

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: 01 May 2013

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2013

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

Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Complaints	✓	Met this standard
Records	✓	Met this standard

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 Riverway which is situated between Lancaster and Morecambe.</p>
Type of service	Domiciliary care service
Regulated activity	Personal care

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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

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 1 May 2013, 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, reviewed information given to us by the provider and talked with commissioners of services.

What people told us and what we found

At the last inspection there were concerns regarding the lack of regular care plan reviews and care plans were not always in place for when people started with the agency. We saw care plan records were now all in place and were regularly reviewed.

When we spoke with people who used the agency they told us they managed their own medication. One person commented, `I can do my medication myself, I use blister packs. I would say if I had any problems. I am quite happy`. Our discussions with staff confirmed they were clear about their role and what action to take if they had any concerns regarding the safe use of medication.

At the last inspection there were concerns that related to the safe recruitment of staff. We found all relevant checks were undertaken before new staff members commenced their employment.

Since the last inspection we saw evidence that the manager had improved their procedures to monitor the quality of the service being provided. There were regular care plan reviews taking place and the management team had oversight of the review process.

The agency had a complaints procedure and a copy was made available to people in their individual care plans. The provider maintained records of complaints in the main office as an audit trail of complaints and concerns with actions taken.

The four care plan records we looked at contained accurate and up to date information. The files were planned and organised in a consistent way.

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

More information about the provider

Please see our website 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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

At the last inspection there were concerns regarding the lack of regular care plan reviews and care plans were not always in place for when people started with the agency. The provider told us they had implemented some changes within management team roles and responsibilities to ensure there was more oversight regarding the care and welfare of people who used the agency. This included daily record sheets being reviewed by the care manager to ensure any changes in people's needs were noted and acted upon. In addition the provider had implemented a new system of recording client contact and queries with the agency. We saw examples of the agency responding to incidents, contacting other professionals and arranging training as part of the ongoing support being provided. This enabled the manager to monitor and ensure appropriate action was being undertaken to meet people's needs.

We looked at four care plan records including people who had not been using the agency for very long. We saw care plan records were all in place. Care plans were detailed and person centred. They contained information about how people's personal care and health care needs were being met. This meant staff had accurate information to support people who used the agency.

Care plans were reviewed at a minimum on an annual basis, although if there were any changes the agency would undertake a review sooner. Care plan records were clearly marked with the due review dates. There were risks assessments in place. These related to environmental issues in and around the home. The provider may like to note that developing the risk assessment process to include aspects of personal care and the use of medication should be developed. This would assist the staff to identify and take measures to minimise the risks posed to people such as moving and handling and managing pressure care.

We spoke with five people who used the agency and we received the following comments; `The staff are excellent, they are all very nice and they usually turn up on time`. Another

person told us, `They are very good, and will help me with anything I ask. I live on my own and only see them, we have a chat and a laugh`.

We spoke with members of the staff team. Our discussions with them confirmed they were knowledgeable about people's individual needs. They told us they found the care plans easy to understand and follow. One member of staff told us, `I find them incredibly useful`.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

The manager told us that staff received medication training as part of their induction when they started working for the agency. There was a policy in place with clear guidance on the roles and responsibilities for staff to follow. The policy had been revised and was up to date. Assistance with medication was only agreed as part of the care planning process. The training included guidance for staff regarding what action to take if they had any concerns; for example if they found missed medication had not been taken for any reason. Staff were instructed to call the office or on call for advice and assistance. Staff were not allowed to provide advice regarding the use of home remedies, or allowed to purchase or administer any without being authorised as part of the care plan. There were medication charts in the home to record when staff provided assistance with people to take prescribed medications at the correct times. This showed us that people were being supported to take their medication safely.

The agency had recently completed staff competency checks in the safe use of medication. We could see from the daily client contact sheets that staff were reporting concerns regarding the use of medicines and appropriate action had been taken. This showed us that staff were clear about what action to take if they had any concerns. However the provider may like to note as part of their ongoing quality monitoring, they could analyse the information regarding medication queries to identify any trends. This would highlight areas where further action could be taken in order to minimise the risks of future incidents occurring.

When we spoke with people who used the agency they told us they managed their own medication. One person commented, `I can do my medication myself, I use blister packs. I would say if I had any problems. I am quite happy`.

Our discussions with staff confirmed they were clear about their role and what action to take if they had any concerns regarding the safe use of medication.

The manager told us their procedure for returning any out of use or out of date medication. This was the responsibility of managers only and a written record was kept as evidence as

part of their audit trail.

Because some of the staff had worked for the agency for a few years, we discussed with the manager that they may want to consider providing refresher training for staff periodically. This would enable staff to keep up to date with good practice, as part of their personal development. We noted that in recent staff supervision meetings medication had been a topic identified for discussion. This showed us that the provider was taking steps to ensure staff handling medicines had the competency and skills needed.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were supported by staff who had been properly recruited.

Reasons for our judgement

At the last inspection there were concerns that related to the safe recruitment of staff. We looked at three staff records, two of whom had recently been recruited by the agency. The manager told us that although receiving references could still be difficult, they had ensured that references were verified prior to commencing work. We looked at the recruitment procedures the service had in place and saw there were improvements made.

We found all relevant checks were undertaken before new staff members commenced their employment. These included Disclosure and Barring (DBS) checks and references. The provider had implemented a new policy that gave guidance regarding managing blemished DBS records and employing ex offenders. These checks should ensure new staff were deemed suitable and safe before taking on their role working for the agency.

Each employee file was organised and more comprehensive. Records included detailed information regarding their recruitment process. There were dates recorded when the application was received, the interview date, dates of when reference checks had been received, and dates of when shadowing and induction took place. Application forms were complete with a full employment history and any gaps were explained. There were signed contracts relating to the individual roles as domiciliary support workers. The roles and responsibilities and the company requirements were clearly set out within the employment contract. There was an employee handbook provided to all staff. It provided information with all aspects of their roles including health and safety and lone working.

We spoke with two members of staff. One staff member told us, ` We`ve got some good ones. I have trained two of them and they do everything I have shown them. Things have got better. ` A second staff member told us, ` Yes I have enough training and support. You are observed until you feel OK. They tailor the training until you feel comfortable. It was important I was confident and the clients were confident. ` Our discussions with staff confirmed that the agency had taken steps to ensure new staff were safely recruited and deemed competent to undertake their role.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The agency had an effective system in place to identify, assess and manage risks to health, safety and welfare of people using the service and others.

Reasons for our judgement

Since the last inspection we saw evidence that the manager had improved their procedures to monitor the quality of the service being provided. There were regular care plan reviews taking place and the management team had oversight of the review process. The manager had appointed a member of staff to undertake a role to carry out weekly spot checks in the home and work closely with people who used the agency. This was to enable them to gather feedback from people who used the agency regarding the standards of care and support they received. There was improved oversight regarding client contact with the agency. The management team had reported that a new system recording client contact had proved to be successful. We could see from the records there was an audit trail of actions taken and other professional involved. This showed us that people benefitted from safer care and support due to the agency managing the risks posed to people.

Although the manager had tried ways to implement staff meetings they had proved unsuccessful. We could see that regular staff supervision meetings took place and there was a newsletter produced to support communication for staff across the agency. However we did discuss with the provider to continue to find ways of supporting staff to meet regularly as a team. This would enable staff to keep up to date with changes and support them to share their views.

At the time of the inspection the agency was undertaking a survey on behalf of the local authority. The manager explained to us their own surveys were not very successful and they received a low response rate. We discussed with the manager the importance of gathering feedback from people who used the agency as part of their quality monitoring. The provider may like to note they should continue developing ways to gain the views of people who use the service as part of their continuous improvement.

We discussed with the registered manager that it is a requirement that providers notify the Care Quality Commission (CQC) about serious incidents and events that effect people who use the agency. In the event of such instances occurring they should notify CQC at the earliest opportunity.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

The agency had a complaints procedure and a copy was made available to people in their individual care plans. The provider maintained records of complaints in the main office as an audit trail. This showed us what actions the agency took when managing concerns and complaints from people who used the service.

When we spoke with people who used the agency they told us they felt that they were able to raise concerns if they were unhappy. One person told us, `There has been a problem with timing; they don't let me know when they are coming. But the owner is coming to speak to me about it today and I am confident we will sort it out`. A second person commented, `the service has been satisfactory for us. We have used them for a few years. Sometimes there are ups and downs. Some are very good and some not so good. We have the information about complaints in a pack.` This showed us the agency gave people information regarding how to raise concerns and comments.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

The four care plan records we looked at contained accurate and up to date information. The files were planned and organised in a consistent way. This enabled people who used them to easily navigate through the information. Records about the care and support of people who used the agency were updated as soon as practical. Records about care and support were clear and factual and maintained the dignity and confidentiality of the people who used the agency. This showed us the agency had measures in place to ensure people received safe and appropriate levels of care and support.

We looked at three staff files and noted that they were also filed and organised in a consistent way and to the same standard. Information within the files was clear and easy to follow.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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