Heritage Staffing Services Limited

Heritage Staffing Services

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

The inspection took place on the 14 August 2015 and was unannounced. We later talked to some of the people who use the service and some of their family members over the telephone so that they could tell us about their experiences of using the service.

Heritage Staffing Services started providing care to people in February 2015, it is a small, domiciliary care agency with fewer than twenty people, which provides personal care and support services for a range of people living in their own homes. These included older people, people living with dementia and people with a physical disability.

The service had a manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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 experiences of people were varied. People told us they felt safe, that staff were kind and the care they received was good most of the time, but some people had experienced late and missed visits. This was because the manager bid for and got a contract that increased the number of people they supported. However, an arrangement they made to increase the number of staff did not come to floriation, so for a time the staff were pushed to cover the care visits to the new people.

This situation also meant that the running of the service was disrupted because the manager and the office based staff helped with the care visits leaving the office unstaffed at times and not leaving the manager time to carry out administrative tasks.

We found this was a of breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and you can see what action we have told the provider to take at the back of the full version of the report.

There were systems and processes in place to keep people safe. Assessments of risk had been undertaken and there were clear instructions for staff on what action to take in order to mitigate them. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. We found that care plans were detailed which enabled staff to provide the individual care people needed. People told us they were involved in the care plans and were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

The provider had arrangements in place for the safe administration of medicines. People were supported to receive their medicine when they needed it. People were supported to maintain good health and had assistance to access to health care services when needed.

The service considered peoples' capacity using the Mental Capacity Act 2005 (MCA) as guidance. Staff observed the key principles in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded.

People were supported at mealtimes to access food and drink of their choice where needed. The service had good leadership and direction from the manager. Staff felt fully supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities. For example, staff were offered to undertake additional training and development courses to increase their understanding of needs of people using the service.

Feedback was sought by the manager via surveys which were sent to people and their relatives. Survey results were positive and any issues identified acted upon. People and relatives we spoke with were aware of how to make a complaint and felt they would have no problem raising any issues. The provider responded to complaints in a timely manner and kept records of the action taken.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

At times there were not always appropriate staffing levels to meet the needs of people who used the service.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

Assessments were undertaken of risks to people who used the service and staff.

We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

People were supported to receive their medicines safely.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

People were supported at mealtimes to access food and drink of their choice in their homes.

Is the service caring?

Good

The service was caring.

People who used the service told us the care staff were caring and friendly.

People were involved in making decisions about their care and the support they received.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Good

The service was responsive.

Assessments were undertaken and care plans developed to identify people's health and support needs.

Summary of findings

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

Staff were aware of people's preferences and how best to meet their assessed needs.

Is the service well-led?

Requires improvement 

The service was not always well-led

Appropriate records were not kept and poor management decisions detrimentally affected the quality of the service and made it difficult for them to monitor the quality of the service and make improvements.

Staff were supported by the manager. There was communication within the staff team and staff felt comfortable discussing any concerns with the management team.

People we spoke with felt the manager and the office team were approachable and helpful.

Heritage Staffing Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 14 August 2015 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we checked the information that we held about the service and the provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with four people who use the service over the telephone after our visit to the office. We also spoke with three care staff, the manager and one office based staff. We observed staff working in the office dealing with issues and speaking with people who used the service over the telephone.

We reviewed a range of records about people's care and how the service was managed. These included the care records for five people, medicine administration record (MAR) sheets, four staff training records, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

Requires improvement

Is the service safe?

Our findings

People we spoke with told us that when the service first started they had no concerns and they received good quality care. However, when the provider took steps to expand the service problems started to arise. People said they felt safe most of the time, but some people had experienced missed visits that made them feel unsafe because if staff did not attend them they may not have access to their medicines, meals, drinks and help they needed with their personal care.

We saw the service had skilled and experienced staff to ensure people help keep people safe and cared for on visits. However, it became obvious while talking with the manager, who was also the provider, that there were not sufficient numbers of staff employed to ensure visits were covered and to help keep people safe.

The registered person failed to ensure that there were sufficient staff to maintain adequate staffing levels to make sure that people received a timely service and did not experience missed calls. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The service was new, opening in February 2015, and had only recently started supporting a small number of people in their own home.

The manager, in trying to expand the organisation, applied for a care contract outside the services' immediate area. While waiting to hear if the application had been successful the manager started making arrangements, through an employment agency, to recruit staff that lived in that area. The service won the contract but, although they had been assured that the employment agency was confident they would be able to supply the staff needed, the arrangement fell through and no staff were available to the service.

As a stop gap, the manager asked the existing staff to travel out to support the new people while they tried to recruit staff closer to where the new people lived. However, it soon became apparent that the staff were becoming stretched, finding it hard get all their calls in on time while traveling long distances.

The manager then made arrangements for a team of staff to travel to the new area and spend the day there until all the care support visits were completed. This worked better and people began receiving their care packages as planned.

However, the manager realised the service was still under pressure as they had not been able to recruit staff who lived in that area and that they were no longer supporting people to the high standard they had planned to offer when they opened the care agency. So they have given notice to cancel the out of area contract.

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records.

Staff described the sequence of actions they would follow if they suspected abuse was taking place. They said they would have no hesitation in reporting abuse and were confident that management would act on their concerns. One staff member told us, "I wouldn't mess about. If I suspected that anyone was being harmed, I'd report it." Another said, "I would offer support to the person at the same time as telling the office what was going on." Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. Staff could therefore help protect people by identifying and acting on safeguarding concerns quickly.

Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and attended an interview. The provider had obtained written references from previous employers. Many of the staff the service employed were experienced care staff, already having care work experience and already had recently done Disclosure and Barring Service (DBS) checks in place. This meant that they were able to start working with this agency after all the other safeguarding checks had been done while they were waiting for fresh checks to be carried out by this service. The records we saw indicated that the provider had started the process of applying for fresh DBS checks for this group of staff. We also saw that newly recruited staff that did not have previous care experience did have DBS checks made by the service.

Requires improvement

Is the service safe?

Individual risk assessments were reviewed and updated to give guidance and support for care staff to provide safe care in people's homes. Risk assessments identified the level of risks and the measures taken to minimise risk. These covered a range of possible risks such as nutrition, skin integrity, falls and mobility. Meaning that where there was a risk to a person, such as falling in their own home, clear measures were in place on how to ensure risks were minimised. For example, staff were told to ensure that pathways were left clear in the persons home and to ensure that rooms the person used were tidy, without trip hazards left on the floor and cleaned up at the end of each visit. Staff were able to tell us the measures required to help people stay safe in their homes. One member of staff told us, "Before I leave, I have a look around to make sure I have tidied up and not let anything in the way." Staff had received training so that they were aware of the appropriate action to take following accidents and incidents to ensure people's safety. They were able to tell us what they would do if they arrived at a person's home to find them unwell or hurt. One staff member told us, "I got to one person's home to find them struggling for breath, I called the doctor, told the office and waited with them until help came."

People were supported to receive their medicines safely. We saw policies and procedures had been drawn up by the provider to ensure medicines was managed and administered safely. Staff received medicines training and medicines competency assessments before they were expected to support people with taking their medicines. Staff we spoke with told us about the training they received and felt it was sufficient to enable them to support people safely.

Good

Is the service effective?

Our findings

Most people who used the service felt that staff were sufficiently skilled to meet their needs and spoke positively about the care and support they received from the care staff. But some people felt that the service they received was variable in quality and at times were very unhappy about late and missed visits. Comments we received included, "There were initial problems with time keeping when they [the staff] were coming from Harlow but now they are based in Colchester it is OK." Another person told us, "The staff are fine once they get here." One person's relative told us, "There have been hiccups, but I am very happy with the care that my [relative] is receiving."

People were supported by staff who had the knowledge and skills required to meet their needs. Staff records showed staff were up to date with their essential training in topics such as moving and handling and medication. The training plan documented when training had been completed and when it would expire. This enabled the manager to be aware when refresher training was needed.

On speaking with staff we found them to be knowledgeable and skilled in their role. We were told the service offers qualifications in care to its staff, such as National Vocational Qualifications in social care. This meant people were cared for by skilled staff trained to meet their care needs.

A package of training was given to staff as part of their induction; records showed that training was intensively given over three days. Although this practice in not unique to this service, it may be considered that staff may find it difficult retaining information given in this way. However, the staff we spoke with told us that they were comfortable with this style of training which was given in a face to face format provided by an independent training organisation.

In the short time that the service had been operating staff had regular supervisions and the manager planned to offer an annual appraisal. Staff met regularly with their manager in the office or talked on the phone to receive support and guidance about their work and to discuss training and development needs. Staff also received spot checks when working in a person's home. This was to ensure that the quality of care being delivered was in line with best practice and reflected the person's care plan. Staff said they found these supervision meeting to be beneficial.

Care staff had the knowledge and basic understanding of the Mental Capacity Act (MCA) because they had received training in this area. People were given choices in the way they wanted to be cared for. If it was apparent that people did not have the capacity to make specific decisions around their care, the service involved their family or other healthcare professionals to make a decision in their 'best interest' as required by the Mental Capacity Act 2005. A best interest meeting considers both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and keep them safe.

Staff told us how people were given choices on how they would like to be cared for on a day to day basis and that they would always ask permission before starting a task. A staff member told us, "I make sure people are happy for me to help them before I start."

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes was minimal, with family members preparing the food in advance or providing frozen meals. Staff were mainly required to reheat and ensure meals were accessible to people. Staff told us that they encouraged people to eat and drink and left drinks and snacks out for them if they needed them. If staff had any concerns about people not eating or drinking enough they reported back to the office staff or let their family know so that action could be taken to ensure people got enough to eat. People's nutritional preferences were detailed in their care plans and staff told us that they checked with people what they wanted to be prepared for their meals.

People told us that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed.

The manager told us that if it was thought that someone was struggling to maintain their health or needed advice and support they would contact their doctor or social worker on the person's behalf.

Good

Is the service caring?

Our findings

People told us the staff were caring and listened to their opinions and choices. One person told us "[the staff] are good people, they [the provider] are having staffing problems at the moment, but my carers do a good job." Another said "They [the care staff] speak to me in a nice way, I have no complaints about them."

One person's relative told us, "They [the care staff] are OK, my [relative] is well cared for. There have been problems when I try to contact the office, but I get through in the end."

People were involved in decisions about their care and support at the initial assessment stage and when the care plans were produced and reviewed. People were asked to sign their care plan to indicate that they have read and agreed with the information contained. People were telephoned by the office staff to check that they were happy with the service they received and their care staff, which gave them an opportunity to express their opinions and ideas regarding the service. The service had only been operating for four months, but intended to send out an annual survey form to all the people who used their service and their relatives and staff. The manager, who was also the provider, told us that they wanted to give people the opportunity to voice their opinions and concerns about the service they receive and would take their response seriously and take whatever action they needed to rectify concerns or difficulties.

Staff were aware of the need to respect people's privacy and maintain their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care where possible, but ensured they were nearby to maintain the person's safety. Staff all spoke about how they promoted people's independence. Care plans had prompts to staff to give people an opportunity to make choices and make decisions about the care they received. Staff told us how they assisted people to remain independent and said if they wanted to do things for themselves, then their job was to ensure that happened. One person told us, "They [the staff] make sure I am covered up and don't embarrass me."

We observed staff in the office speaking to people on the telephone in a polite and courteous manner. Staff were patient and took time to let the person speak and discuss any issues they may have. The office staff were as familiar with people's needs as the staff who delivered care. All the staff we spoke with, including the management, office and care staff, referred to people in a respectful and caring way.

Good

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which helped them to provide a personalised service.

Comments from people included, "If I need something done, they do it." One person's relative told us, "My [relative] likes the staff that come into them, they get on well."

The manager was aware that if people needed extra support during a visit, this can cause staff to be late for their next call. They encouraged staff to call into the office if they were running late so the office could warn the next person. They told us that they tried to ensure staff had sufficient time to travel in between calls. However, the manager acknowledged that some people's visits had been affected by their problems in getting staff to cover the new contract area and had taken action to cancel the new contract.

People have their individual needs assessed and reviewed. Senior staff visited people, and their relative if possible, in their own home or at the hospital to carry out an assessments to identify their support needs. Care plans were developed outlining how these needs were to be met. The care records were easy to access, clear and gave descriptions of people's needs and the care staff should give to meet those needs. Staff completed daily records of the care and support that had been given to people. Those we saw detailed task based activities such as assistance with personal care and moving and handling. In one care plan the person's stated preference for contacting the doctor was recorded and in another person's care plan it detailed their health needs and told the staff what action they needed to take if they needed support.

Care plans were detailed enough for a carer to understand fully how to deliver care to the satisfaction of the people they supported. The outcomes for people included supporting and encouraging independence to enable them to remain in their own homes for as long as possible. Staff we spoke with told us how they promoted independence. Allowing people time to wash themselves and not insisting on doing it for them for speed for example. This is a new service, the manager told us that they intended to carry out regular formal reviews of the care plans with the people who use the service as well as when people's needs change. Staff told us they informed the manager if they felt a person needed more support. One staff member told us, "It started to take longer and longer to help one person, they needed more intensive help. So I spoke to [the manager] and she arranged for us to spend more time with them."

The manager told us that as far as possible people received support from the same regular staff or small group of staff, which would give continuity of care to people and This meant people would get to know their carers and would not have to keep telling staff what they wanted and how it should be done. People we spoke with told us that this was important to them.

People and the relatives we spoke with were aware of how to make a complaint and all felt they would have no problem raising any issues. One person said, "I know there have been problems, but the staff I see every day I can't fault." Another person, who we asked if they had ever made a complaint, told us, "I know who to talk to and they look at my problems without me making a complaint." People told us that they were given a copy of the complaints procedure when they started using the service and it was explained to them. This meant that the complaints procedure and policy were accessible for people. We saw that complaints made were recorded and addressed in line with the services policy. Complaints had been recorded with details of action taken and the outcome.

Requires improvement

Is the service well-led?

Our findings

Heritage Staffing Services was not a well-led service. People told us that the management of the service seemed hit and miss. One person told us "If I need to contact people in the office or if I want to speak with the manager it can take a few calls before I get an answer." People told us that when they spoke with the manager, they found them to be knowledgeable and professional. They also told us that when the service first opened, the office staff always took time to talk to them and tried to give them the help they wanted in the way they wanted it, but that things had changed more recently.

We found that poor management decisions taken by the manager had disrupted the service they were providing, which meant that the quality of the service people received suffered in many ways.

In an effort to build up the organisation the manager, who was also the provider, applied for and won a contract to supply a service to people who lived outside their immediate area. When an arrangement with a staffing agency to supply staff in the new area failed to come to fruition it meant that existing staff would have to travel long distances to support the new people. These staff members were put under stress because the manager could not employ new staff in the new area, which meant that they were stretched .This lead to staff arriving late and missing calls.

To help alleviate the problem the senior office based staff, including the manager, started doing some of the care visits which meant that the office was not always manned. This meant that the service people received suffered and resulted in unanswered phone calls, meaning that people were not always able to contact the manager or office staff if they had an enquiry or needed to change plans.

The manager and senior staff taking part in care tasks also led to administrate tasks beginning to slip and the service became disorganised. Staff supervision sessions were missed. The manager told us that quality audit systems designed to enable the manager to evaluate and improve the quality of the service provided were not put in place. The manager had planned to get these systems going as the service grew, but the crisis instigated by taking on the new contract had delayed their implementation.

Feedback from people and relatives had been sought by telephone just after the beginning of their service and regularly afterwards. The recorded comments showed that people were satisfied with the service they received and if they needed things to change action had been taken to accommodate them. However, this was another of the areas that suffered when the new contract was acquired and the amount of calls that took place had dropped.

When the service consisted of a small staff team and a small client group, the manager directed staff verbally as to who they would support without the need of a rota and had not developed a rota as the service grew. However, it is required that the service maintains accurate, complete records in respect of each person and the staff that support them. The manager told us that they had invested in an electronic rota system by had not implemented it at the time of our inspection.

The above examples show that the provider's poor judgement led to poor practice and disruption of the service and the quality of service people received. This is a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider recognised that they had made a mistake in taking on this contract and took action to rectify the matter. The manager had given the placing organisation the required notice that they did not want to keep the contract. So the service will no longer be supporting people out of the geographical area for which they can provide staff.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider's poor judgement led to poor practice and disruption of the service and the quality of the service people received.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The registered person failed to ensure that there were sufficient staff to maintain adequate staffing levels to make sure that people received a timely service and did not experience missed calls.