

## Heritage Homecare Services Ltd

# Lancaster

### Inspection report

Riversway  
Morecambe Road  
Lancaster  
LA1 2RX  
Tel: 01524 543888  
Website:

Date of inspection visit: 25 September and 12  
October 2015  
Date of publication: 27/01/2016

#### Ratings

### Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Requires improvement 

Is the service responsive?

Requires improvement 

Is the service well-led?

Requires improvement 

#### Overall summary

This inspection visit at Lancaster Heritage Homecare Services Ltd took place on 25 September and 12 October 2015 and was unannounced.

At the last inspection on 10 September 2014 the service was meeting the requirements of the regulations that were inspected at that time.

Lancaster Heritage Homecare Services Ltd is registered to provide personal care and support to people living in

their own homes. At the time of our inspection 60 people were receiving a personal care service. The office is based in Riverway which is situated between Lancaster and Morecambe.

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.

# Summary of findings

Staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices. Staff spoken with told us they were aware of the procedure. One person receiving support told us, “I feel safe and comfortable on the whole.”

Required checks had been completed prior to any staff commencing work at the service. This was confirmed from discussions with staff. Recruitment records examined contained a Disclosure and Barring Service check (DBS). These checks can include information about any criminal convictions recorded. Staff spoken with and records seen confirmed a structured induction training and development programme was in place. This included shadowing experienced staff members.

People we spoke with stated that the staff were very good at their jobs. Comments included, “The staff have been great, energetic, fun, some are quieter, shy.” And, “Staff are eager to help, easy to talk to and I can laugh with them.” However we were also told that staff had been late. One person told us about visits, “Staff are not usually late.” Another person stated, “Staff can be a bit late and I don’t get a phone call to say that they will be late.”

People told us they were visited sometimes by different carers and did not always know who would be coming to support them. For example on the day of the inspection we noted one person call at the office to collect their rota. The rota identified who would be supporting them the following week. They told us that it used to be sent out but they didn’t receive it anymore so had started calling at the office to collect it. They told us they did this to ensure they knew who would be visiting their home as this was important to them.

All staff we spoke with felt that they had the time to attend to the people who were identified on their rotas. Staff told us staffing levels were appropriate to meet the needs of the people being supported.

Staff responsible for assisting people with their medicines had received training to ensure they were competent and had the skills required. People were given the support they needed with medicines as directed within the care plans.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support requirements.

People and their representatives told us they were involved in their care and had discussed and consented to their care packages. We found staff had an understanding of the Mental Capacity Act 2005.

People were supported to maintain a balanced diet as identified within their care plans. This showed that people the risk of malnutrition was minimised.

Staff listened to and respected people’s wishes on how they wanted to be supported. Staff encouraged people to be as independent as possible. People’s individual support needs and preferences had been assessed and recorded in their support plans. However we found care plans had not been reviewed and updated regularly.

A complaints procedure was available and people we spoke with said they knew how to complain, however they had not needed to. Where complaints had been received we found they had not always been fully recorded. This did not allow an audit trail from complaint to resolution for the service to make improvements from lessons learnt.

Staff felt the management team were accessible supportive and approachable. The registered manager had not regularly consulted with people they supported and relatives for their input on how the service could continually improve. The management team did not have oversight of the the service provided. Quality audits were not in place at the time of our inspection.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to Good Governance. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

#### The service was not consistently safe.

Staff had been trained in safeguarding and were knowledgeable about abuse and the ways to recognise and report it. People we spoke with said they felt safe.

The risks to people's safety and wellbeing were assessed. Staff were supported to minimise and manage risk factors.

Recruitment procedures the service had in place were safe. The service employed sufficient staff and contingency plans were in place in case of staff absence. However people we spoke with told us that sometimes staff could be late.

People were given the support they required with medicines.

Requires improvement



### Is the service effective?

#### The service was effective.

Staff had the appropriate training and support to meet people's care needs.

Staff had the appropriate knowledge and skills to meet the needs of people using the service.

There were policies in place in relation to the Mental Capacity Act 2005. Care files showed people or their representatives had consented to receiving support in their own homes.

People were supported to make choices about the food they wished to eat and drink as identified in their care plan. Staff received food hygiene and infection control training.

Good



### Is the service caring?

#### The service was not consistently caring.

Feedback from people was positive and they were happy with the care and support they received. However some of the people we spoke with told us they had requested but not received a list of staff who would be visiting, which was important and mattered to them.

People and their relatives were involved in planning their care and support. People felt that staff listened and responded appropriately.

Requires improvement



### Is the service responsive?

#### The service was not always responsive.

Requires improvement



# Summary of findings

People's individual needs had been assessed and recorded in their support plans. We looked at care plans which showed these support needs and preferences had not been reviewed and updated regularly.

People said that staff were sometimes late and they were not informed. Some people told us their rota did not always reflect who arrived to support them.

Staff felt their concerns and complaints were listened to and responded to accordingly. Complaints and any action taken were not always recorded.

## **Is the service well-led?**

### **The service was not always well-led.**

The registered manager had not regularly consulted with people they supported and relatives for their input on how the service could continually improve.

Staff felt the management team were accessible supportive and approachable.

The management team did not have oversight of the quality of the service provided. There were no audits in place at the time of our inspection.

**Requires improvement**



# Lancaster

## 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 visit took place on 25 September and 12 October 2015 and was unannounced.

The inspection was carried out by a team of two adult social care inspectors and one adult social care inspection manager.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events which the provider is required to send us by law. Important events can relate to the health safety and or welfare of people who used the service. We spoke with the local authority to gain their feedback about

the care that people received. At the time of our inspection the local authority had put an action plan in place to address concerns raised. The provider was co-operating to address these issues. This helped us to gain a balanced overview of what people experienced accessing the service.

During our inspection we went to the Lancaster Heritage Homecare Services Ltd office and spoke with a range of people about the service. We spoke via telephone with five people receiving a service. We met and spoke with the director/ registered manager, two members of the management team and one member of the care staff who visited the office base. We spoke by telephone with nine staff after our inspection visit to the office. We reviewed five people's care files six staff files, staff training records and a selection of policies and procedures. We reviewed records relating to the management and safety of the service.

We reviewed past and present staff rotas focussing on how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day. We looked at the continuity of support people received. Following our visit we sought feedback from two health and social care professionals to obtain their views of the service provided to people.

# Is the service safe?

## Our findings

We asked people if the care they received made them feel safe. One person said, “Carers help me get dressed, I feel comfortable with the carers. The carers are fine and I feel safe with them.” Another person stated, “[My relative] requested that only female carers come to the house, makes her feel safer. The office have sorted this so only ladies come.” A third person told us, “Generally new staff shadow existing carers to introduce them at first. This makes me feel safer and gives me a chance to get to know people.” A member of staff told us, “I always treat people as I would expect my family to be treated. I want them to feel safe and secure.”

Staff told us they received training in safeguarding adults, and the training records we looked at confirmed this. The service had an up to date safeguarding policy and procedure in place. We noted safeguarding information and telephone numbers on display throughout the office base. Staff were able to tell us what they would do if they suspected someone was being abused. They told us that they would report any concerns to their manager, or social services, the Police or the Care Quality Commission (CQC) if necessary. For example a member of staff shared their experience of making a safeguarding alert stating they followed company policy. They told us they felt fully supported by the manager at the time and would not hesitate to report any concerns in the future. Another staff member told us, “I would have no hesitation to report anything to my manager if I thought there was poor practice or abuse.” This showed the registered manager had systems in place to guide people and minimised the risk of abuse occurring.

Where there were risks to people's safety and wellbeing these had been assessed. These included risk assessments of the person's personal care needs and assessments regarding any aids required such as hoists to complete the tasks. For example we were told that if a person has complex needs or behaviours that challenge then a ‘double up’ would occur. This is when two staff attend the appointment to minimise any risks and maintain people's safety. The provider had an out of hours team which provided an on call service. This was staffed for the period of time that staff were out providing care support. This

meant that staff could ring for advice and guidance anytime whilst on duty. A member of staff told us, “I feel safe, risk assessments are done to make sure that I feel safe.”

The provider employed sufficient staff to meet people's needs, and there was systems in place to ensure staff absences were appropriately covered and people received care as planned. The out of hours team was on call to manage staff absence. We were told by one of the management team, “If the visit cannot be covered by care staff then we go and support the person”. Regarding supporting people we were told, “The office is very good I have set hours and regular clients.” In respect of visits we saw no evidence of unrealistic targets set for care staff to achieve. This meant that the clients were receiving support within the set time limit.

The registered manager had ensured that staff recruited had the necessary skills to support people by ensuring there was a safe recruitment process in place. This ensured staff recruited had the relevant skills to support people who used the service. We found the provider had followed safe practices in relation to the recruitment of new staff. We looked at six staff files and noted they contained relevant information. This included a Disclosure and Barring Service (DBS) check and appropriate references to minimise the risks to people of the unsafe recruitment of potential employees. The DBS check helps employers make safer recruitment decisions and prevent unsuitable staff from working with vulnerable people.

We reviewed past and present staff rotas focussed on how staff provided care within a geographical area. We looked at how many visits a staff member was completing per day. The management team monitored how staff managed visits to people in their own home. They monitored that staff kept to agreed appointment times/length of visits to ensure their requirements were always met. They had a call monitoring system in place which showed when staff arrived and left a person's home. A member of staff told us there had been an occasion where planned visits were geographically too far apart to be practical and feasible. However they stated that they rang the office and the management team listened and amended the rotas.

We spoke to five people receiving a service, one person told us, “Staff can be a bit late and I don't get a phone call to say that they will be late.” A second person told us, “Had a missed visit a few weeks ago. Nobody turned up but I

## Is the service safe?

phoned the office and they sorted it. Someone came round.” We discussed this with the registered manager and they told us they are going to address the issues as a priority.

We looked at the procedures the service had in place for assisting people with their medicines. The registered manager told us staff prompted people to take their medicines and were not at the moment involved in

administering medicines. We saw training records showed that all staff had received training in safe handling of medication. This provided the relevant skills to guide staff when supporting people with medicines. None of the people we spoke with expressed concerns about how their medicines were managed. One person told us, “They make sure I take my meds. They prompt me to make sure I take them myself.”

# Is the service effective?

## Our findings

People receiving the service felt staff were effective and had the skills to fulfil their role. One person told us, “I have no concerns about staff training, staff know what they are doing.” Another staff member told us, “There was a lot more training than I anticipated.”

The registered manager told us the induction is delivered mainly by computer based learning plus face to face training for moving and handling and client specific training such as catheter care. There is a shadowing period for new staff. We were told by a member of the management team, “Induction training includes ‘shadowing different staff and working alongside different clients to get a better experience.’” A member of staff confirmed this stating, “I have done loads of training. Had to view the training courses before I went out.” They also commented that they, “Shadowed for a few days and they [management team] asked me if I needed any more time or shadowing before I went out on my own.” This showed us that the provider delivered individualised support to develop and equip staff for their role.

We saw records which contained staff training. These covered a range of subjects including safeguarding, moving and handling, dementia care, safe food handling and medication awareness training. Discussion with staff members and reviewing training records confirmed staff were provided with opportunities to access training to develop their skills.

We saw records which showed staff received supervision to support them in their role. Supervision was a one-to-one support meeting between individual staff and a manager to review their role and responsibilities. One staff member told us, “I get feedback about how I am doing.”

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.

We checked whether the service was working within the principles of the MCA. Policies and procedures were in place in relation to the MCA and Deprivation of Liberty Safeguards (DoLS). Staff files showed that they had received training relating to the MCA.

The staff we spoke with were able to describe what was meant by a person having capacity and what they would do if they thought someone did not have capacity. People said before they received any care and treatment they were asked for their consent and staff acted upon their wishes. We were told, “The girls know what has to be done and always ask me first before doing something.” A member of staff stated upon visiting someone they, “Always ask what can we do for you today?”

All staff we spoke with said everyone they visited had a care plan in their home. Staff told us people who are new did not always have all their background information in place but this was completed quickly. All staff knew to read the care plans for guidance on how to support or changes in support requirements. For example one staff member stated, “For each new person I read the care plan as the person could tell you different.”

Staff told us that communication with the office based team was good. One member of staff we spoke with said, “Any issues I phone the office straight away, they are ten out of ten. They resolve issues.” Another person said, “Office staff are fantastic and keep communication open.” Regarding the out of hours team staff stated, “They are always there if you need them.” Staff also stated that should they become aware of changes in someone’s care then they would telephone the office. For example we were told, “The family leaves us notes, updates on any developments. They had introduced fortified shakes. They hadn’t informed the office. I updated the office.”

When required, people were supported to maintain a balanced diet to prevent the risk of malnutrition and dehydration. This included staff preparing meals for people in their own homes.

On meal preparation one person stated, “It’s not cordon bleu but they provide me with a meal that’s good enough for me. They know what I prefer and always ask what I would like to eat.”

Staff described occasions where they had had a concern about a person and had contacted

## Is the service effective?

the office who in turn had contacted health professionals, such as the GP and physiotherapist. We were told by a member of staff, “If I go in and something is not being met, then I report it.” We saw evidence within care records that showed links with social workers and district nurses.

# Is the service caring?

## Our findings

We asked people if the staff were caring. We were told, “Staff are prompt, eager to help, easy to talk to and I can laugh with them.” Another person told us, “Most of the staff are happy people. I can’t complain.” A third said, “The girls are great.” A member of staff told us their views on supporting people, “I always think about how they feel with strangers coming into their house and I treat them with respect and dignity when providing personal care. No matter what we do for people they still have an element of privacy that we should respect.”

People we spoke with told us they felt listened to. If there was staffing preferences information was documented and staff reallocated by the office team. For example one person told us, “If there are new people that I don’t like the office will try and sort it.” If there was a problem with rotas or support requirements the office team showed us they amended the plans. We were also told, “New staff coming are very good and try their best anything that needs changing is sorted.”

We telephoned a member of staff to gather their views on the service being delivered. Whilst they were happy to share their views they were unsure how much information they could share regarding people they supported. They postponed our conversation and sought clarification from the office based team. They explained they did not want to breach confidentiality protocols or share information unwisely. This showed they took personal responsibility to respect people’s right to privacy.

We telephoned a second member of staff to gain their views on the service being delivered. They asked us to ring

at a more convenient time. They stated they were just about to go visit someone and provide support. They explained that to be on the telephone in someone’s home was rude. They further explained the positive or negative impact a carer can have on someone’s quality of life and, “It is lovely to see people thrive.” This showed a caring attitude and empathy with people receiving support.

The support plans we looked at showed person centred tools which promoted a caring approach. For example within the plan there was, ‘What is important to you’, ‘Who is important to you.’ We also noted, ‘ We will know your plan is working if’ and ‘ We will know your plan is not working if.’ Also recognised within the plan was the person’s preferred name and agreed daily suggestions of activities and conversations. This showed respect for people their views and preferences relating to their care.

Staff we spoke with told us they had regular people they supported. Rotas we viewed showed consistency of visits from staff to people requiring support. One person had worked for the provider for two years and supported the same people throughout their employment. However we were told by one person, “I do get different carers. They used to give us a rota so I know who is coming and at what time but that has stopped. I like to know who is coming.” Another person stated, “Staff can be a bit late and I don’t get a phone call to say that they will be late.” A third shared, “There has been a patch bringing in new people but things are settling.” We discussed people receiving a rota of support with the registered manager. They stated that rotas would be provided for people in the future. We were reassured that the registered manager had taken appropriate action.

# Is the service responsive?

## Our findings

The provider had a data system in place that showed which staff were preferred by people receiving support. This was entered onto the electronic system which would ensure that only preferred staff were allocated to work with the individual. This showed the provider was responsive and people's preferences and wishes were identified and acted upon. For example one person told us, "On one occasion I didn't want a girl to come round and I rang the office, not to complain but to ask they didn't send this girl again and they sorted it. I didn't see the girl again." One person who received support told us, "I can do all that [personal care and medication] myself and they respect my wishes and independence."

People said they felt listened to and received care specific to their needs and preferences. All the staff we spoke with had a good understanding of people's planned care and how best to meet people's individual needs. We looked at care records of five people. The care records provided basic information that enabled us to identify how staff supported people with their daily routines and personal care needs. One person told us, "I like to do as much as I can for myself, to be independent. Staff respect that." They also commented, "The staff are marvellous."

We were told and saw training records that staff had received training to meet the needs of the people they were supporting. For example we looked at the staff rota for one person who required specialised care. All staff identified to support this person had received the relevant training. One staff member told us they had attended an appointment that required a level of support she had not been trained to complete. She rang the office and they sent a replacement. This showed that people's safety is a priority and office staff respond appropriately.

Care plans were stored at the person's home and at the office base for staff to refer to. Every staff member we spoke with confirmed that care plans were available in the home of every person they supported. Regarding the care plans one staff member told us they were very comprehensive. However another staff member stated, "There should be more content in the care plans."

Information on care records we checked was brief and not all documents had been fully completed. For example, some sections of assessment were blank and care plans held limited information about how to support people. Risk assessments were in a tick box format which gave limited space for personalised information. We noted that one care plan had been reviewed before the target review date had been reached. However three people had care plans that were not updated within the appointed review date. We saw review dates for June 2014, August 2014 and April 2015. The provider was unable to evidence how safety and/or quality was assessed and what was in place to facilitate an appropriate response. We were told that the management team were working to address these issues.

The provider had an up to date complaints policy. On the first day of inspection we were unable to access any concerns or complaints raised. The registered manager was on annual leave and the records were inaccessible. The registered manager stated that they had not logged all complaints received in the past. This was something they were aware of and an electronic monitoring system had been introduced. We were told that all complaints incidents falls and anything out of the ordinary would be logged. The manager would then complete their own investigation and record the outcome. This was not operational on the dates we inspected. On the second visit we discussed concerns raised from two complainants. The provider was co-operating with the local authority to address historical complaints through an action plan.

# Is the service well-led?

## Our findings

The response from staff throughout all conversations during our inspection had been their positive views on the office based staff and management team. One staff member told us, "Office staff are fantastic and keep communication open. Any concerns I feel able to contact the office first." A second staff member stated, "I feel supported. There is always someone on the end of the phone, always there for me." A third staff member who initially had a work related problem when she was first employed said, "I didn't say anything at first but I did talk to the office and now everything is sorted. It has been much better over the last month. I really like my job. It's a good company to work for."

There is a registered manager in place. We found the registered manager had clear lines of responsibility with a structured management team in place. The management team were knowledgeable and familiar with the needs of the people they supported. We were told should the need arise members of the management team would go and support people with their personal care requirements.

The services' liability insurance was valid and in date. There was a business continuity plan in place. The registered managers business continuity plan was a response planning document. It showed how the management team would return to 'business as normal' should an incident or accident take place.

Staff we spoke to all praised the office based team for their availability and felt that they were listened to. When asked if they felt comfortable with the management team and knew how to make a complaint, and would they. One staff member told us, "No hesitation, very good in the office." Another told us, "I'm quite happy, no complaints with the company. I've not found any problems."

We spoke with the management team about how they gathered people's views on the service delivered. We were told that surveys would be introduced and circulated to people they support to gain feedback. We were told that ten percent of people would be surveyed each month. The team leader would co-ordinate survey distribution collection and collating of information. This was planned

but was not yet operational. At the time of inspection there was no formal structure in place that gave people a voice on the service they received. There was no system in place to improve the quality of the service being delivered.

When we inspected the provider the service did not have systems in place to monitor and assess the quality of the service being delivered. Audits were not being completed. This meant there was no formal assessment of the care being delivered, no assessment of risk and follow up action. There was no quality control of records. This meant the registered manager had not monitored the health, safety and welfare of people.

This was a breach of Regulation 17 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider did not have robust arrangements in place to monitor, assess, evaluate and improve the quality of care people received.

We spoke with two members of the management team who stated that spot checks would be introduced to assess the quality of the service being delivered. We saw forms which would target time keeping including arrival, duration of visit and departure. Appearance, infection control, medication and record keeping were to be audited. The registered manager is also going to assess client need incorporating independence, staff ability to follow the care plan, and customer satisfaction. This showed us the provider would be seeking feedback on staff performance and allowed staff reflection on their performance. The provider would also look at remedial action and training needs where appropriate. This would support staff development, maintained accountability and drove continuous improvement.

There was evidence staff meetings had occurred. Topics discussed within meetings included introductions to new staff, training, visit monitoring and new procedures. The provider stated that they would be placing supervision dates and staff meeting dates on future staff rotas. This meant that these appointments would become part of the staff members core working hours. There would be an expectation that they attend as identified on their rota. This showed the registered manager had given staff the opportunity to raise concerns and share their views on the service delivered.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 17 HSCA (RA) Regulations 2014 Good governance

The provider did not have arrangements in place to monitor, assess, evaluate and improve the quality of care people received.

Regulation 17(1),17(2)(a),(e),(f)