

DCS&D Limited

# Heritage Healthcare North East

## Inspection report

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23 August 2019  
20 September 2019

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23 October 2019

## 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

### About the service

Heritage Healthcare is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to younger and older adults. At the time of inspection 120 people were using the service.

Not everyone who used the service 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

People told us they felt safe and were well-supported. There were sufficient staff hours available to meet people's needs in a safe and consistent way, and staff roles were flexible to allow this. Staff had received training about safeguarding and knew how to respond to any allegation of abuse.

Systems were in place for people to receive their medicines in a safe way. Risk assessments were in place and they accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks.

Staff had a good understanding and knowledge of people's care and support needs. They received the training they needed and were well-supported. The service assisted people, where required, in meeting their health care and nutritional needs.

People were positive about the care and support they received from care workers. Staff had developed good relationships with people, were caring in their approach and treated people with respect.

Improvements were required to some systems to ensure that care was person-centred and that people were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were some opportunities for people, relatives and staff to give their views about the service. The provider undertook a range of audits to check on the quality of care provided. We advised that more regular consultation with people would give them the opportunity to feedback to ensure person-centred care was being provided.

People and staff said improvements were required to communication. Processes were in place to manage and respond to complaints and concerns.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 18 August 2018).

#### 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 well-led.

Details are in our well-led findings below.

Good ●

# Heritage Healthcare North East

## **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 carried out by an inspector and an Expert-by Experience who carried out telephone interviews. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service for older people.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they 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 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 16 August and ended on 24 September. We visited the office location on 16 August 2019.

#### 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 the provider, a director, registered manager, senior care co-ordinator and a co-ordinator. We reviewed a range of records. This included six people's care records and five medicines records. We looked at three staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

After the site visit we tried to contact 69 people who used the service. We spoke with eight people and 12 relatives of people who used the service. We spoke with one care co-ordinator and 11 support workers. We looked at training data and quality assurance records.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- There were sufficient staff to support people. Relatives and staff confirmed there were enough staff to support people safely and to ensure people's needs could be met. A relative said, "We are so pleased [Name] is safe and someone is taking care of them all the time" and "Where my relative needs two care workers they do turn up."
- Not all relatives and people said staff were reliable and arrived as arranged. Some said calls were late and they were not informed if their care worker was changed or going to be late. We discussed this with the registered manager who said it would be addressed.
- Staff stayed for their allocated time. A person said, "My care worker is reliable and stays the full amount of time, if they finish early we then have a chat, best part of my day" and "I can set my clock by my worker."
- The provider had an ongoing programme of staff recruitment and retention.
- Safe and effective recruitment practices were followed to help ensure only suitable staff were employed. Application forms were completed, references and proof of identification were checked. One of the management team interviewed prospective staff. We discussed that two staff members on the panel promoted equal opportunities and safeguarded people. The registered manager told us two people were usually on the interview panel.

### Systems and processes to safeguard people from the risk of abuse

- People were cared for safely. Systems were in place for people to be protected from the risk of abuse. People and relatives told us people felt safe with staff support and trusted staff. One relative commented, "They [staff] are really nice and haven't given me or [Name] a reason not to trust them."
- Staff were trained in how to safeguard people.
- Staff were aware of the signs of abuse and how to report safeguarding concerns. The registered manager was aware of their duty to raise or report any safeguarding incidents to ensure people were kept safe.

### Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were identified and managed. Measures were put in place to remove or reduce the risks.
- Risk assessments included environmental risks and any risks due to the health and support needs of the person. People's individual circumstances were recorded in each risk assessment and staff were given the guidance how to protect them from harm. A staff member said, "I feel safe supporting people if I'm working late, we get a telephone call because of the electronic alert system."
- The provider helped ensure people received support in the event of an emergency. An on-call service was available when the office was closed. The registered manager told us the system was being reviewed since

the agency had expanded. A relative told us, "We were given all the details about telephone numbers and how to contact the office."

#### Using medicines safely

- Systems were in place for people to receive their medicines safely. A relative commented, "My relative takes their own medicines from the pack but the care worker prompts them before meals."
- At the last inspection we had made a recommendation about following best practice guidance for the recording of medicines as there had been gaps in the recording on people's medicines records.
- At this inspection we checked and there were no gaps in recording in medicines records we looked at. The registered manager told us medicines records were checked regularly as part of quality assurance.
- Staff received regular medicines training and systems were in place to assess their competencies.

#### Preventing and controlling infection

- Staff received training in infection control to make them aware of best practice.
- Gloves and aprons were available to staff to reduce the risks of infections spreading. Most people confirmed staff used the aprons and gloves. However, one person commented, "Most of the time the staff use gloves and aprons when they need to but have noticed not always." We discussed this with the registered manager who told us it would be addressed and was checked as part of quality assurance.

#### Learning lessons when things go wrong

- People were supported safely and any incidents were recorded and monitored.
- Accident and incident reports were analysed, enabling any safety concerns to be acted on.
- Safety issues were discussed with staff to raise awareness of complying with standards and safe working practices.



# 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.

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.

- No one was subject to any restrictions under the MCA.
- Staff had received training about the MCA.
- Records showed people's capacity to consent to various aspect of care or treatment had been assessed. Where people no longer had capacity to consent records showed who was responsible for decision making with regard to care, welfare and finances, when formal arrangements had been made with the Court of Protection.
- People told us they only received care and support with their consent. One person told us, "Staff explain what they are going to do before they do it and check I'm okay with that."

Staff support: induction, training, skills and experience

- Staff followed a comprehensive training programme to develop their knowledge and skills. One staff member told us, "There's plenty of training and if you're interested in other courses you ask management and they'll sort it for you."
- New staff completed a comprehensive induction, including the Care Certificate and worked with experienced staff members to learn about their role. A staff member said, "I've been doing the Care Certificate and I shadowed other staff for two weeks as part of my induction."
- Staff received regular supervision and appraisal. A staff member commented, "I definitely feel supported. We have supervision meetings every two or three months."

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

- Before people received care a detailed assessment took place to check if people's needs could be met.
- Assessments included information about people's medical conditions, eating and drinking requirements and other aspects of their daily lives.
- Care plans were developed for each identified care need and staff had guidance on how to meet those needs.
- People received their support in accordance with current best practice guidelines. The management team kept themselves up-to-date with changes and made sure this was reflected in care provision.

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

- People were supported with their food and drink where needed. One person said, "My care worker cooks something for me and I can get a snack."
- Care plans described people's eating and drinking needs and food likes and dislikes.
- Staff followed guidance provided by healthcare professionals for any specialist nutritional needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed there were care plans in place to promote and support people's health and well-being.
- Where people did sometimes need assistance, staff contacted the office staff to alert a health care professional or family member if they had concerns.
- The service worked alongside local community and medical services to support people and maintain their health.
- Staff made sure people were supported, if needed, by arranging assessments for specialist equipment that might enhance their lives, such as specialist beds or mattresses.

# 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 were provided with kind and compassionate care. People and their relatives were all very positive about the care provided. Their comments included, "My care workers are so kind and I regard them as friends now" and "When time allows the care workers that visit sit and keep my relative company which is wonderful."
- Several compliments had been received about the care and support provided. We heard examples of where staff had gone the "extra mile." For instance, when a care worker supported a person at a relative's wedding and the support that was provided to families when people were receiving end-of-life care and after their loved one had died.
- Some people and relatives said they were not introduced to staff before they started working with them and they were not supported by the same staff on a regular basis. Their comments included, "The whole point of a rota is to let the person know who is coming but it isn't always the staff named on the rota" and "I can cope with changes in staff but I bet some people find it hard" and "I get different staff and the office doesn't let me know." We discussed this with staff and some told us they worked with the same people. We discussed people's feedback with the registered manager so it could be investigated and addressed.
- Staff received training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs.

Respecting and promoting people's privacy, dignity and independence

- People, or their relative's, told us people's privacy and dignity were respected. A relative told us, "The care workers understand the need for privacy and avoiding any awkward moments, so they ask me to make myself scarce when they are delivering personal care." People's requests for gender of care worker providing support was captured at the start of service provision.
- Records contained information that was respectful and promoted people's dignity and provided some details about people's routine to provide individual care and support. They also contained information about what was important to the person.
- Staff supported people to be independent. People were encouraged to do as much as they could for themselves and positive risk taking was encouraged. For example, a care plan for a person who liked to go out on their own stated, "To help keep me safe ensure I have my handbag as this has my tracker inside and also my house key. At each visit document what I am wearing."

# 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's care and support needs were assessed and planned in partnership with them and their relative.
- Care was mostly flexible and responsive to people's individual needs. It was delivered by staff who knew people well. A relative commented, "For my relative the flexibility and understanding of all the staff at Heritage has been exceptional. Care workers at an hour's notice, changes in timetable, nothing too much trouble."
- Staff completed a daily electronic record for each person to monitor their health and well-being. A paper copy was no longer available in the person's home to keep people and relative's informed. One relative told us, "I don't know much about the care plan, I know staff add to their daily notes on their telephone." The registered manager told us people and relatives could have a password to access the system. However, we considered people and relatives should be asked if they wanted a paper copy of the daily notes in their home, so they could have an oversight of the care and support provided by staff each day as they wished.
- People, relatives and other appropriate professionals were fully involved in planning how staff would provide care. One person commented, "I have had a care plan review but didn't think how things had changed, maybe I should."
- Care plans took account of people's likes, dislikes and preferences. Care plans provided guidance so staff had information about how to support the person, in the way they wanted and needed if they were unable to inform staff.

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.

- Information was accessible and made available in a way to promote the involvement of the person.
- The registered manager was aware of the accessible communication standards and told us of ways in which the service was meeting the standards. Information could be made available in an accessible format depending upon people's needs.
- Information was available in people's care records about how they communicated.

End-of-life care and support

- Information was available about the end-of-life wishes of people.
- Relevant people were involved in decisions about a person's end-of-life care choices when they could no longer make the decision for themselves.

- No one was receiving this care at the time of inspection.

Improving care quality in response to complaints or concerns

- A complaints policy was available. Complaints received were investigated and resolved. A relative told us, "Why would we complain when all that is needed is a quick chat to resolve most things."

# 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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had expanded and covered a larger geographical area. The registered manager had a good oversight of what was happening in the service. We had received some information of concern after the site visit about the effectiveness of the on-call system since the service had expanded. The on-call protocol showed the arrangements and back up available when support was required. No feedback from people or staff suggested there had been an issue and going forward the on-call system was to be strengthened to provide back up if the first line of call was busy.
- People and relatives were positive about the direct service provision. Most arrangements were in place to ensure people were central to the processes of care planning, assessment and delivery of care. Care plans were person-centred to ensure people received individualised care and support. Some improvements were required to systems to ensure people were kept informed about changes to staff and when calls were late.
- People and staff told us communication was effective between care workers and people but communication was not so good with office staff. People's comments included, "I would recommend the care staff but the office staff let the agency down, they need to be more responsive" and "Messages are not passed on from the office about lateness or changes to staff." We discussed this with the registered manager who was going to investigate and address.
- A motivated and enthusiastic staff team was in place, led by a motivated management team that worked together to follow best practice and achieve good outcomes for people who were referred to the service. A staff recognition scheme was in place to recognise staff that worked for the organisation and for the number of years that they had worked at the service.

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

- People and staff told us the registered manager and management team were very approachable. One person commented, "I can't fault them."
- There was a positive culture where staff and management took pride in the care and support that they provided.
- The registered manager worked well to ensure the effective day-to-day running of the service and had clear arrangements in place to cover any staff absences.
- Spot checks took place to gather people's views and to observe staff supporting people. However, some people commented, "I would like to see the manager or their seniors out and about so that we get to know them and talk to them about any little niggles" and "Monitoring visits would be useful for staff and people,

these used to happen but not recently." We discussed with the registered manager about more regular spot checks in order to gather people's feedback about the service provided so any issues could be addressed in a more timely way. This was actioned immediately after the inspection.

- Regular audits were completed to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of weekly, monthly, and quarterly checks. All audits and checks fed into a continuous improvement plan identified through monitoring in line with CQC's regulatory framework and performance standards, the Key Lines of Enquiry [KLOE].

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff meetings were held regularly. Meetings provided opportunities for staff to feedback their views and suggestions.
- Staff told us they were listened to and it was a good place to work. One staff member said, "The length of time I have worked here speaks for itself, I wouldn't stay if I didn't like it" and "It's one of the better organisations I've worked for."
- Relatives and people were involved in decisions about care and advocates were also involved where required.
- The provider and staff team were outward looking and had formed links with other organisations such as local charities to gather and share information and also fund raise for some charities such as McMillan Nurses and the local hospice.
- People's and staff awareness was raised through newsletters and websites where they had access to a range of information to increase awareness about some medical conditions such as Parkinson's disease, health and safety, data protection and other relevant topics.

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 aims and objectives of the organisation were discussed with staff when they were employed.
- The management team understood their role and responsibilities to ensure incidents that required notifying were reported to the appropriate authorities if required.
- The registered manager understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong. No incidents had met the criteria for duty of candour.

Continuous learning and improving care; Working in partnership with others

- There was an ethos of continual improvement and keeping up-to-date with best-practice in the service. There was a programme of ongoing staff training to ensure staff were skilled and competent.
- The provider and management team were committed to developing their leadership skills and those of the staff. There were opportunities for career progression and personal development. Staff received training appropriate to their role. For instance, senior staff studied for management qualifications.
- Records showed that staff communicated effectively with a range of health professionals to ensure that the person's needs were considered and understood so that they could access the support they needed.
- The management team and staff were enthusiastic and committed to further improving the service for the benefit of people using it.