DCS&D Limited

Heritage Healthcare York

Inspection report

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York
North Yorkshire
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Tel: 01904691000

Date of inspection visit:
23 November 2017
29 November 2017
11 December 2017

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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

Heritage Healthcare York is a domiciliary care agency and is registered to provide personal care to people of all ages in their own homes. At the time of our inspection 67 people were receiving a service from the provider.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

At the last inspection in October 2015, we asked the provider to take action to make improvements to record keeping and this action has been completed.

We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 23 November 2017 and ended on 11 December 2017. It included visits to people in their own homes on the 29 November 2017 and discussions with care workers on the 11 December 2017. We visited the office location on 23 November 2017 to see the manager and office staff; and to review care records and policies and procedures.

There was a registered manager in post who supported us during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Systems and processes were maintained to record, evaluate and action any outcomes where safeguarding concerns had been raised which helped to keep people safe from avoidable harm and abuse.

The provider ensured there were sufficient skilled and qualified care workers to meet people's individual needs and preferences.

People received their medicines as prescribed and safe systems were in place to manage people's medicines.

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

People and their relatives were encouraged to participate in the planning of their care and support.

People were supported to eat healthily and any dietary needs were assessed, recorded and responded to.

Care workers had a good understanding of people's needs and were kind and caring. They understood the importance of respecting people's dignity and upholding their right to privacy.

People were encouraged to live full lives. The provider held coffee mornings and promoted free transport to encourage people to avoid social isolation.

There was information available on how to complain People were encouraged to raise their concerns and these were responded to.

There were systems of audit in place to check, monitor and improve the quality of the service. Associated outcomes and actions were recorded and these were reviewed for their effectiveness.

The provider worked effectively with external agencies and health and social care professionals to provide consistent care.

Everybody spoke positively about the way the service was managed. Care workers understood their levels of responsibility and knew when to escalate any concerns.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service has improved to Good.	**Good**

Heritage Healthcare York

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 was unannounced. We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 23 November 2017 and ended on 11 December 2017. It included visits to people in their own homes on the 29 November 2017 and discussions with care workers on the 11 December 2017. We visited the office location on 23 November 2017 to see the manager and office staff; and to review care records and policies and procedures.

The inspection team consisted of one inspector and included 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. The expert-by-experience had experience of dementia care.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider and information we had received from the local authority who commissioned a service.

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

During the inspection we spoke with 15 people over the telephone and visited and spent time with three people who received a service in their own home. We spoke with five relatives of people who received a service over the telephone. We spoke with the registered manager and a care co-coordinator. We spoke with four carer workers who provided people with care and support in the community.

We looked at records which related to people's individual care which included the care planning documentation for six people. We also looked at four care workers recruitment and training records, records of audits, policies and procedures and records of meetings and other records associated with running a community care service.

Good

Is the service safe?

Our findings

People were protected from avoidable harm and abuse and care workers had received safeguarding training to ensure they were aware of how to identify and report their concerns. Care workers were clear about the actions they would take if they had any concerns. A care worker said, "If I had any safeguarding concerns I would definitely speak with the manager; I have raised a concern recently and it is being fully investigated." Another care worker said, "If I had concerns regarding any bad practice I would whistle blow to the care quality Commission, (CQC). Thankfully we have a very good staff team and I don't have any concerns to report."

People we spoke with told us they felt safe in their own homes with the care workers who visited them. Comments included, "I feel safer with the care workers and they've got used to me. I can't bend so when I sit, I go backwards. They know to hold my back so I feel a lot safer with them." "I don't feel unsafe, but when they come round, it's nice. At lunchtime, they check in the fridge to see what there is. They make sure I get something to eat." A relative said, "I feel happier when the care workers are there to keep [person's name] safe and looked after.

The provider had a safeguarding policy and procedure in place. Safeguarding concerns had been clearly recorded and where appropriate had been escalated to the local safeguarding team for further investigation with actions implemented to reduce the risk of further occurrence.

The registered provider had completed assessments of people's individual needs and for people's home environments. Where any risks had been identified for example, personal safety, meals, fire safety, infection control, behaviours that may challenge and personal care tasks, we saw these were recorded and associated support plans were in place to help mitigate the risks. These records helped to ensure people were positively supported with minimal restrictions in place. Care workers told us the information helped to ensure they could support people without undue force or restraint. A care worker said, "Guidance is available in care plans which include any risks where people may show some challenging behaviour. Where that is evident I can take appropriate steps to maintain a calm atmosphere to ensure the person is happy with me there."

Care workers told us they visited the same people and that rotas were well organised to make sure sufficient, competent staff visited people. The provider told us and people confirmed they received consistent care and support from familiar care workers." People told us, "I have no concerns. They've been very consistent. I have a lot of confidence in the team." "By and large we know who we are getting." "The time varies a bit. It's not really a problem. Sometimes they're later than when I expect. On the whole, it's alright. It depends if someone is sick or they have to go to an extra visit."

The provider had systems and process in place to ensure care workers were appropriately recruited into the service. Records for care workers included pre-employment checks and these were completed prior to staff commencing employment. We saw a minimum of two references had been obtained from previous employers, and a Disclosure and Barring Service check (DBS) had been completed. The DBS checks help

employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

Where people had been assessed as requiring support with their medicines this was completed safely as prescribed. Care workers told us, and records confirmed, they had received up to date training in medicines management and administration and had at least annual observations to ensure they were competent in the process. A medication policy and procedure was in place and this provided further guidance for care workers. Medicines Administration Records (MARs) were used to record when people had taken their prescribed medicines. The MARs we saw had been completed accurately with minimal omissions. One person said, "I know my medication and I have a lot of tablets. They are all in a blister packs but if I haven't taken any of them then the care worker will remind me." Another person said, "Care workers sort my tablets out when they visit. I take about 14 tablets in the morning and they make sure I take them all."

Care workers were provided with personal protective equipment and we observed how they followed good infection control practices when with people in their homes.

Systems and processes were in place to ensure any accidents and incidents were recorded with appropriate investigations and outcomes. Oversight of these events was provided at director level. This ensured any 'lessons learned' were apparent and improvements made when things go wrong.

The provider had a business continuity and contingency plan in place that staff could access in the event of an emergency situation, for example, a power failure, public health incident or a severe weather event. Planning ensured stored information would be available in the event of an emergency so that the service would continue to be able to operate.

Good

Is the service effective?

Our findings

It was clear from our observations and talking to people that they were supported by caring staff who had a clear understanding of their needs and how to support them with their independence. The provider told us on the PIR, 'Before a care worker starts working for Heritage Healthcare they complete training in all care standards and they receive a full induction so they are aware of what is expected of them. They also partake in a familiarization period whereby they will work alongside an experienced member of the care team to show them good practice.'

Care workers told us they received the training and support they required to carry out their roles. They said they completed an induction programme and received regular supervisions and appraisals. We saw evidence of this in the staff records we reviewed.

People and their relatives thought that care workers had the appropriate skills and knowledge to meet their needs. Feedback from people included, "I think all the care workers are skilled and trained. I feel confident with them." "Having the service enables me to cope. I wouldn't want to do without them." "I wouldn't be able to get to bed without them; I need an awful lot of help and they are very good at their job."

Care records included a pre-assessment of the needs of all individuals using the service. The manager confirmed this was completed prior to people starting a package of care with the provider to ensure they were able to fully meet the person's needs. The provider told us, 'Individuals (using the service) and their family/representatives (where applicable) are involved in the assessment stage to ensure they are involved in what care and support is required."

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA.

We found clear evidence that care plans were effective and ensured people's needs and choices were assessed. Care and support was delivered in line with current legislation. We saw that care plans were signed by the people who used the service or their legal representative. Where people were unable to make decisions for themselves (where they lacked mental capacity) we saw evidence of best interest decisions that had been made with the person's family and other professionals involved in providing care and support. Best interest decisions are decisions made on a person's behalf where they lack capacity and are governed by the MCA. This showed us that people's rights were protected in line with relevant legislation and guidance.

Care workers had received some training in, and were able to discuss the importance of the MCA in their day to day working. A care worker said, "I would always assume a person had capacity to make their own decisions and would seek their consent by discussing and asking them about any activity or support I

intended to provide; if I had concerns I would report this to the office and they would speak to the relevant professionals for a further assessment for the person."

People were supported to maintain a healthy and balanced diet. The provider consulted with people on what type of food they preferred and the support they required. One person said, "When they make my breakfast, they ask me what I want. This morning, I had bacon, egg and toast." Care plans contained details of people's preferences and any specific dietary needs they had, for example, whether they were diabetic, the type of diabetes and how much support they required. People who used the service told us they were always offered food and a drink upon visits. One person said, "They do wonderful work. I had lost my appetite since being in hospital recently. The carers don't force it. They're lovely. I fancied some fish and they went to the fish shop and got me a small fish but I couldn't eat it all." A relative confirmed, "[Person's name] is in good hands. We get some food ready and he doesn't lift anything hot. The carers deal with that and any drinks they need."

People's care plans contained information about their medical needs and how care workers were to support them to maintain a healthy lifestyle. Previous and current health issues were documented and healthcare professionals were contacted when support was needed. People were supported to access their GP when required and regular reviews were undertaken to ensure their health and wellbeing was maintained. One person said, "I've got a good GP. They do get concerned about me. They come to see me and I can ask him anything."

The registered manager kept up to date with best practice by attending provider forums. They told us they checked relevant websites in addition to receiving information from the local authority. They also kept up to date with information from the CQC and had recently attended a CQC feedback meeting.

Good

Is the service caring?

Our findings

When asked, care workers who we spoke with told us they thought the best aspect of working for the provider was the ability to provide people with a caring service, to support people to remain independent and living in their own homes. A care worker said, "We all care about people, they are like family and rely on us to support them." People and their relatives confirmed they received care and support that was appropriate to their needs. Comments included, "They're very helpful. They're nice and kind. If I want something done, they do it." "The care workers are kind and caring. We have quite a friendly relationship with them all. Time is a constraint, but they have a general chat." "My wife has got to know them. We have a good rapport. They ask about my wife's general health." "Caring goes a long way with the elderly. I know good care when I see it because I used to work at a local care home; no complaints."

People we spoke with told us they were encouraged to do as much for themselves as they wished. Care plans included a detailed 'task sheet' that provided guidance on how to support people, for example, with meal times and with their personal care, to retain their independence and be involved in their care as far as possible. A relative said, "My wife is of a mind to want to be independent. It's probably me restricting her. The care workers encourage her to be independent. They are supported to wash and dress. There is a good rapport about what she wants. My wife chooses what she wants to wear and leaves it on the bed and the care workers help her with it."

People said they were treated with compassion, dignity and respect and they were involved in decisions about their care and support. Care workers received training in delivering person centred care. They were able to discuss the importance of maintaining people's dignity and treating people with respect. A care worker said, "I am always very conscious of making sure people are comfortable when providing personal care for example bathing. I maintain their privacy by closing curtains and doors and discuss what I am doing and encourage them to assist with whatever they are capable of doing." One person confirmed this and said, "I have a bath every Wednesday. I'm helped in and let down in a seat by the care worker. I stay in and I have a soak and they do their writing. Then they dry me. It's their job and they're all very good. I'm always telling them I don't know what I'd do without them."

We saw the provider completed a shadowing checklist on care workers that ensured they had a good understanding of providing people with person centred care, respecting beliefs, culture, values and preferences. Care workers were clear about the importance of recognising and supporting people's individual lifestyle preferences and were respectful of people's cultural and spiritual needs. The registered manager told us, "We are an adaptive service and try to provide care and support to fit in with people's needs and preferences. For example, one person attends a church service and we have moved the call time of the visit so they can still attend and receive support. Another person uses a wheelchair to mobilise and requires an early call so they can attend bowling and we support another person with a regular carer as they are sensitive to bathing."

Care workers understood how to maintain people's confidentiality. They said, "We have a duty not to share private conversations we have with individuals with other people, unless it is agreed with the person that we

need to share concerns, and that would only be with those people who need to know."

Where people did not have close family to support them the manger told us they had the option to use an advocacy service. An advocate's role includes making sure correct procedures are followed and making sure the person's voice is heard.

Good

Is the service responsive?

Our findings

The provider had developed a personalised approach to responding to people's needs. We saw that care records for people included an initial assessment from the local authority which formed the basis of initial consultations with the individual by the provider, to ensure they were able to meet their needs. Following this initial assessment, individual care plans were developed that provided guidance about how each person would like to receive their care and support. This included their preferred routines of care and how they communicated their needs.

Care records showed that people's support was regularly reviewed and any changes which were needed were put in place straight away. This helped to ensure care and support was appropriate to the person's current individual needs. Care workers told us they were informed of any changes without delay. Examples of this included changes to medication and daytime routines. People we spoke with said they felt able to tell care workers if anything needed changing or could be improved.

We saw records clearly recorded details of everybody involved and where the person had capacity they had signed to confirm their agreement with the information contained. People told us, "I am involved in the care plan and about once a year, it's reviewed." "I am very much involved in my care plan both with heritage Healthcare and the local authority reviews."

People were supported to live fulfilling lives. However, one care worker told us they could always do with longer call times to fully support everybody with all their needs. They said, "I visit one person who is 103 years old, they are active and still cook and bake. They shop at the local garage but it is expensive. I only have a 15 minute call so I wait until the call ends then go to the larger, cheaper shop for them. I have just been out for Christmas cards so they can write them and send them off. I don't get paid for that but I am happy to help them as it is such an important part of their daily living."

People were supported to maintain relationships with their friends and families. A care worker told us how they supported a person to go swimming who was living with a disability due to an accident. They said, "The support enables them to use their arms and is a positive outcome of the support we provide." We spoke with the person who told us, "I go swimming to keep moving. I've lost all my tendons in my arm. In the water, I can use my arm more. There's also the social side of it, talking to people with problems. There are male/female changing rooms. I go twice a week for one hour."

One person told us how their care worker supported them to access the shops. They said, "I can't get out. That's the big problem. I can walk down the garden, but that's all. If there's something I want, one of the carers will get it, if possible. One of the carers will take me to the shops. It's lovely. You wouldn't believe it, but it's a pleasure to go to a supermarket."

The registered manager told us how they held coffee mornings and other events at the main office. A care worker said, "We are having a bit of a Christmas party at the office, we have invited people to attend and care workers have volunteered to pick people up and bring them along. We have a quiz, there's some baking

and we have some music. Everybody loves it. The two managers are really busy but they have made time and arranged this for everybody – how wonderful is that!" This meant people were supported to lead active lives and were supported to attend activities and events that helped to prevent social isolation.

People confirmed they knew who to speak to if they wanted to raise a complaint, but those we spoke with had not needed to. Comments included, "I would phone the office if I had any concerns but I wouldn't criticise them. They're all caring and on the whole, they're doing the best job they can." "I'm satisfied. They're all very nice. There's a man in the office. I can get in touch with him. I've not had a complaint. I know the manager is [name]." "I've never had a complaint. [Managers name] is very good".

We were shown a 'compliments and complaints', and a 'being open' policy and procedure. This provided guidance on receiving, investigating and responding to any issues raised. The outcome included duty of candour where the provider had contacted the person and made a full apology. We saw a 'non-conformance log' recorded any missed calls. Actions included an apology letter, and disciplinary procedures. The registered manager told us, "We don't receive many complaints but if we do we are pro-active at responding, and we follow up feedback to ensure people are happy with the outcome." Oversight of these events was provided at director level. This meant the provider had systems and processes in place to ensure complaints were taken seriously and lessons were learnt as a result.

People had been consulted on their wishes and preferences for end of life care and support. Where they had agreed, this information was available and recorded in an end of life care plan. The plan included important contact information, any special arrangements, spiritual beliefs and any outcomes of associated care and support.

Good

Is the service well-led?

Our findings

During our previous inspection in October 2015, we found that systems and processes in place to ensure record keeping was robust were not always effective and we made recommendations for the provider to implement improvements. During this inspection we checked and found record keeping had improved and oversight of these areas had been implemented and was effective. The registered manager showed us further planned changes to record keeping that were planned and we saw from a new style care planning document that this would further improve the processes in place.

The registered provider had a clear staffing structure in place and everybody we spoke with understood their roles and responsibilities and when to escalate any concerns. There was a manager who was registered with the CQC who along with a care co-ordinator supported us during this inspection.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Everybody we spoke with were happy with the service they provided or received. Care workers spoke highly of the registered manager. They told us, "I can discuss anything with the manager; they are responsive and supportive." "In my career I have found it is rare that a manager is as hands on as [registered manager's name]. They spend time with people in their own homes. If we are short staffed they help out – along with the assistant manager they are both incredibly supportive." People told us, "They're all extremely good." "They're brilliant." "The manager comes out and has a good chat regularly. He said I can talk to him at any time". "They're the best care firm I've ever had. Of all four I've had, they're the best."

Care workers had received training in relation to the Equality Act and human rights over the last 12 months. The registered manager spoke about the improvements they intended to make to build upon this learning to promote best practice. They showed us how they were developing improved communication formats using pictorial aids to ensure accessible information was available to everybody.

The provider completed quality assurance checks to maintain and improve the service they provided. These included audits of people's individual calls and the care and support they received. As part of the audits, where people received assistance with their medicines, the management and administration was audited to help ensure people received their medicines as prescribed and that associated records were up to date. The manager and care co-ordinator also carried out direct observations of care workers to ensure they were adhering to company policy and upholding high values of care and support to people.

Audits completed in people's homes included the opportunity for management to talk with people and to obtain their feedback on the care workers employed, the service they received and enabled people to have a voice and input into any improvements that were required. The manager and care workers we spoke with were keen to provide outstanding care and support for people and clearly understood the benefits of

delivering care and support that was holistic and person centred.

The provider sought the views of people and their care workers through a questionnaire. We saw results and feedback had been evaluated and highlighted areas of care and support that were positive and those requiring further improvement during 2016. The manager was preparing a survey for 2017 and told us that further work was required to evaluate the responses in order to identify any trends where improvement was still required and to celebrate any successes identified.

Care workers told us how staff meetings kept them informed about any changes and provided them with an opportunity to discuss people's individual needs. A care worker confirmed "We have regular staff meetings usually monthly. We discuss all sorts of issues, and receive updates about events such as the MacMillan coffee morning and the Christmas party we are planning; they are useful events and it's an opportunity to be introduced to any new staff."

The provider worked closely with the local authority services and departments involved with people's care and support. This included the commissioning team, occupational health, safeguarding team and community mental health teams. The local authority provided us with feedback regarding their 'Quality Assurance Visit'. They said, "We continue to meet the provider quarterly to monitor service quality." The registered manager told us they found the visits helpful and supportive in maintaining and improving standards of care and support and learning about any innovative practices.