Heritage Care Limited

Worcestershire 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?	Requires Improvement

Summary of findings

Overall summary

About the service
Worcestershire Domiciliary Care Branch is a supported living scheme providing personal care to 29 people living in the complex. Not everyone who lived at the scheme received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
Service management and leadership had been inconsistent and areas for improvements were needed in how the provider monitored the quality of care and accuracy of record keeping.

Staff knew how to recognise potential abuse and who they should report any concerns to. People had access to equipment that reduced the risk of harm. There were sufficient staff on duty to meet people's needs.

People were supported to maintain a healthy diet in line with their needs and preferences. Staff were trained to meet people's needs and acted promptly to refer people to healthcare professionals when required.

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

People enjoyed positive and caring relationships with the staff team and were treated with kindness and respect. People's independence was promoted as staff were careful not to do things for people they could do for themselves.

People were supported by staff who knew about their needs and routines and ensured these were met and respected. People and relatives knew how to complain and were confident their concerns would be listened to. The provider worked well with partners to ensured people's needs were met.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good (published 25 February 2019).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

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. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Worcestershire Domiciliary Care Branch

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was completed by one inspector.

Service and service type
This service provides care [and support] to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the provider, area manager, care manager and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- People had staff available to them when needed and agreed. People had asked for improved consistency of care staff and had raised concerns when agency staff had been used. The manager was aware of this issue and was progressing with recruitment of staff to improve the service offered.
- The staff recruitment records included relevant checks to ensure staff were suitable to work with vulnerable adults. The recruitment files we looked at did not provide a full work history, explanation of any employment gaps and all previous employers references. The manager told us this would rectified immediately.
- People's hours of care were reviewed by the manager to ensure there were enough staff to meet people's care needs.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe and the staff took steps to support people to keep them safe. One person told us, "I know the regular girls and I don't have to worry about them looking after me."
- People were supported to understand how to keep safe and to raise their concerns.
- The provider had reported potential abuse to the local authority and CQC when it had been identified.

Assessing risk, safety monitoring and management

- People were positive about how risk or potential risks were managed and the steps they needed to take to minimise their risks. For example, associated risks with physical or emotional needs.
- Staff knew the type and level of assistance each person required to maintain their safety.

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

Preventing and controlling infection

- Staff told us they observed and practiced good food hygiene to help reduce the risk of infection. Staff told us there was personal protective items such as gloves for them to use.

Learning lessons when things go wrong

- Staff had completed reports where a person had been involved in an incident or accident and reported to the management team so they could be reviewed. Records showed people's risks had been updated in their care plans.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The staff told us they had relied on their team leaders for guidance and support in the absence of a consistent management team. The provider had recently appointed two representatives from the organisation to fully support people and staff going forward. This structure will remain in place, while recruiting a permanent registered manager to post.
- People told us staff understood their care needs well and could provide the care they wanted and needed.

- Staff received an induction when starting work and training courses had been completed, which helped them understand people's needs.
- Staff were supported in their role with structured routine and individual discussions with management to talk about their responsibilities and the care of people.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental and social needs had been assessed, and their care, treatment and support was delivered in line with legislation, standards and evidence-based guidance.
- The manager was then able to achieve effective outcomes for people when they started to use the service and receive care and support.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to access food and drinks in line with their needs and choices. One person told us, "I tell them which meal I want to be heated."
- Staff told us they would offer people a choice of breakfast and would prepare or heat simple meals for people.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked together with other professionals to ensure that people received consistent, timely, coordinated, person-centred care.
- They told us about how this had worked well for people when moving to or leaving the service.

Supporting people to live healthier lives, access healthcare services and support

- Staff told us they worked alongside district nurses and GP's in support of people's care when needed. Staff also provide examples where they encourage or contacted the GP where they noted a person had not been well.

Ensuring consent to care and treatment in line with law and guidance
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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA
● Where people were unable to make decisions for themselves, mental capacity assessments had been completed. Where necessary, decisions were made on behalf of people in consultation with relatives and appropriate others in people's best interests.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received kind and compassionate care and staff had developed positive relationships with people. One person told us, "The staff are great; kind to me."
- People's well-being and happiness was promoted. The risk to some people of experiencing social isolation was recognised by staff and addressed where it could be. One person told us, "The regular staff are lovely, [know me well."]

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and were actively involved in decisions about their care.
- The service engaged with people through regular reviews of their care and asked for people's feedback through visits and telephone calls. One person told us, "No problems, but if there was I just let the staff know."
- People's preferences and routines were known and supported. For example, their preferred daily routines were flexibly supported and their choices listened to by staff. One person old us, "Although they keep telling me I need to eat more as I'm small, but that's me and I can't eat a lot, it's my choice and they listen."

Respecting and promoting people's privacy, dignity and independence

- People's differences were respected and they were supported to maintain their identity and personal appearance in accordance with their own wishes. One person told us, "I just let staff know if I need anything; they will do it."
- Staff understood equality, diversity and human rights issues, and staff were aware of the provider's anti-discrimination policy. One person told us, "It suits my needs here."
- People's confidentiality continued to be respected. Staff had a good understanding of the need to ensure people's confidentiality was maintained.
- People's private information remained secure. Care documentation was held confidentially, and systems and processes protected people's private information.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were involved in planning their care and where appropriate, relatives and advocates were consulted.
- People said they had support plans in their homes and these included risk assessments which identified how the risks in their care and support were minimised. One person told us, "I can walk but I use the wheelchair for distances so need staff to push me."
- People's care plans were personalised and reflected people's needs and choices, such as daily routines and wake times.
- Care plans were detailed and informative and reviewed if there had been a change in someone's care needs. Care staff confirmed they were kept updated to any changes and records were detailed and reflected current care needs.
- Care staff knew each person well and understood the exact care and support they needed.
- Staff told us they recorded and reported any changes in people's needs to the team leaders who listened and then followed up any concerns immediately.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's information and communication needs by assessing them. People's communication needs were recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that people's communication needs were met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests and take part in activities which were socially and culturally relevant and appropriate to them, including in the wider community. One person told us, "They [staff] come and get me to join in if I want."
- People told us staff supported them when needed when family and friends visited. Staff had got to know these important people and were able to share appropriate information.

Improving care quality in response to complaints or concerns

● People told us they had seen information about the service's complaints policy and were very clear about who they would talk with if they had any problems or difficulties.
● Where people needed to raise concerns, the provider remained responsive, for example changing care staff at the person's request.
● The providers complaints procedure was available for people and their relatives to view and had been given to people when they joined the agency.

End of life care and support
● Staff had a good understanding of what their roles were in supporting people as they were approaching the end of their life, such as emotional support for the person.
● The service was not supporting anyone at the end stage of life. However, the provider recognised the need to seek support from other agencies, when needed, to enable people to remain living at the scheme, where possible.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service has been without a registered manager in post since 22 January 2019. The provider had recruited to the post, however these appointments had been unsuccessful long term.
- There were ineffective quality assurance systems in place to monitor and improve the service and to ensure legal requirements were met. Audits had not been completed as per the expectation of the provider.
- The recently appointed management team told us they had further worked planned so they had a complete overall view of people's care. This would demonstrate people were in receipt of high-quality care and treatment.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The scheme had been through a period of unsettled leadership within the last eight months. People, relatives and staff spoke highly of the newly appointed interim management team.
- Staff told us their morale had been low, however, they had felt positive about their team leaders and staff team commitment. Staff felt staff morale was improving but further assurances about a stable management team going forward.
- The staff team shared a commitment to provide a service that was person-centred and supported people to live meaningful lives.
- People's views were gathered through meetings and where suggestions for improvement had been made, these had been acted on.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team were open and honest and understood their responsibility to meet the duty of candour. When improvements were needed these were investigated and shared with people and their families, and staff.
- The recently appointed management structure in place was open, transparent and available when needed.

Continuous learning and improving care; Working in partnership with others

● The staff team sought to ensure quality of care. They had felt inspired by the appointment of the new management team and felt improvements were taking place.
● People benefitted from partnership working with other local professionals, for example GPs, and community groups. People told us the professionals communicated well.
●The manager wanted to continue to develop community links with a view to further improving care and support for people and to enhance people's life experiences.
●Social workers, commissioners and other professionals were welcomed in support of people's care.