who used the service and staff were identified and plans were put in place to manage them. For instance, at one person's home it had been identified that the person put themselves at risk if they accessed a busy road. The service identified this risk and put in a plan to reduce the risk to the person.

Staff had information available to them for supporting people whose behaviours might cause harm to themselves or others. Staff told us that they considered consistency of staff and knowledge of the individual person to be key in supporting people.

The staff records and staff we spoke with confirmed that appropriate recruitment procedures were followed to make sure that new staff were safe to work with people in their own homes. All staff were police checked for suitability with the Disclosure and Barring Service and appropriate references and full employment histories were obtained before they started working with people in their own homes. Staff files also contained photographic identification to ensure potential staff were who they said they were. Staffing levels were determined by the needs of the people who used the service both for daily living and being able to go on excursions. People told us that they felt there were enough staff to meet their needs.

Medicines were managed and administered safely in people's homes and they received their medicines as prescribed. The manager told us that all staff were appropriately trained to administer people's medicines. People's records, including the medicine administration records (MAR), were clear, up to date and completed appropriately. We saw that incidences of where staff had made errors in medicines administration had been fully investigated and that appropriate steps had been taken to reduce the risk of

mistakes happening again.

Good

Is the service effective?

Our findings

Staff received an induction course before they started working with people and there were records of these inductions on staff files. Staff told us that they received supervision with a senior every month and had annual appraisals. They described the supervisions and appraisals as open and empowering. One person who used the service told us the staff, "know what they're doing". We saw evidence of the training that staff received such as equal opportunities, health and safety, first aid, fire safety and the Mental Capacity Act. This training was regularly refreshed as necessary.

The training that staff received was tailored to the needs of the people who they supported. We noted that staff had the right skills that matched the needs of the people who they supported. For instance, to meet the needs of people with communication difficulties such as how to use pictorial information.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications for authorisation to deprive a person of their liberty in their own home must be made to the Court of Protection.

The staff had a good knowledge of the MCA. They had considered where people's liberty might be restricted and had acted in people's best interests to ensure that people were kept safe in the least restrictive way. For instance, at one site where the service provided support, consideration had been given to whether a gate to keep the person from accessing a busy road was the least restrictive way to keep them safe.

There were consent forms within the care plans we looked at showing that people had signed to give their consent for staff to enter their rooms and hold keys for their properties. This told us that the service respected people's privacy and control of their own environments. One person told us how staff sought consent from them, " Yes they always ask me if they want me to do something and explain things".

People told us that they had enough to eat and drink and were supported to make choices about what they ate. People were supported to plan their meals and do their own shopping where they could choose what food to buy. One person told us, "Yes, enough food, I choose what I eat". Another person told us, "Yes, they take me shopping and I buy what I like". Staff told us that food and drink intake was carefully monitored to ensure that people were not at nutritional risk and that when someone was considered to be at risk, plans were put in place with their involvement and support to manage the risk.

People were supported to access health services as and when they needed to. One person told us that they were supported to make the appointments themselves. Another person told us, "Yes they sort out my

appointments".

Good

Is the service caring?

Our findings

People told us that they felt supported by staff who were very caring towards them. We saw care staff interacting with people. The interactions were kind and respectful and it was clear that people trusted and felt valued by the staff providing the care for them. When we spoke with one person their supporting member of staff sat with us to reassure the person which we saw was valued by the person. One person told us, "Same staff, yes I prefer the same staff so I can get to know them". Another person told us, "Staff have done a lot for me in the last five years" and that the staff were, "nice, have a laugh, have a joke" with them. One person we spoke with did not have consistency of staff but was happy with this.

Staff clearly knew the people very well and had taken the time to build up good relationships with them. Staff told us that people could express preferences for staff and if they felt uncomfortable or unhappy with a particular support worker then they could request someone else. This could be in terms of a choice of gender of the support worker or where there was a personality issue. One person we spoke with told us that they were provided with pictures of the staff who would be supporting them so they knew who was on duty. Another person who we spoke with clearly had a good trusting relationship with the staff who supported them. They told us how staff had helped them to give up smoking.

People received care that was very individualised and they were involved in the day to day organisation of the care. For instance, we were told that one person had the staff communication book regarding their care read to them and that they signed this to confirm that they had been made aware of the contents. There were details of people's likes and dislikes and a detailed section on the background and personal history for each person. This told us that the service had gathered sufficient information to gain a detailed picture of people to inform staff on the best way to meet their needs.

We looked at care plans and there was clear evidence that people who used the service had been involved in planning their care. One person told us that their care plan was reviewed annually and that they were fully involved in the process. Another person told us, "Yes if I want to do something I just ask them and they sort it out for me". Staff told us that there was a range of people involved in planning people's care including family. Another person told us that they wished to be more independent and that a risk assessment had been undertaken to enable this to happen.
People told us that the staff supporting them maintained their dignity. One person told us that their bedroom was their private space and that staff knocked if they wanted to enter. We saw in people's care plans that people had signed consent forms for their information to be held and where necessary shared. In one person's care plan we saw a signed consent form regarding staff entering the person's room and people who could be keyholders to the person's home. People's personal information was stored securely at the service office. People told us that they felt respected by staff.

People were empowered to have as much control in their lives as they could and were supported by staff to make choices about their lives. We saw how people were supported to maintain their independence in doing housework in their homes and deciding what shopping they needed. Staff supported people to do their shopping but it was the person's choice what food they bought and when they prepared and ate it.

Good

Is the service responsive?

Our findings

People using the service were supported to undertake a wide range of pastimes. The service had recorded information which detailed what people's interests were and their support needs to enjoy these. The care plans detailed the level of support people needed as some were more independent than others. An example was one person was able to travel independently whereas another person we spoke with needed someone to travel with them to access leisure activities. This told us that the service promoted people's independence and that the care plans were individualised to their needs. The care plans showed obvious involvement of people in planning their care. The care plans contained details of people's needs. For instance, what support they would need with their personal care, shopping, cooking mobility and travel and activities. The aim of the care plan was to inform staff how to encourage and promote this person's independence. The risk assessments were also carefully written so that they were individual to the person, keeping them safe while promoting their independence.

Complaints were listened to and acted upon and people were supported to make any complaints that they had. One person told us " Staff listen to what I have to say". We looked at the complaints log and saw that, where necessary, people had been supported to make their complaint and that these were taken seriously and were thoroughly investigated. Staff told us that complaints were dealt with immediately and well. We saw that copies of the complaints leaflet were available at the office when people called in and the procedure was available in each person's care file.

Staff supported meetings for people who lived in group home settings by organising them, asking people what topics they wanted to cover and taking the minutes of the meetings. Subjects that people discussed at their meetings included where they would like to go for their holidays and trips out. It was clear to us that people led these meetings and their views were paramount.

During the registered manager's quality check they sought the views of people and where possible tried to action any points raised. For instance, in one instance, people asked for more staff to be deployed at weekends to enable people to go out more and this was put in place.

The registered manager told us about a drop in service that they had introduced for people called "cakes and mates". This was described as a social group for people to meet up with each other to avoid social isolation and to see if people needed advice about anything. We were told that this resource was available to all people who used the service.

The service supported people to find work and one person was employed for a few hours per week at the service office.

People who had difficulty reading told us that staff used picture prompts to help them choose what food to buy or eat. This told us that the service understood how to empower the people who used the service and catered effectively for individual people's difficulties.

Good

Is the service well-led?

Our findings

The service was managed from a central office by the registered manager and the deputy manager. There was then a team leader based where people lived in group housing schemes.

Staff told us that they received supervision about monthly and annual appraisals with their team leader and that they felt the relationship with their team leader was open and empowering.
Staff told us that the management team was very supportive. They told us that they were able to share any problems whether professional or personal and that the manager had supported them through these issues and that as a result the staff felt valued by the organisation. Staff told us that they had, "an open and empowering relationship" with their team leader. The registered manager told us that part of their auditing process was to monitor any staffing issues so that people received consistency of care.

We saw records of the service's overview of staff training needs. An electronic record displayed details of each staff members training achievements and flagged up to the manager when staff needed training to be refreshed. This told us that they service maintained a good overview of training to ensure that staff received appropriate training and that the service ensured that the training was up to date.

We were told that team meetings were held monthly and that all staff were able to contribute to these and opinions were listened to. Suggestions for service improvement were taken on board and actioned where appropriate and possible. For instance, a suggestion was made at one team meeting to deploy additional staff at weekends to support people to access more leisure activities.

The area management team had a good oversight of the quality of services in the various locations that the service supported. The registered manager visited people's homes and carried out quality checks to identify what was going well and what could be improved. Some of the people who used the service contributed to auditing the quality of the service by carrying out checks on the service provided support to people. For instance, the installation of a garden gate to improve the safety of more vulnerable people.

The social events that the service organised ensured that management were able to maintain contact with the people who used the service and were able to monitor the wellbeing of people and reduce the possibility of social isolation.

The registered manager told us that they carry out a quality monitoring assessment of care plans every two months. We saw examples of these and found that areas covered by the care plan including medicines records, incident and accident records, health needs, finances and social outcomes were all thoroughly audited. An action plan was then drawn up for any areas that were imcomplete. Medicines records were examined during the review process to ensure that they were completed accurately. Any errors or omissions were identified and dealt with appropriately.

One of the people using the service was also involved in monitoring the service and was supported by staff to carry out quality checks within the service.

We saw that the registered manager also audited medicines records to ensure that they were completed accurately to ensure that people were safe.

The registered manager was aware of their obligations to report serious incidents to the CQC and we were confident that any such notifications would be made without delay.