

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Lancaster

Riversway House, Morecambe Road, Lancaster,  
LA1 2RX

Date of Inspection: 23 October 2012

Date of Publication: January  
2013

We inspected the following standards as part of a routine inspection. This is what we found:

**Respecting and involving people who use services** ✓ Met this standard

**Care and welfare of people who use services** ✗ Action needed

**Safeguarding people who use services from abuse** ✓ Met this standard

**Requirements relating to workers** ✗ Action needed

**Supporting workers** ✓ Met this standard

**Assessing and monitoring the quality of service provision** ✗ Action needed

## Details about this location

Registered Provider	Heritage Homecare Services Ltd
Registered Manager	Miss Angela Hughes
Overview of the service	<p>Heritage Homecare Services Ltd is registered to provide personal care and support to people living in the community.</p> <p>The office is based in Riversway which is situated between Lancaster and Morecambe.</p>
Type of service	Domiciliary care service
Regulated activity	Personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 October 2012, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff and talked with stakeholders.

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### What people told us and what we found

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We visited the agency and carried out an unannounced inspection. We looked at care plans and records, we spoke with members of the staff team and we spoke with carers and family members.

People told us; there have been hiccups but they've ironed them out`.

`I can't fault them, I can relax and let them get on with the job`.

`It makes you feel the job isn't just going in and making cups of tea. It is a very important job`.

Staff told us they felt supported and there was always someone on the end of the phone.

You can see our judgements on the front page of this report.

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### What we have told the provider to do

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We have asked the provider to send us a report by 23 January 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People using the service were able to express their views and were supported to be involved in making plans about their care.

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### Reasons for our judgement

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We looked at care records of four people who used the agency. The care records we looked at showed they were set out in a way that informed staff of people's needs and choices and likes and dislikes. They included a daily suggestion sheet which showed us that people were being supported in a person centred way.

We spoke with staff about their understanding of respect and dignity. They told us some of the practical ways they respected the people they cared for in their own homes. One member of staff told us how they had supported someone to regain their confidence and take part in community activities. Other staff were able to tell us that they had an understanding of the emotional issues affecting people who may find receiving some aspects of personal care difficult.

When we spoke with carers we were told; ` There have been hiccups but they've ironed them out`. Another comment we received was, ` I can't fault them, I can relax and let them get on with the job`.

People who used the agency were given a Service User Guide which had information on what standards of care people could expect. There were contact details on how to raise concerns, comments and complaints and how the agency would support people to put things right.

**People should get safe and appropriate care that meets their needs and supports their rights**

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## **Our judgement**

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The provider was not meeting this standard.

Peoples` health and welfare needs were not being met because, there was limited evidence of care planning taking place.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## **Reasons for our judgement**

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We looked at the care plans and records of four people who used the agency. Care records contained information about personal care, risk assessments and health information.

We saw evidence that once the assessment was received from social services the agency would always go out and visit people in their homes. The care manager carried out their own independent assessment including risk assessments. This meant people using the service were having their care and welfare needs met. The agency told us that everyone should have an annual review of their care plan. Sometimes reviews would be more frequent to respond to changing needs.

When we looked at the care plans we could not see that the care manager was regularly reviewing the daily record sheets. This meant any changes in peoples needs had the potential to be missed.

We asked to look at a care plan for someone who was new to the agency. We saw that there was no care plan or risk assessment in place in the two weeks since they started receiving services. This meant staff did not have the information they required to meet the health and welfare needs of this person.

**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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The provider was meeting this standard.

The agency had procedures in place to protect people from abuse.

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### **Reasons for our judgement**

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The agency had procedures in place for dealing with allegations of abuse. The staff members we spoke with confirmed they had access to these and told us they had read and understood them. One staff member told us `It makes you feel the job isn't just about making cups of tea. It is a very important job`. Discussion with staff members confirmed they had an understanding of the procedures to be followed in the event of any allegations or suspicion of abuse or neglect. Staff members spoken with said they wouldn't hesitate to report any concerns they had about care practices.

**People should be cared for by staff who are properly qualified and able to do their job**

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## **Our judgement**

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The provider was not meeting this standard.

Recruitment procedures were unsafe potentially placing people at risk.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## **Reasons for our judgement**

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We looked at the personnel records of three staff members and found some documentation required by regulation wasn't in place before they commenced working at the agency. Service providers are required to have robust recruitment procedures in place. This is to ensure the people they employ are of good character and are fit and appropriately qualified to do their job.

We saw that files did not have completed reference checks. We saw that in one file one of the references was dated before the date of the interview. In another file we saw that one of the references was a photocopy and did not have a letterhead or contact details of the referee. This showed us that people were potentially put at risk because the agency did not have safe recruitment systems. We discussed with the provider the need for thorough procedures in place to ensure the safety and welfare of the people who use the agency.

Some staff members we spoke with told us they shadowed experienced colleagues from the day of their interview. This meant they were entering people's homes without appropriate checks being undertaken.

We were told that there were currently 11 care staff and 3 managers employed by the agency. When we spoke with the provider they told us of their intention to enable staff to gain qualifications and skills for the work they perform.

Some of the staff team were new and inexperienced in their role. One member of staff was concerned about the lack of health and safety training and the use of hoists. This showed us that people who used the agency were potentially at risk of receiving care and treatment from staff who were not trained and competent in health and safety procedures relating to moving and handling.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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### **Our judgement**

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The provider was meeting this standard.

There were systems in place to ensure staff received training and support to provide care.

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### **Reasons for our judgement**

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We looked at what qualifications and skills agency staff had. We did this to ensure they were competent for the work they carried out. There was evidence staff had induction training including infection control, medication awareness, safeguarding and health and safety. However we saw this training was delivered during a one day period. In order for staff to have the necessary competencies in care provision, the provider should note, a training plan would enable staff to gain the knowledge and skills over a longer probation period.

We asked to look at records of staff supervision. When we spoke with staff about supervision meetings they told us, ` They've just cropped up recently and I have found it helpful for client and personal reasons. It is good to be able to talk outside of people's homes`.

When we discussed these issues with the management they agreed that they would look at improving the staff training and supervision meetings.

**The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

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## **Our judgement**

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The provider was not meeting this standard.

We found the agency had few systems in place to monitor the quality of the service they were providing.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## **Reasons for our judgement**

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We asked to look at systems and procedures the agency had in place to monitor and assess the quality of their service. We did this to see if people using the agency benefitted from safe quality care and support.

The agency did not have any systems in place to gather feedback from people who used the service, their family, relatives and staff. We did not see any evidence of surveys, questionnaires, or telephone monitoring audits taking place. This meant the agency could not measure the quality of its service and whether it was meeting people's needs.

There were no records of staff meetings taking place and we saw that care plans and risk assessments were not all up to date.

There was a concern with the lack of monitoring systems the agency had in place. By not having sufficient communication systems meant the views of service users and staff was not being taken into account.

We were told that the care manager visited people in their own homes on a weekly basis and carried out spot checks. However the spot checks were not recorded. This showed us that the agency were unable to monitor the quality and standards of care being delivered and look for any patterns or trends.

We could not see any records of regular staff meetings. We were told that staff can meet with the management team when they collect their rotas on a Friday. This meant the views of staff were not being taken into account.

This section is primarily information for the provider

✕ Action we have told the provider to take

## Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	<p><b>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Care and welfare of people who use services</b></p> <p><b>How the regulation was not being met:</b></p> <p>The failure to keep up to date care plans and risk assessments meant that the care and welfare of people using the agency was put at risk. This meant that staff had limited knowledge to enable them to support people safely in their own home.</p>
Regulated activity	Regulation
Personal care	<p><b>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Requirements relating to workers</b></p> <p><b>How the regulation was not being met:</b></p> <p>The agency`s recruitment and selection procedures do not ensure people are protected and safeguarded from potential abusive practices.</p>
Regulated activity	Regulation
Personal care	<p><b>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Assessing and monitoring the quality of service provision</b></p> <p><b>How the regulation was not being met:</b></p>

**This section is primarily information for the provider**

	The agency had a lack of record keeping and monitoring systems in place to ensure the quality of the service was being monitored.
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This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 23 January 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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