

Heritage Care Limited

Midlands Domicillary Branch

Inspection report

Office 36, Anglesey Business Centre
Anglesey Road
Burton-on-trent
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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

About the service

Midlands Domiciliary Care is a domiciliary care and supported living agency that provides personal care and support to people living in their own homes. At the time of the inspection, 40 people received a service which included personal care. 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.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People were safely supported by enough numbers of staff who had been employed through the registered manager's safe recruitment processes. Staff received training on safeguarding and knew how to identify and report any concerns. Staff administered people's medicines as prescribed. Risks had been assessed and management plans put in place. We noted that not all risks had been acted upon in a timely manner. We have made a recommendation about this. After the inspection the identified risks were rectified.

People's needs were assessed prior to their service starting. The registered managers assessed people's needs and there was a clear dedication to providing high-quality person-centred care to people, to support people to live in their own homes. Staff worked with healthcare professionals to make sure health needs were met. People were not always supported to have maximum choice and control of their lives. We found that some people had not been adequately protected as applications to the court of protection had not been made on their behalf. However, in day to day matters we found that staff supported people in the least restrictive way possible and in their best interests.

People and relatives thought staff were kind and caring. People's privacy and dignity were promoted and maintained by staff who recognised the importance of treating people respectfully. One relative said, "[The staff] are respectful - when they take [my relative] to the shower I know they put towel around him and get him dressed in his bedroom."

People were involved in their care and were encouraged to share their views and preferences. People had personalised care plans which were regularly reviewed. People were encouraged to be independent, offered choices and their privacy and dignity was maintained. People and relatives were happy with the staff that

supported them.

People, relatives and staff all felt able to approach the registered managers and were positive about their leadership style. Quality monitoring was in place and feedback was sought and used to make improvements to the service. There was a complaints policy in place which people and relatives were aware of.

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

Rating at last inspection

This is the first rating of this service at this location.

Why we inspected

This service was registered with us on February 2019 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Midlands Domicillary 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 carried out by one inspector on the site visit and an assistant inspector telephoned people and their relatives.

Service and service type.

This service provides care and support to people living in 15 supported living settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. This service is also a domiciliary care agency. It provides personal care to people living in their own homes.

The service had two managers 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

This inspection was announced. 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 managers would be in the office to support the inspection.

Inspection activity started on 23 January 2020.

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 Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We checked any statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We also spoke with 14 members of care staff, and two registered managers.

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. We also looked at records of accidents and incidents, complaints and compliments and quality assurance records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and other documents we had asked the provider to send to us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated good.

Assessing risk, safety monitoring and management

- People had risks to their health and well-being assessed and planned for. One person told us, "Yes I feel safe. The carers are okay they are looking after me really nice."
- Relatives told us they felt staff knew people's risks and supported them safely.
- Care records reflected people's risks had been assessed and guidance was available to staff to ensure they acted safely and consistently.
- Risk assessments were in place which had been reviewed when people's needs changed and included information provided by other healthcare professionals about how to keep people safe.
- Staff had a good understanding of how to safeguard people.

Systems and processes to safeguard people from the risk of abuse

- All the people and relatives we spoke with said they felt safe with the service they received.
- Staff had received training in protecting people from harm and knew how to recognise potential signs of abuse and how to raise any concerns for people's safety.
- The registered managers followed the local authority reporting procedure for allegations of abuse or harm where there were concerns for people's safety. They had submitted notifications to CQC which they are required to do by law.

Staffing and recruitment

- Staff had been recruited safely. The registered managers had carried out appropriate checks on staff members to ensure they were safe to work with vulnerable people.

Using medicines safely

- People received their medicines as prescribed.
- People and relatives, we spoke with told us they had no concerns about people receiving their medicines.
- We saw systems used to manage medicines were regularly audited and safe.

Preventing and controlling infection

- Relatives and staff told us gloves and aprons were available for use when needed and infection control procedures were always followed.
- Staff had received training in safe practices to control the risk of infection.

Learning lessons when things go wrong

- Staff understood their responsibility to report incidents and accidents involving people they supported.
- Staff shared examples of occasions when they had contacted senior staff to report concerns. We saw action had then been taken to ensure people were safe and on-going risk was reduced. We noted however in

one instance where management had not identified or acted upon the concern when it was raised. After our inspection the concerns had been dealt with promptly.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- Some people had been assessed as not having the capacity to make decisions about certain aspects of their life. We found that people had not been protected by the registered managers, as they did not have applications made to the court of protection on their behalf. After the inspection the registered managers assured us this had been acted upon.
- The management of Midlands Domiciliary Care were not all able to demonstrate sufficient understanding of their responsibilities under the MCA.
- Staff understood the principles of the Mental Capacity Act and consent was sought from people before providing them with care. Staff had received training in the MCA.

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

- People's physical, mental health and social needs had been holistically assessed in line with recognised best practice. People were involved in this process. One person told us, "Yes - I do speak about my care plan."
- People's gender, culture and religion were considered as part of the assessment process. People were invited to take part in choosing their carer where possible.

Staff support: induction, training, skills and experience

- People felt staff knew them well and had the skills and experience to fulfil their role. One person said, "[The staff] keep on the top of their training, it's all good."
- Staff continued to receive training that helped them support people. A staff member said, "Our training is

very up to date, its excellent."

- The registered managers had an induction process in place. When staff started working, they attended training and shadowed other staff before working on their own.
- Staff completed other necessary training to enable them to carry out their roles well, for example, safeguarding and food hygiene. Training was monitored by the management team to ensure this was kept up to date.

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

- People's dietary needs had been assessed and considered. No one was currently being supported with any specific dietary requirements.
- People were supported to buy food of their own choice and cook it with support. We saw staff had access to information to support people to make wise choices by looking at photographs of certain foods.

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

- Staff worked with other services such as healthcare staff, to ensure people received care which met their changing needs.
- Staff told us they had good communication and contact with local agencies such as GPs and psychiatrists to ensure people had effective care and support.

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

- People had access to healthcare professionals and their health and wellbeing was monitored as needed. Advice given by health professionals was documented and followed by staff.
- When people needed to be referred to health professionals for specific advice and guidance we saw this had been done with the involvement of the person or their representatives.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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 care from staff who developed positive, caring and compassionate relationships with them. People and their relatives were positive about the care they received. One person said, "[The staff] are a really good bunch of people."
- People and their relatives told us staff knew their preferences and cared for them in the way they liked. A relative said, "My [relative] makes every day choices, the staff know him very well. He also knows them very well, they are more like friends."
- When we met with staff they all spoke respectfully and kindly about the people they supported. They gave us several examples of where staff had 'gone the extra mile' such as making sure one person got a very specific Christmas gift they had asked for or visiting people in hospital on their days off.

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

- People, relatives and staff told us how they were supported to make choices regarding their daily life, this included clothing, meals, personal belongings and how people wanted their care to be delivered. One person said, "I make all choices." Another person said, "I'm always happy with the care, they help me do what I want."
- Staff understood people's forms of communication and behaviour and could interpret people's choices. They used communication aids such as photographs and communication boards to enhance this.

Respecting and promoting people's privacy, dignity and independence

Relatives told us staff promoted independence. "They are all very very good with [my relative]. They encourage independence like making a cup of tea, or washing"

- Staff showed genuine concern for people and ensured people's rights were upheld, for example trying to support all people to have access to Wi-Fi if they wanted it.
- Staff and the management told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed when delivering personal care and allowing people space on their own if they so chose.
- People's confidentiality was respected, and people's care records were kept securely.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

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

- Everyone we spoke with told us their care was very individual to them.
- Care plans recorded details about each person's specific needs and how they liked to be supported. Care was personalised to meet the needs of people.
- People were empowered to have as much control and independence as possible, including in developing their care, support plans.
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being.
- Care plans contained instructions for staff members to follow if people were displaying distressed behaviours.

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 registered managers understood their responsibility to comply with the Accessible Information Standard (AIS). Information could be made available in large print or alternative languages if required. Care plans were available in different formats such as large print and easy read.
- Information on people's communication needs was identified in initial assessments and care plans.

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 told us they enjoyed being supported by staff to take part in their chosen activities, one person told us, "Yes I love playing games, like scrabble or sports with the staff." Another person said, "We go out, and we cook."
- Staff spoke with us about how they helped people to celebrate birthdays and other special days throughout the year.
- Relatives told us they were always welcomed by staff when they visited and had positive relationships with staff members.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to provide feedback about their experiences of care and the service

provided a range of accessible ways to do this such as close work with key workers, surveys and meetings with the management.

- People and their relatives knew how to make complaints. One person said, "Yes I've been told how to complain." They felt confident these would be listened to and acted upon in an open and transparent manner.
- The provider had a system in place to manage complaints and the registered managers oversaw any concerns escalated to them by staff. We reviewed complaint records and found they had apologised to people where there were failings and put measures in place to limit reoccurrence.

End of life care and support

- No one using the service was receiving end of life care, however the registered managers informed us staff knew people well enough to be able to put a specific plan together anytime one may be needed.
- We saw an end of life plan that had been completed previously and noted it was person centred and included the persons wishes and preferences.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We found communication between the supported living homes and line management was not always effective. For example, in relation to the maintenance of fire doors and appropriate locks on toilet doors. These concerns had not been identified and rectified in a timely manner. After the inspection the registered managers put actions in place to reduce the risk of recurrence.

We recommend the provider reviews communication methods within the service to reduce the likelihood of these, or similar concerns recurring.

- We noted that a comprehensive quality assurance process was in place which was monitored by the provider. However, this had not been successful in identifying the concerns raised above.
 - The registered managers regularly reviewed the quality of care people received. Various audits were conducted which included care files, medicines records and staff files. We saw action had been taken in these areas where inconsistencies were identified.
- People said the managers were good. One person said, "[The manager] is really good. He keeps telling me if I'm ever not happy about something to tell him. He tells me not to be frightened." Another person said, "It is well managed. The team leader is very good." A relative commented, "They are very very good, [the manager] is doing a grand job."
- Staff told us how they thought the service was well managed, One staff member said, "I worked for another company and this one is much better, its more centred about the people we support."

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

- Through our discussions with the registered managers, it was clear they were aware of and acted in line with the duty of candour. There were records of where the service had apologised when needed. All staff appeared to be open and transparent throughout the inspection process.
- The registered managers understood the majority their role and legal responsibilities, including appropriately notifying CQC about any important events that happened in the service.

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

achieves good outcomes for people

- The provider made sure people's and relative's views about the service were gained. This was done through care reviews and annual questionnaires. The responses had been analysed for trends and the registered managers had dealt with any concerns or issues promptly.
- People and relatives felt the service was well led. One person said, "It is well managed. The team leader is very good."
- Staff meetings were held regularly. This ensured staff were given the opportunity to raise any concerns and for information about the service to be shared. Staff told us they felt supported in their role and found the registered managers helpful and approachable. A staff member said, "I really enjoy [working here], it's rewarding."

Continuous learning and improving care; Working in partnership with others

- The registered managers told us that they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. They attended meetings and information events run by the provider and received regular updates from professional organisations involved in adult social care.
- The registered managers and staff worked in partnership with healthcare professionals and local authorities to ensure people received the support they required.