

Heather Healthcare Services Ltd

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Inspection report

46 South Crescent
Duckmanton
Chesterfield
Derbyshire
S44 5EH

Tel: 07588726891

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an announced inspection of the service on 21 August 2018. Heather Healthcare Services Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It currently provides a service to older adults. All of the people using Heather Healthcare Services Ltd at the time of the inspection received 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.

Although the service had been registered with the CQC for 11 months at the time of the inspection, regulated activity had only been provided for people for three months. We considered this when assessing the service against the fundamental standards.

There was a registered manager in post at the time of our inspection. 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.

At the time of the inspection, five people received some element of support with their personal care. This is the service's first inspection under its current registration.

People felt safe when staff supported them in their homes. Staff understood how to protect people from avoidable harm. People told us their calls were on time and they received support from the staff they expected at each call. Robust staff recruitment procedures were in place. People's medicines were managed safely. People told us staff ensured the risk of the spread of infection was managed appropriately by staff. The provider had processes in place to investigate accidents and incidents and to learn from mistakes.

People's care records did not always reflect current legislation and best practice guidelines. People were confident that staff understood what care they needed and supported them effectively. Staff were well trained and their professional development and performance was closely monitored. People were supported with their meals where needed. Other health and social care agencies were involved where further support was needed for people.

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

People liked the staff and felt comfortable when they were in their home. People felt staff treated them with dignity and respect and staff spoke compassionately about the people they cared for. People's independence was encouraged and people were able to contribute to decisions about their care. Advocacy information was made available for people if they needed support with making decisions.

People were assessed before joining the service to ensure their needs could be met. People's care records contained information about their personal preferences and we noted care was provided in line with people's choices. The registered manager had ensured people's diverse needs were discussed with them prior to care commencing. No formal complaints had been received but processes were in place to ensure they were responded to appropriately. Efforts had been made to discuss end of life care with people and staff training in this area was due to commence.

People and staff welcomed the friendly, open and caring approach of the registered manager. People and staff's views about how to improve and develop the service were welcomed and acted on. People told us they would recommend the service to others. The registered manager understood the requirements of their role and carried out their role in line with their registration with the CQC. Auditing processes were in place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe with the staff and staff understood how to protect them from avoidable harm. Risks to people's safety were assessed and acted on. People told us their calls were on time and carried out by consistent staff. Robust staff recruitment procedures were in place. People's medicines were managed safely. Appropriate measures were in place to reduce the risk of the spread of infection. The provider had processes in place to investigate accidents and incidents and to learn from mistakes.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People's care records did not always reflect current legislation and best practice guidelines. People felt staff knew how to support them. Staff were well trained and the performance was monitored. People were supported with their meals where needed. Other health and social care agencies were involved where further support was needed for people. People were supported to make decisions for themselves.

Is the service caring?

Good ●

The service was caring.

People felt staff were kind and caring and they were treated with dignity and respect. People's independence was encouraged and people were able to contribute to decisions about their care. Advocacy information was made available for people if they needed support with making decisions.

Is the service responsive?

Good ●

The service was responsive.

People's health needs were assessed before joining the service. Formal complaints had not been received, but processes were in place to ensure they would be responded to appropriately. People's diverse needs were discussed with them and respected.

Efforts had been made to discuss end of life care with people.

Is the service well-led?

Good ●

The service was well led.

The registered manager carried out their role in line with their registration with the CQC. Staff respected the registered manager and felt valued. People and staff were given the opportunity comment on how the service could be developed and improved. Auditing processes were in place.

Heather Healthcare Services Ltd

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced comprehensive inspection took place on 21 August 2018. We gave the service 48 hours' notice of the inspection visit because, due to the size of the service; we needed to be sure the registered manager would be available.

Before the inspection, we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed other information we held about the service. We also contacted council commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.

The inspection was carried out by one inspector. During the inspection, we spoke with three members of the care staff, and the registered manager. After the inspection we spoke with three of five people who used the service.

We looked at records relating to all five people who used the service as well as staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

We asked the registered manager to send us copies of various policies and procedures after the inspection.

They did this within the requested timeframe.

Is the service safe?

Our findings

People felt safe when staff supported them in their home. One person said, "Oh I feel safe, they help me in the shower and with walking, no problems at all." Another person said, "Absolutely, they make me safe, no issues whatsoever."

People were supported to reduce the risk to their safety by being advised who to contact in an emergency. This included local health and social care agencies as well as a person from the service if they wished to speak with someone outside of office hours. Records also showed that unnecessary restrictions were not placed on people's freedom. People were able to take risks if they wished to. For example, a person who had full capacity to make their own decisions had been advised that due to their deteriorating mobility it was not advisable for them to attempt to shower without staff support. The person had stated they still wished to do this alone. The staff had ensured the person understood the risks but did not try to restrict the person. This meant the person was free to lead their life as they wished.

Staff understood how to protect people from the risk of avoidable harm and abuse. Staff had received safeguarding adults training and could explain how they would report concerns if needed. This was in accordance with the provider's safeguarding policy. At the time of the inspection, no allegations of abuse had been made that needed to be reported to the CQC and the local authority safeguarding team. However, the registered manager was aware of their responsibilities to do so if needed.

Risk assessments were in place to address any risk to people's safety. Assessments included moving and handling people safely and their home environment. We did note that there were not currently personal emergency evacuation plans to assist staff with supporting people with leaving their home in an emergency. After the inspection, the registered manager sent us copies of plans they had now put in place. These took into account people's mental and physical health and provided sufficient guidance for staff to follow. As people had only been receiving personal care services from this provider for up to three months, there had not yet been a formal review of all risk assessments. However, the registered manager had the processes in place to commence these reviews when needed, which would ensure people continued to receive safe care.

People told us staff were punctual and completed all tasks when in their home. One person said, "They are never later, I've never had to chase them." Another person said, "They are always on time, they do everything I ask of them." Staff told us they had enough time between calls to ensure they arrived on time. They also confirmed they were able to complete all tasks as agreed.

The registered manager had a call monitoring system in place which enabled them to instantly see via their office computer system when staff arrived and how long they stayed at each call. If a staff member was late, they were alerted and they then contacted the person to let them know when the staff member was due to arrive. The records we looked at for the past month showed staff arrived on time for almost all calls and stayed for the agreed length of time, or in some cases longer, for each call. This contributed to people feeling reassured and safe with the staff who visited them.

Robust recruitment procedures were in place that ensured people were protected from unsuitable staff. Checks were carried out on staff member's identity, their work history and references and whether they had a criminal record that would prohibit them from working with vulnerable people. We noted when any issues had been identified during the recruitment process; these were discussed with staff prior to them commencing supporting people. Staff did not visit people's homes until the results of their criminal record check had been received, with no concerns that could affect their suitability to work. These processes contributed to keeping people safe.

All of the people who used the service administered their own medicines. Three people required either prompting and/or supervision from staff to ensure they took their medicines. One person who required staff to supervise them to do this told us, "I can do it myself when I need to, but when I have them there it offers that little bit of reassurance."

We noted medicine administration records (MAR) were used to record any activity the staff took part in in relation to supporting people with their medicines, even if this was just to remind a person to take their medicines. The three MARs that we looked at were thoroughly completed. The MARs were returned to the registered manager every month to enable them to be audited. We noted the audits were completed by the registered manager, which enabled them to identify if any errors had been made. This enabled them to address any concerns with staff performance before they affected the people they supported. To date, there had been no medicine errors. This ensured people continued to receive their medicines in their preferred way.

People told us staff did all they could to reduce the risk of the spread of infection. One person said, "They are all clean and tidy and never leave my house a mess. They wipe up after themselves. They seem to know what they are doing." Staff had received infection control training and had a plentiful supply of personal protective equipment. This included aprons and gloves that assisted them in reducing this risk.

As the service had only been providing the regulated activity of personal care for three months, there had not yet been any accidents or incidents that required investigation. However, the registered manager showed us the process they would follow if an accident or incident did occur. The paperwork was comprehensive and ensured the registered manager was able to follow up on any agreed actions. The registered manager was also aware of the requirement to notify the CQC of serious injuries that people had experienced. These processes would ensure that the risks to people's safety were reduced by thorough investigation and analysis of accidents and incidents.

Is the service effective?

Our findings

The registered manager had carried out an initial assessment of people's health and care needs prior to them starting to use the service. Once their needs had been established, care plans were put in place to guide staff with how to support people. This included supporting people with their medicines, personal care and mobility. However, we did note having reviewed the care records for all five people that not all people's physical and mental health needs were considered to ensure they were provided in line with current legislation and best practice guidelines. For example, one person's records stated they were a Type 1 diabetic, which meant they needed an insulin injection each day. For people with Type 1 diabetes it is possible that they could experience a seizure when their blood sugar was either too low or too high. Whilst reference had been made in this person's care record about diabetes, there lacked guidance for staff for how to support the person if they experienced a seizure.

We also noted other health conditions had not yet been fully referenced in people's care records. This included people with arthritis, high blood pressure and 'heart problems'. The registered manager told us they were confident that people's day to day health needs were met appropriately. However, they did acknowledge that more work was needed to ensure people's long term health conditions were appropriately referred to in care planning and where required, include nationally recognised guidelines and information in relation to known conditions. They told us they would address this immediately.

People told us staff understood how to support them and they felt comfortable when staff provided care for them. One person said, "They know exactly what I need, they seem well trained and know how to support me." Another person said, "I have no concerns at all about how any of the staff help me. They are wonderful."

Records showed staff received an induction and on-going and wide ranging training that the provider had deemed necessary for them to carry out their role effectively. This included safeguarding of adults, infection control, moving and handling and the Mental Capacity Act.

Staff were encouraged to complete professionally recognised qualifications such as diplomas in adult social care and the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. Staff felt supported by the registered manager and felt they had the skills needed to supported people effectively. One staff member said, "I know what I need to do each day. I have the training and I have the time to get to know people." Another staff member told us they had completed the Care Certificate and found it useful in the role. We noted that although the service had only been providing personal care for up to three months, staff had already received supervision or a spot check on their performance. The registered manager said, "We may have only just started, but I want to get things right from the start and staff performance and people's experiences are key to that." The regular training and continued development of staff ensured people continued to receive safe and effective care and support

The support people needed with their meals was minimal as either they or their family members prepared their food and drink. One person we spoke with did tell us the staff helped them to prepare meals and they welcomed the support. Their care records contained guidance for staff on how to support this person in the way they wanted.

Records showed the registered manager and the care staff were aware of which health and social care agencies to contact to ensure that people continued to receive care and treatment for their current and changing health and social care needs. People's records showed that when needed, staff had supported people with arranging visits to their GP or healthcare agencies. Due to the limited time the service has been operating, effective relationships with other health and social care agencies had not yet been fully formed. However, the registered manager told us they had been in contact with a number of local health and social care agencies to advise them who they were, what services the company provided and how they would like to work with them in the future.

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. We found they were. All of the people currently using the service were able to make decisions for themselves. However, the registered manager had the processes in place to support people who needed additional support to make decisions. Mental capacity assessment and best interest paperwork were in place, and all staff had completed MCA training. The registered manager could explain how they would support people currently using the service if it became apparent that they were unable to make decisions later on in their life. This ensured people rights continued to be protected.

Is the service caring?

Our findings

People told us they liked the staff, found them to be kind and caring and they enjoyed their company. One person said, "The staff are like angels."

Staff spoke respectfully and with kindness and compassion about the people, they supported. One staff member described visiting people as "like visiting family members." Another staff member said, "I do this job because I care, although I don't actually see it as work, I just do what people want and enjoy helping them."

People told us they felt staff treated them with respect and dignity at all times. One person said, "They always ask what support I need when I have a shower or a wash, they then make sure I'm covered. They are very gentle." Staff were able to explain how they ensured they treated people with dignity during personal care. Covering people with towels and ensuring doors and curtains were closed were some of the examples given.

People told us their care plans reflected their current needs and were written with their and/or their relative's involvement. People knew they had a care plan and felt able to raise any issues with their care if they needed to. One person told us they had recently requested a change to the care provided and they were listened to and the change was made immediately. This made them feel respected and that their views mattered. All people could make decisions for themselves; however, information was available if people wished to consult an independent advocate. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. At the time of the inspection, no advocates were being used.

People's independence was encouraged wherever possible. The people we spoke with told us they were supported by staff to make meals and manage their own personal care and wherever possible, staff encouraged people to take control. People had care plans in place that contained guidance for staff on the support people needed to carry out daily living tasks independently of staff.

Staff had received equality and diversity training and the registered manager had ensured that people's religious beliefs, cultural background and preferences were taken into account when care was planned for them. This helped to ensure people were not discriminated against because of their diverse needs and choices.

People's care records were stored securely in the provider's office. This ensured people's personal data could not be accessed by unauthorised personnel. The registered manager told us they had the processes in place that ensured all records were managed in line with the Data Protection Act and The General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union.

Is the service responsive?

Our findings

Prior to people using the service, detailed assessments of the care and support they would need were carried out to ensure that the service could meet their needs. Once this was agreed care plans were put in place which included the care people needed and also included people's day to day personal preferences. This included the times they wanted their calls and what support they wanted from staff including with personal care and domestic tasks. We reviewed people's daily records and found care was provided in line with people's preferences.

Although the service had been registered for eleven months at the time of the inspection, care had only been provided for people for three months. However, during this time we noted reviews had been carried out to ensure that people were still receiving the care they wanted and needed. All of the people we spoke with told us they received regular calls and visits from the registered manager and other staff to discuss their needs. The registered manager told us, "We may only be a small company that has just started, but if we get the personal touches right now, it will help us to grow in the future."

The registered manager had a good understanding of the Accessible Information Standard (AIS). The AIS is a law that requires that provisions be made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand. They told us they had already considered providing people with information in different formats such as braille and larger fonts to ensure that information was accessible for all. They told us at the moment people did not require this; however, they were putting processes in place to ensure when new people joined the service these options were available to them if needed. This is important to ensure that people are empowered, treated fairly and without discrimination.

People told us they had not made any formal complaints but they felt if they did they would be acted on appropriately. Records showed no formal complaints had been received; however, the appropriate processes were in place that ensured complaints would be responded to in line with the provider's complaints policy.

End of life care was not currently provided at this service. Efforts had been made to discuss the care people wanted when they neared the end of their life although this had not translated into detailed end of life care plans. The registered manager told us they would remind people in reviews of their care that the option to discuss this was always open to them. The registered manager told us they had established links with a local hospice and end of life training was booked for their staff. They expected this additional training and support from the hospice would provide staff with the skills needed to support people at the end of their life.

Is the service well-led?

Our findings

People told us they were happy with the overall service they received and would recommend this service to others. One person said, "You can't fault them. They have really helped me." Another person said, "I would tell others about them, yes."

People were regularly asked about their views of the quality of the care they received and whether any improvements could be made. Whilst service provision was still in its infancy it was clear the views of the few people who currently received care and support were used to help continually improve and develop the service. The registered manager was keen for the service to grow and explained that people were, "always at the heart of everything we do here."

People spoke positively about the registered manager and welcomed their personal and caring approach. One person said, "[Name of staff member] is absolutely fantastic, they are very kind and very nice to speak to. I feel really comfortable with them." Staff also praised the registered manager and felt able to raise any concerns they had about their own personal matters and those affecting the people they supported. Staff felt valued and respected and all told us they felt able to contribute to the development of the service.

The registered manager was aware of their responsibilities to ensure the CQC were always informed of all notifiable events that occurred at the service. These can include when a person had experienced a serious injury or if an allegation of abuse had been made against staff. This ensured there was an open and transparent approach to providing people with high quality care and support.

Quality assurance systems were in place, however due to the length of time the service has been providing care for people it was difficult to assess their effectiveness and sustainability. However, it was clear that registered manager was well informed and had the necessary skills required to manage the service. They ensured care plans were reviewed, risk assessments were in place and staff completed their training and had their performance assessed as needed. The registered manager was confident the service would continue to expand and provide high quality care to more people.