DCS&D Limited

Heritage Healthcare - Darlington

Inspection report

Unit 1D Enterprise House
Valley Street
Darlington
Durham
DL1 1LE

Website: www.heritagehealthcare.co.uk

Date of inspection visit:
24 March 2016

Date of publication:
20 May 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 23 and 24 April 2016. The inspection was announced. As Heritage Healthcare provides domiciliary care to people in their own homes we gave the service 48 hours' notice to make sure there was someone at the service for the time of our inspection.

Heritage Healthcare is a domiciliary care service that provides personal care and support to older people and people with disabilities who live in their own home. The service covers Darlington and the surrounding area and at the time of our inspection the service supported 203 people.

The service had a registered manager. 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 spoke with the members of the staff team including; training manger, care co-ordinators and care staff who told us that the registered manager was always available and approachable. We spoke with people who use the service over the telephone and the relatives of others who were unable to speak with us.

We looked at the medicines administration process and found that the audit process was not completed in time and errors were not addressed quickly. We saw that peoples topical medicines were not always recorded when administered. We looked at how records were kept and spoke with the registered manager and training manager about how staff were trained to administer medicines and we found that the medicines administering, recording and auditing process was at times not safe.

From looking at people's care plans we saw they were written in plain English and in a person centred way and made good use of, personal history and described individuals care, treatment, wellbeing and support needs. These were regularly reviewed and updated by the care co-ordinators and the registered manager.

Individual care plans contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care records we viewed also showed us that people's health was monitored and referrals were made to other health care professionals where necessary for example: their GP, mental health team and care manager.

Our conversations with people who use the service and checking rotas during the inspection showed us that people who use the service were supported in their own homes by sufficient numbers of staff to meet their individual needs and wishes.

We looked at the recruitment process and found that relevant checks on staff took place and this process was safe.

We looked at the staff training records we could see staff members were supported and able to maintain and develop their skills through training and development opportunities. Staff we spoke with confirmed they attended a range of learning opportunities. They told us they had regular supervisions with the registered manager, where they had the opportunity to discuss their care practice and identify further training needs. During the inspection we were also able to speak with the training manager.

People were encouraged to plan and participate in activities that were personalised and meaningful to them. People were supported regularly to play an active role in their local community, which supported and empowered their independence.

We saw compliments and complaints procedure was in place and this provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. People also had access to advocacy services and safeguarding contact details if they needed it.

We found the service had been regularly reviewed through a range of internal and external audits. We saw action had been taken to improve the service or put right any issues found. We found people who used the service and their representatives were regularly asked for their views via phone calls and spot checks by the registered manager and care coordinators.

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. Any applications must be made to the Court of Protection. At the time of this inspection no applications had been made to the Court of Protection.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

This service was not always safe.

The service did not always ensure the proper and safe management of medicines.

There was sufficient staff to cover the needs of the people safely in their own homes.

The service had an efficient system to manage accidents and incidents and learn from them so they were less likely to happen again.

People who used the service knew how to disclose safeguarding concerns, staff knew what to do when concerns were raised and they followed effective policies and procedures.

Is the service effective?

Good

This service was effective.

People could express their views about their health and quality of life outcomes and these were taken into account in the assessment of their needs and the planning of their care.

Staff were regularly supervised and appropriately trained with skills and knowledge to meet people's needs.

The service communicated well with other healthcare professionals and people were supported to access other healthcare services.

Is the service caring?

Good

This service was caring.

People were treated with kindness and compassion.

People were understood and had their individual needs met, including needs around social inclusion and wellbeing.

People had the privacy they needed and were treated with

dignity and respect at all times.

Staff were knowledgeable about advocacy and people had access to advocacy where needed.

Is the service responsive?

Good

This service was responsive.

People received care and support in accordance with their preferences, interests, aspirations and diverse needs.

People and those that mattered to them were encouraged to make their views known about their care, treatment and support.

Care plans were person centred and reflected people's current individual needs, choices and preferences

Is the service well-led?

Good

This service was well led.

There was an emphasis on fairness, support and transparency and an open culture. Staff were supported to question practice and those who raised concerns and whistle-blowers were protected.

There was a clear set of values that included compassion, dignity, respect, equality and independence.

There were effective service improvement plans and quality assurance systems in place to continually review the service including, safeguarding concerns, accidents and incidents, complaints and comments.

Heritage Healthcare - Darlington

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 23 and 24 March 2016 and was announced. The inspection team consisted of one Adult Social Care Inspector, a Specialist Advisor with a nursing background and an Expert by Experience who was an experienced carer. At the inspection we spoke with the registered manager, the deputy manager, the administrator, training manager, three care co-ordinators, and four members of care staff.

During the inspection we spoke with people who used the service and their relatives because the service supported people in their own homes we did this through telephone interviews carried out by our expert by experience who spoke with ten people who used the service and nine relatives.

During the inspection we also spoke with health and social care professionals who worked alongside the registered provider to support the people who used the service. These included; a district nurse, a nutrition nurse and a social worker who were complimentary about the service.

Before the inspection we checked the information that we held about Heritage Healthcare. For example we looked at safeguarding notifications and complaints. We also contacted professionals involved in supporting the people who used the service, including commissioners and no concerns were raised.

Prior to the inspection we contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They gave consumers a voice by collecting their views, concerns and compliments through their engagement work.

The registered provider completed a provider information return (PIR) prior to our inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information when planning our inspection.

We also reviewed 11 care plans, 11 daily records, 5 staff training records, 5 staff recruitment files, medicine administration records, accident and incident reports, safety certificates, internal communications, quality surveys and records relating to the management of the service such as audits, policies, rotas, call sheets and minutes of team meetings.

Requires Improvement

Is the service safe?

Our findings

People who used the service told us they felt safe having Heritage Healthcare supporting them in their own home. One person told us "I feel very safe with them." Another told us, "I feel very safe with them, more so with my regular carers, who are so good."

During the inspection we were unable to observe medicines being self-administered in peoples own homes but could see how medicines were managed and recorded. We looked at the Medicines Administration Record (MAR) sheets. We found that one person's MAR sheet for eye drops wasn't signed for one full week, this meant there was no record to show if the medicine had been administered that week. When we asked the care co coordinator they told us that the MAR sheet hadn't made it out to the person's house from the office for that week period. We also found 3 missing signatures within two other peoples MAR sheets for medicines prescribed for serious long term conditions. We saw that one person's cream was not signed for regularly in their MAR sheet. This meant that topical medicines were not administered and other prescribed medicines were not recorded correctly.

At the time of our inspection the service were carrying out an audit of the medicines and they were able to demonstrate to us how they managed the audit. We saw that that the audit for February MAR sheets was still on going and not completed. Within the audit we saw that errors had been identified but timely action was not taken. This meant that the service had not ensured the proper and safe management of medicines and failed to do all that was practicable to mitigate risks to people.

This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we spoke with the registered manager they told us that they were trialling the audit system and were planning on implementing a different audit system. The registered manager explained that the system needed to be improved so that audits would be more regular and this would avoid the backup that we observed. The registered manager also assured us that timelier actions would be taken with the new audit system.

The service had policies and procedures in place for safeguarding adults and we saw these documents were available and accessible to members of staff. The staff we spoke with were aware of who to contact to make referrals to or to obtain advice from. Staff had attended safeguarding training as part of their mandatory training. They said they felt confident in whistleblowing (telling someone) if they had any worries. One staff member told us; "If I had any safeguarding concerns I would report this to the manager and make a record."

The service had a Health and Safety policy that was up to date. This gave an overview of the service's approach to health and safety and the procedures they had in place to address health and safety related issues. We also saw evacuation plans were in place for the main office and also for the care staff to follow when in a person's home. These evacuation plans provided staff with information about how they could ensure an individual's safe evacuation from their home in the event of an emergency.

We looked at the arrangements that were in place to manage risk, so that people were protected and their freedom supported and respected. We saw that risk assessments were in place in relation to people's needs, such as taking medicines independently. This meant staff had clear guidelines to enable people to take risks as part of everyday life safely.

We looked at the arrangements that were in place for recording and monitoring accidents and incidents and preventing the risk of re-occurrence. The registered manager showed us the recording system and we saw actions had been taken to ensure people were immediately safe. One staff member told us; "If someone has an accident or a fall then we report it to the office or to the on call if it's on a night."

During the inspection we looked at the recruitment policy and five staff files that showed us that the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, and two previous employer references and a Disclosure and Barring Service check (DBS) which was carried out before staff commenced employment. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

We found there were effective systems in place to reduce the risk and spread of infection and made use of personal protective equipment such as gloves, aprons and hand cleaning gels. One member of the care staff told us; "There's loads of gloves and aprons, as much as you want, you never run out. I have loads in my car. I use different ones for different tasks and always carry more on me and hand wash." this meant that staff were aware of the importance of infection control.

Good

Is the service effective?

Our findings

We found staff were trained, skilled and experienced to meet people's needs. When we were speaking with the staff team we asked them if they thought they were supported to develop their skills and knowledge one staff member told us; "We have had loads of safeguarding training." Another told us; "The training is good. We learn lots of tips from each other right down to improving our communication and to how to make conversation with people." One relative told us; "All the staff are polite and well trained."

For any new employees, their induction period was spent shadowing experienced members of staff to get to know the people who used the service before working alone. New employees also completed induction training to gain the relevant skills and knowledge to perform their role. Staff had the opportunity to develop professionally by completing the range of training on offer. Training needs were monitored through staff supervisions and appraisals and we saw this in the staff supervision files. One member of staff told us; "The induction has been good I had to do double ups for a while."

New employees also completed the 'Care Certificate' induction training to gain the relevant skills and knowledge to perform their role. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The certificate has been introduced to give staff new to caring an opportunity to learn.

We were also able to speak with the training manager who also assessed the staff competences and they told us "I sign off people's induction but not till the care co-ordinators have done their assessments and spot checks. So after the twelve weeks if I'm sure they're competent then I sign them off then they have supervision with the manager. It has improved its better than the old style it has been lengthened. We have tailored it to suit too. We have added two more full days on mental health and medications as we though it didn't go into enough detail."

We saw completed induction checklists, staff training files and a training matrix that showed us the range of training opportunities taken up by the staff team to reflect the needs of the people using the service. The courses included; Fire safety, infection control, equality and diversity, medicines and first aid and also national vocational training for personal development in health and social care known as NVQ.

We looked at staff meetings minutes and could see that staff discussed the support they provided to people in their homes and guidance was provided by the registered manager in regard to work practices Opportunity was given to discuss any difficulties or concerns staff had. We could see this when we looked at the staff minutes and when we spoke with staff. These staff meetings were repeated to give staff plenty of opportunity to attend.

Individual staff supervisions and appraisals were planned in advance and took place regularly. The registered manager had a system in place to track them. Appraisals were also annually to develop and motivate staff and review their practice and behaviours. From looking in the supervision files we could see the format of the supervisions gave staff the opportunity to discuss any issues. One member of staff told us

"I'm new and I was nervous when I first had my supervision, but I'm not now and I can talk about anything."

We spoke with relatives and people who use the service who used the service to support them to prepare meals and one relative told us; "My [name] has calls at lunch time and the staff make sure that [name] has got up ready for lunch." Another told us; "We shop once a month and there is a small budget for the staff to shop for fresh things and them also him something from scratch, an omelette or salad if [name] fancies it and they do this really well."

Where possible, we saw that people were asked to give their consent to their care and we could see in peoples care plans that they had been involved in the development of the plan and their comments were clearly recorded. Staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals.

We saw from the care plans that people were supported to access other healthcare professionals and staff had good working relationships with these professionals. During the inspection we spoke with the district nurse and the nutrition nurse who were both complementary about the service and the communication from the staff.

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. Any applications must be made to the Court of Protection. At the time of this inspection no applications had been made to the Court of Protection.

Good

Is the service caring?

Our findings

When we spoke to the people who used the service they told us staff were caring and supportive and helped them with day to day living. One person who used the service told us; "The staff are wonderful." Another told us; "It is excellent, I have older ladies who care for me and I appreciate that."

Staff knew the people they were supporting very well. They were able to tell us about people's life histories, their interests and their preferences. We saw all of these details were recorded in people's care plans. The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for at home at all times and told us that this was an important part of their role. One relative told us; "The staff are brilliant, they have got to know [name] over the years, they are friendly and easy going with him but remain professional."

When with staff about how they supported people within their own home and how they were able to protect people's dignity and respect their wishes they told us; "We all try our hardest to keep the care we give dignified and we always treat people how you would expect to be treat yourself." People who use the service that we spoke with also said that this was the case and one person told us; "My regular carers are marvellous. They are respectful and help me to keep my dignity; I have no issues with them at all."

We saw that there was information in the care plans for people who used the service regarding local advocacy services that are available. When we spoke with staff members they were knowledgeable about advocacy and told us; "Yes [name] has an advocate, from DAD (Darlington Association on Disability) and they support [name] when they meet with their social worker. If I thought someone else needed advocacy support then I would bring it up with the manager first."

We saw records that showed that the service ensured people's well-being was maintained. Each person had a personalised health action plan that was in an easy read format and covered general health and wellbeing. All contact with community professionals that were involved in care and support was recorded including; the dentist, chiropodist, district nurse team and GP. Evidence was also available to show people were supported to attend medical appointments.

During our inspection we saw in the care files and daily records that regular contact with family and friends was encouraged where possible and recorded. One member of staff told us; "We contact family members and arrange visits. We don't keep things from them; we give as much information as possible. We have lovely days out to the seaside with family its building relationships. It's nice to see them together."

When we spoke to family members they told us that they valued the regular communication and one relative said; "My relative is very happy with his carers, they all get on very well. We are involved in the care plans as a relative and they were very nice." Another relative told us, "When they had to call an ambulance they got in touch with us straight away." This meant that the service valued family relationships and staff actively supported this.

Good

Is the service responsive?

Our findings

During the inspection we could see that the service had person centred care plans in place and when we spoke with people who used the service and their relatives they told us how the service was responsive to their personal needs. One person who used the service told us; "I have a full information pack in my file here at home and I know what to do if I ever had any concerns, I know who to contact. I have a two hour call so I can go shopping and do all the things that suit me." Another told us; "The staff take me out to Morrison's and I was involved in my care plan with the social worker."

The care plans that we looked at were very detailed and person centred. The care plans gave in depth details of the person's likes and dislikes, risk assessments and daily routines. These care plans gave an insight into the individual's personality, preferences and choices. The care plans had a section called my support timetable this was written in the first person and this set out how people liked to live their lives. When we asked staff how they supported people to deliver what is in care plans one told us; "Everything that we do is for the service user. We are their staff and all what we do is for them. We get to know what they like and we try to get as many smiles and thumbs up from them as we can. What we do is all centred around them so that they have a good life." The registered manager told us; "I want the staff to believe in providing person cantered care and always putting people at the forefront of their care. This meant that the service was committed to providing person centred support to the people in their home and the community.

We saw people were involved in developing their own care plans. We also saw other people that mattered to them, where necessary, were involved in developing their care, treatment and support plans too. We saw that care plans were up to date and were written in plain easy to read language. We found that people made their own informed decisions that included the right to take risks in their daily lives.

From speaking with people who used the service we were able to establish that staff enabled people who used the service to maintain their choices, wants and wishes. One person who used the service told us; "I can ring them if I get a carer I don't get on with and they are very good about that. I have people that I prefer to come and they try to accommodate me." This showed us that the service was flexible in its approach to meet people's requests and wishes.

The service had a compliments and complaints procedure in place and the registered manager and staff were able to demonstrate how they would follow the procedure and deal with complaints. When we asked staff if they knew how to make a complaint they told us; "If I wanted to complain I would call the office straight away and speak with the manger." We also asked the people who use the service and their relatives if they were aware of how to raise any complaints and one relative told us; "The office are really easy to talk to, I can get things sorted over the phone, any issues."

A handover procedure was in place and we saw the completed daily records and communication that staff used at the end of their call. Staff said that communication between staff was good within the service.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in post that managed the staff team and ran the service. A registered manager is a person who has registered with CQC to manage the service. The registered manager was qualified, competent and experienced to manage the service effectively.

We saw up to date evidence of spot checks carried out by the registered manager and that focused on; people who used the service their views/concerns, staffing, suggestions for improvement, meals, complaints, accident and incident analysis, maintenance records, fire safety, admissions, care plans, and social activities.

Staff members we spoke with said they were kept informed about matters that affected the service by the registered manager. They told us staff meetings took place on a regular basis and that they were encouraged by the registered manager to share their views. We saw records to confirm this. Staff we spoke with told us the registered manager was approachable and they felt supported in their role. One staff member said, "I've never worked anywhere so good where the manager is so supportive. They would never ask you to do anything you couldn't do and there are no issues."

We also saw that the registered manager had an open door policy to enable people and those that mattered to them to discuss any issues they might have. We saw how the registered manager adhered to company policy, risk assessments and general issues such as, incidents/accidents moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in, harm were in place. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare, and safety.

We saw there were arrangements in place to enable people who used the service and staff to affect the way the service was delivered. For example, the service had an effective quality assurance and quality monitoring systems in place. These were based on seeking the views of people who used the service at engagement meetings and through an annual quality survey. These were in place to measure the success in meeting the aims and objectives, as set out in the statement of purpose of the service.

The complaints were managed monitored and clearly recorded by the registered manager. We saw the most recent monitoring of complaints and we could see that there had been recent complaints made and from the records we could see how complaints had been responded to and the outcomes recorded appropriately. Staff and the registered manager were knowledgeable of the complaints procedure.

The service had a clear vision and set of values that included honesty, involvement, compassion, dignity, independence, respect, equality and safety. These were understood and consistently put into practice. The service had a positive culture that was person-centred, open, inclusive and empowering. The registered manager told us; "I want to ensure that everyone we support is getting the highest quality of care and that they are safe and are happy."

We saw policies, procedures and practice were regularly reviewed in light of changing legislation, good practice and advice. The service worked in partnership with key organisations to support care provision, service development and joined-up care. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations, such as the Local Authority and other social and health care professionals, were understood and met. This showed us how the service sustained improvements over time.

We found the registered provider reported safeguarding incidents and notified CQC of these appropriately. We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service had not ensured the proper and safe management of medicines and failed to do all that was practicable to mitigate risks to people.