Keyation Limited

Heritage Healthcare Oxford South

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We undertook an announced inspection of Heritage Healthcare (Oxford) on 19 July 2018. This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults and younger disabled adults. On the day of our inspection 25 people were being supported by the service.

There was a registered manager in post. 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.

We were greeted warmly by staff at the service. The atmosphere was open and friendly.

People told us they benefitted from caring relationships with the staff. There were sufficient staff to meet people's needs and people received their care when they expected. Staffing levels and visit schedules were consistently maintained. The service had safe, robust recruitment processes.

People were safe. Staff understood their responsibilities in relation to protecting people from the risk of harm. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities where concerns were identified.

Where risks to people had been identified risk assessments were in place and action had been taken to manage the risks. Staff were aware of people's needs and followed guidance to keep them safe. People received their medicine as prescribed.

Staff had a good understanding of the Mental Capacity Act (MCA) and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves. The registered manager was knowledgeable about the MCA and how to ensure the rights of people who lacked capacity were protected.

People were treated as individuals by staff committed to respecting people's individual preferences. The service's diversity policy supported this culture. Care plans were person centred and people had been actively involved in developing their support plans.

People told us they were confident they would be listened to and action would be taken if they raised a concern. We saw a complaints policy and procedure was in place. The service had systems to assess the quality of the service provided. Learning was identified and action taken to make improvements which improved people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

Staff spoke positively about the support they received from the registered manager. Staff supervision and meetings were scheduled as were annual appraisals. Staff told us the registered manager was approachable and there was a good level of communication within the service.

People told us the service was friendly, responsive and well managed. People knew the managers and staff and spoke positively about them. The service sought people's views and opinions and acted upon them.

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.

There were sufficient staff deployed to meet people's needs.

People told us they felt safe. Staff knew how to identify and raise concerns.

Risks to people were managed and assessments were in place to manage the risk and keep people safe. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People's needs were assessed and care planned to ensure it met their needs.

People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and understood and applied its principles.

Is the service caring?

Good

The service was caring.

Staff were kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff gave people the time to express their wishes and respected the decisions they made. People were involved in their care.

The service promoted people's independence.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and gave clear guidance for staff on how to support people.

People knew how to raise concerns and were confident action would be taken.

People were treated as individuals and their diverse needs respected.

Is the service well-led?

Good

The service was well- led.

The service had systems in place to monitor the quality of service.

The service shared learning and looked for continuous improvement.

There was a whistle blowing policy in place that was available to staff around the service. Staff knew how to raise concerns.

Heritage Healthcare Oxford South

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.

This inspection took place on 19 July 2018 and was announced. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in. The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at information we held about the service. This included previous inspection reports and notifications we had received. Notifications are certain events that providers are required by law to tell us about. In addition we contacted the local authority commissioners of services to obtain their views on the service.

We spoke with 13 people, two relatives, four care staff, the deputy manager, the registered manager and the franchise support manager. During the inspection we looked at six people's care plans, four staff files, medicine records and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe. People's comments included; "I certainly feel safe with them", "I'm safe with them all, yes", "I certainly feel safe with the carers" and "I feel safe and comfortable with him [staff]".

People were supported by staff who could explain how they would recognise and report abuse. Staff told us they would report concerns immediately to their line manager or the senior person on duty. Staff were also aware they could report externally if needed. Comments included; "I would report straight away to the manager and raise a safeguarding", "I'd call the office and I can call CQC (Care Quality Commission)" and "Any concerns and I'd call my line manager. I can also call social services". The service had systems in place to investigate and report concerns to the appropriate authorities.

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, one person could mobilise independently but was at risk of falling when 'using the bath seat'. Staff were guided to 'ensure [person] is sat on the central seat panel before raising and lowering the bath seat'. Staff were aware of this guidance. Another person was at risk of developing a pressure ulcer. Staff monitored this person's skin and applied prescribed creams daily. This person did not have a pressure ulcer.

People were protected from risks associated with infection control. Staff had been trained in infection control procedures and were provided with personal protective equipment (PPE). An up to date infection control policy was in place which provided staff with information relating to infection control. This included; PPE (personal protective equipment), hand washing, safe disposal of sharps and information on infectious diseases.

We spoke with staff about infection control. Their comments included; "I've had the training which prepared me to work safely. I always have enough gloves and aprons" and "We have plenty of PPE".

There were sufficient staff deployed to meet people's needs. Staff visit records confirmed planned staffing levels were consistently maintained. Where two staff were required to support people, we saw they were consistently deployed. People told us staff were punctual and they experienced no missed visits. One person said, "They are all happy and chatty and turn up on time". Another person said, "They turn up on time, yes".

Staff told us there were sufficient staff deployed to support people. Comments included; "I know we are currently recruiting but we cover everything. I guess that means we have enough [staff]" and "I think we've enough staff. I don't get called upon to do extra shifts".

People's visits were monitored using a telephone monitoring system. The system alerted the registered manager if staff were running late. Data from the monitoring system was analysed to look for patterns and trends and allowed the registered manager to adjust travel times for staff enabling them to remain punctual. Records confirmed there had been no missed visits.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions.

Medicines were managed safely. Records relating to the administration of medicines were accurate and complete. Where people were prescribed medicines with specific instructions for administration we saw these instructions were followed. One person told how staff applied prescribed cream. They said, "They do my legs, cream and wash them. They do the creaming and then put on my stockings, they are all very good and we have no problems".

Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely. Staff we spoke with told us they had received medicine training and were confident supporting people with their medicines. One staff member said, "I have been trained to support people with medicine. I fill in the records. Yes, my competency is regularly checked by my line manager".

Accidents and incidents were recorded and investigated to enable the service to learn from incidents and mistakes. For example, following a moving and handling incident the person was referred to an occupational therapist (OT) who recommended new equipment for the person. This was installed. As a result, people were routinely referred to the OT for issues around moving and handling and mobility.

Good

Is the service effective?

Our findings

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people relating best practice, such as alignment with the Accessible Information Standard. This standard requires services to ensure people had access to relevant information. For example, one person's care plan noted, 'I wear glasses all the time. Please ensure they are clean'. Staff we spoke with were aware of this request and told us they regularly cleaned this person's glasses. One staff member told us, "I clean [person] glasses and I change hearing aid batteries for another customer".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. One person said, "I like that they all know what they are doing". Another said, "We know that they all have had training". Staff told us they received an induction and completed training when they started working at the service. This training included safeguarding, moving and handling, dementia and infection control. Induction training was linked to the Care Certificate which is a nationally recognised induction program for the care sector. Staff also shadowed an experienced member of staff before being signed off as being competent to work alone.

Staff spoke with us about their training. Staff comments included; "The training was informative, so yes, I am supported", "The training was good. It definitely gave me confidence" and "I have been well trained".

Staff told us and records confirmed staff received support through regular supervision (a one to one meeting with their line manager). One staff member said, "I am supported here, I have supervision which I find useful".

Staff were also supported through 'spot checks'. Senior staff observed staff whilst they were supporting people. Observations were recorded and fed back to staff to allow them to learn and improve their practice. Observations were also fed into staff supervisions. These measures ensured staff had the skills, knowledge and experience to deliver effective care and support.

We discussed the Mental Capacity Act (MCA) 2005 with the registered manager. 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. The registered manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected.

Staff demonstrated an understanding of the MCA and how they applied its principles in their work. One staff member told us, "If I thought someone was struggling with a decision I would report this. I have to work in the customer's best interest". Another staff member said, "It's people's right to make their own decisions. So, I offer choices. Any issues and I'd report back to the manager".

The service sought people's consent. Everyone we spoke with told us staff sought their permission before supporting them. Care plans contained documents evidencing the service had sought people's consent to care. These were signed and dated by the person or their legal representative.

Most people did not need support with eating and drinking. However, some people needed support with preparing meals and these needs were met. People either bought their own food or families went shopping for them. People had stipulated what nutritional support they needed. For example, one care plan stated the person required assistance with eating. The person's likes, dislikes and preferences were recorded and staff were guided to 'offer choices'. No one we reviewed was at risk of dehydration or malnutrition. One staff member said, "Most customers can eat independently. I prepare meals for some".

The service worked closely with other professionals and organisations to ensure people were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs, opticians, dentists, NHS Trusts, social services, occupational therapists and district nurses. Details of referrals to healthcare professionals and any advice or guidance they provided was recorded in people's care plans. Information was provided, including in accessible formats, to help people understand the care available to them.

Good

Is the service caring?

Our findings

People told us they benefitted from caring relationships with the staff. Comments included; "The carers are nice", "I get on well with the carers", "The carers are lovely, they always take care and ask me if I'm in pain, whether I need any paracetamol and things like that" and "They are all cheery". A relative commented, "The carer is really sweet with him [person]".

Staff spoke with us about positive relationships at the service. Comments included; "The clients (people) are really nice, I've got to know them so well", "The service users are brilliant. I love them" and "I do enjoy my job. I get on well with service user's, they always ring me for a chat or some advice".

Staff were supported by the service to provide emotional support for people. Daily notes evidenced staff interacted with people beyond physical support. For example, one person's daily notes recorded 'fine on arrival, had a good chat. All's well on leaving'. One staff member said, "One lady looks forward to me coming. She is on her own so I guess I do support her emotionally".

We asked staff how they promoted, dignity and respect. Comments included; "With personal care I close doors, draw curtains and I cover them [person] up so they are not exposed. I respect their wishes. It's the sort of approach I would want for myself".

One person told how staff were respectful. They said, "The carers are very polite, no problem at all". Care plans reminded staff to 'treat people with dignity and respect at all times'. When staff spoke about people with us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. It was clear this culture was embedded throughout the service.

People were involved in their care and were kept informed. Daily visit schedules and details of support provided were held in people's care plans. Where there were any changes to scheduled visits, people were informed. One person spoke about being informed. They said, "What I like, if they introduce a new carer, they (senior staff) will come round with them and introduce them and they come to learn from the bosses, who show them for a couple of visits what to do, then they're on their own".

People had been involved in the development and updates of their care plans. Staff met with people and their families and sought their input into how care plans were to be created and presented. People's opinions were recorded and incorporated into the care plans. For example, people provided personal information for their personal profile section of the care plan. One relative said, "They [staff] talk to him and they always talk to me and keep us up to date, absolutely".

Care plans supported staff to promote people's independence. One care plan noted, 'encourage me to do what I can myself, only assisting me where needed'. One staff member said, "The care plans are good. They help us to provide individual care which does promote clients [people's] independence".

The service ensured people's care plans and other personal information was kept confidential. People's

information was stored securely at the office and we were told copies of care plans were held in people's homes in a location of their choice. Where office staff moved away from their desks we saw computer screens were turned off to maintain information security. A confidentiality and data protection policy was in place and gave staff information about keeping people's information confidential. This policy had been discussed with staff.

Good

Is the service responsive?

Our findings

People were assessed to ensure their care plans met their individual needs. Staff were knowledgeable about people's needs and told us they supported people as individuals, respecting their diversity. For example, one staff member said, "Clients [people] are definitely treated as individuals. There is no robot working here. People are not all the same". Another staff member said, "I would say all people are treat respectfully, as individuals".

Discussion with the registered manager showed that they respected people's differences so people could feel accepted and welcomed in the service. The equality policy covered all aspects of diversity including race, sex, sexual orientation, gender re-assignment and religion. Records showed staff had received training in equal opportunities and diversity.

The service was responsive to people's changing needs. For example, when people had medical or private appointments they were able to adjust care visit times to suit their needs. We also saw that where people's condition changed the service responded by making referrals to healthcare professionals and adapting care and support to meet the person's changing needs. One person's needs changed due to their condition and were prescribed new medicine. The care plan reflected this person's current needs and new medicine was being administered.

People knew how to raise concerns and were confident action would be taken. Everyone we spoke with knew how to raise a complaint and felt they were listened to. One person said, "I'd pick up the phone and ring the office number". Another person said, "It is all good and they ask me if there are other things they can do". The services complaints policy and procedure were held in people's 'service user guides' in their homes. The service had no complaints recorded. The registered manager said, "We tend to deal with any small issues long before they become a formal complaint".

People's opinions were sought and acted upon. The provider conducted regular quality assurance telephone surveys where people and their relatives could express their views about all aspects of the service. We saw the results for the latest surveys which were extremely positive. The registered manager investigated any issues raised by the survey and took action. For example, one record showed a person had asked for help with tidying up around their home. Records confirmed this request was acted upon and staff assisted this person. The provider also conducted annual surveys The services first survey was planned for later in the year.

At the time of our inspection no one at the service was receiving end of life care. However, staff told people's advanced wishes would be respected. For example, some care plans contained details relating to people's wishes not to be resuscitated in the event of a cardiac arrest.

Good

Is the service well-led?

Our findings

There was a registered manager in post. 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.

People we spoke with knew the registered manager and felt the service was well run. Comments included; "Yes, we know [Registered manager] we have met her, she came here and introduced herself", "Oh yes, I've met [Registered manager], I think she is called, she is very nice and I have no problems with her", "[Registered manager], she has been very helpful and I've met her, anyway, I would contact her if I had a problem" and "I know the one carer and two of the management very well".

Staff told us they had confidence in the service and felt it was well managed. Staff comments included; "She [registered manager] is lovely and very supportive. This service is very well run", "[Registered manager] is easy to get on with and tries her best for people. We are well run, we deal with issues and problems well" and "[Registered manager] is good, in fact management here are lovely".

The service had a positive culture that was open and honest. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. Both the franchise support manager and the registered manager spoke openly and honestly about the service and the challenges they faced.

We spoke with the registered manager about their vision for the service. They said, "I want the very best for our customers, to meet their needs. That means I need good staff. This is hugely important".

The registered manager monitored the quality of service provided. Regular audits were conducted to monitor and assess procedures and systems. Information from these audits was used to improve the service. For example, following one audit, it was identified some staff were not completing documentation to the standard the registered manager required. This was discussed at a team meeting and particular staff were monitored. The registered manager told us, "It's improved, yes but we'll continue to monitor and if necessary I'll raise this with individuals under supervision". The franchise support manager also conducted audits to support the registered manager and action plans were generated from these audits. This practice supported the registered manager to look for continuous improvement.

Staff told us learning was shared at staff meetings, supervisions and through an electronic messaging service. People's care was discussed and staff could make suggestions or raise issues. One staff member said, "We have great communication. The mobile phones they give us are brilliant". Another staff member said, "We get updated on our phones, it keeps us informed".

There was a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of

the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

The service worked in partnership with local authorities, healthcare professionals and social services. The registered manager was also a member of the 'Home Care Association'. The registered manager told us, "They update me with Government legislation and best practice. It's really useful".