Heritage Care Limited

Lincolnshire Domiciliary Care Branch

Inspection report

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Lincolnshire Domiciliary Care Branch is a domiciliary care agency. It provides personal care to 104 people living in their own homes. The service is registered to care for children between 13 and 18 years, younger and older adults, people with learning disabilities or autism, mental health and physical disabilities. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found
We made a recommendation because some positive behaviour support plans and risk assessments were not up to date and did not include important information from other health and social care professionals. The service had been using high levels of agency staff, however permanent staff had been recruited and this was improving. Staff told us staffing levels were enough to meet the needs of people. Systems and processes were in place to ensure people were protected from abuse. Staff received regular safeguarding training and demonstrated they were knowledgeable about how to protect people from abuse.

Staff received regular training and told us the training provided them with the knowledge to do their jobs effectively. People were supported to eat and drink what they had chosen. People living in shared accommodation benefited from good person-centred support to purchase chosen ingredients and cook meals independently of their housemates. Staff worked well with colleagues across the organisation to ensure that people were getting good opportunities to socialise and engage in activities of their choice.

Staff sought consent from people before delivering care. Staff received training regarding the Mental Capacity Act (MCA) and were knowledgeable about the subject. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff knew people well and were kind and compassionate. People told us they liked their support staff and that they were kind to them. Staff knowledge was good around privacy, dignity and independence. People were given the opportunity to express their views regularly and were involved in their own care.

People were receiving care and support which was responsive to their needs, however care plans were not

consistent. Some care plans lacked the person-centred detail to ensure important information about 'how' to support people was included. Terminology used in some care plans was negative. Some recent care plans included better detail, but this needed to be embedded. The provider was aware of the need to standardise support planning and was planning to implement a nationally recognised electronic support planning system in the near future.

The management structure had recently changed which improved the support provided to the staff team. There was no registered manager in post at the time of the inspection, however, applications had been submitted for two registered managers at the location. Leadership in the service promoted a culture which was open and inclusive. Staff were consistently complimentary about the support they received from their managers and team leaders. The team worked with a range of health and social care professionals and had built good links in the community.

Governance systems were in place to ensure oversight and scrutiny of practice within the service. Plans were in place to ensure the service developed and improved. The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The last rating for this service was Good (published 31 January 2017)

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Lincolnshire Domiciliary Care Branch

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was carried out by two inspectors.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service did not have a manager registered with the Care Quality Commission. The provider was in the process of registering two managers for the location. Throughout the report I have referred to them as 'managers. This means that once registered they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Because the service supports people in their own homes and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection
We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with eight people who used the service about their experience of the care provided. We spoke with ten members of staff two managers and the regional manager. We also spoke with one visiting healthcare professional. We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

● Improvements were required to ensure people were protected from risk. For example, one person displayed behaviours which challenged. We found no evidence of planning to reduce the risks to the person and others around them. We brought this to the attention of the manager. They provided evidence the person was receiving support from healthcare professionals and the staff had been provided with guidance, but this had not been included in the care plan and no risk assessment had been written. The provider agreed to implement a risk assessment immediately following the inspection.

● In other people's risk assessments, we saw that the potential risks to each person's health, safety, environment, mobility and welfare had been identified and people's files contained sufficiently detailed risk assessments which identified strategies to reduce each risk area.

● Staff told us they were aware of people's risk assessments and had read them. One staff member said, "They are kept in people's bedrooms, we can contribute to them if we feel they need updating. Closer to the date I am going to write a risk assessment for supporting someone to go and watch a football match."

We recommended the provider reviewed peoples risk assessments to ensure they included up to date information and included advice and guidance from health care professionals involved in people's care.

Systems and processes to safeguard people from the risk of abuse

● The managers understood their responsibilities in relation to safeguarding, how to report and investigate concerns, and how to protect people from potential discrimination.

● Staff received training in how to safeguard adults and children and demonstrated a good understanding of the signs of abuse. Staff were clear on how to report concerns under safeguarding or whistleblowing procedures. One staff member told us, "Policies are online, we have access to them at all times."

Staffing and recruitment

● People told us they received support from the same staff which promoted continuity of care and they were supported by the number of staff required to meet their assessed needs. During the previous 12 months prior to our inspection the service had been using agency staff. Staff told us this had improved in recent months and the manager confirmed that more staff had recently been recruited which would further reduce the need for agency staff.

● Recruitment records confirmed the provider had safely recruited staff in line with their own recruitment policy.

● Records showed pre-employment checks were carried out prior to staff commencing employment. References and proof of identity and right to work were obtained, and staff had Disclosure and Baring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions.

Using medicines safely

● Care plans and risk assessments described the support people required to ensure medicines were administered safely. People who required medicines on an 'as needed' basis had a written plan to ensure staff knew how and when to administer them.

● The provider had a policy relating to medicines which reflected current best practice guidance and was reviewed. Audits of medicines administration were carried out regularly. Records showed shortfalls identified were recorded clearly and addressed promptly.

● Records showed, and staff confirmed they received training to administer medicines safely. Observations of staff competence were carried out regularly.

Preventing and controlling infection

● People were supported to clean their own homes to reduce the risk of spreading infections. People's homes appeared clean and hygienic.

● Staff were trained and followed infection control procedures.

● Staff told us they were provided with supplies of personal protective equipment, such as gloves and aprons.

Learning lessons when things go wrong

● Accidents and incidents were reported, recorded and monitored to check for trends and any patterns identified were shared with staff for learning. The manager told us they spent most of the time out in the community with staff and people and had good knowledge of accidents and incidents which had taken place.

● The regional manager told us they were asked to attend an annual review with the board of directors to scrutinise key themes such as safeguarding incidents and health and safety.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Initial needs assessments were routinely carried out before people used the service. The information obtained from the assessments was used to develop care plans and guidance for staff. Protected characteristics under the Equality Act had been considered. For example, people's lifestyle preferences, religious and cultural needs.
- Care plans contained information regarding people's choices and routines and included a life story about the person.
- Peoples plans included information about who was important to the person, this was called a 'circle of support'. The circle of support identified people such as relatives and close friends who the person would like to be involved in their care and support.

Staff support: induction, training, skills and experience

- The provider was providing support to some people who displayed challenging behaviour toward staff and people they lived with. We noted that only a very small number of staff had received training relating to positive behaviour support. We spoke with the regional manager about this and were told that there was a plan to select several key staff in the area to undertake a formal coaching qualification and other key staff to undertake a masters level qualification. The aim of this was to embed an ethos of positive behaviour support amongst the staff and provide the entire team with the skills and knowledge they require.
- Records confirmed that staff were provided with a programme of training to enable them to support people confidently and safely.
- Staff told us that their training was good and enabled them to do their jobs well. One staff member told us, "It [training] is really good training, I can't fault it, I am doing the care certificate now." The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job role in the health and social care sectors
- Staff told us they felt supported by the managers who were available for support and guidance when required. Records confirmed staff were provided with regular supervision and appraisal.

Supporting people to eat and drink enough to maintain a balanced diet

- Where people were at risk of poor nutrition, guidance was included in their care plan.
- Records showed staff supported people to purchase groceries each week and staff told us they encouraged healthy eating whilst giving people choices. Staff supported people with menu plans when appropriate.
- We saw examples of good person-centred approaches toward grocery shopping and supporting people to cook their chosen meals. In one accommodation we visited, five people were living together and sharing

communal living and kitchen areas. Staff told us how each person was supported to choose and purchase their own groceries and then provided with one to one support each day to cook the meals of their choice. This avoided group menu planning and ensured that people made choices that were important to them. One person told us, "I really like the support I get to cook."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care records included guidance from health professionals and staff supported people to access appropriate healthcare, such as GP's.
- People's care plans included guidance about their health conditions, such as epilepsy, and mental health. This helped to ensure staff were aware of signs and symptoms associated with these health conditions and advised them on actions to take in the event of changes in people's well-being.
- When people needed referring to health care professionals such as occupational therapists, speech and language therapists or district nurses, staff understood their responsibility to ensure they passed the information to managers to ensure people received the correct healthcare.
- People had detailed health passports and hospital grab packs completed. These documents provide healthcare professionals with information about people's individual needs, support with communication and prescribed medicines in the event of an unplanned hospital admission

Ensuring consent to care and treatment in line with law and guidance

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA and found that people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests

- Staff were provided with training related to the MCA and demonstrated they understood the principals. One staff member said, "It is about people having the capacity to make decisions for themselves and assuming that people have capacity as a starting point."
- Records showed where people lacked capacity, best interests' meetings were carried out. In one example we saw evidence of one person being supported to make a decision about owning a pet, where it was agreed it would be in the persons best interests to increase their happiness and wellbeing.
- Where people required support to make decisions and required an advocate they were supported to access one. For example, one person was planning to move to a new house and was supported by an independent mental capacity advocate (IMCA).

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. One person told us, "I like living here, staff are nice to me." Another person told us, "I like the company of the staff, I like [staff] she's alright."
- Staff knew people very well and knew what was important to them. One staff member we spoke with had a comprehensive knowledge of the people they were providing support to. The staff team benefited from this knowledge and told us, "I go to [staff] for advice if I am not sure, they know people so well."
- Staff had received equality and diversity training and the provider had an equality, diversity and human rights policy, which set out how to support people, and staff, from diverse backgrounds.
- Staff told us they would recommend the service to a loved one or a friend. One staff member told us, "I would because staff encourage people to be independent and they would do the very best for them."

Supporting people to express their views and be involved in making decisions about their care

- People were treated with respect and were involved in decisions about them. Records showed people and/or their nominated representative were included in developing plans.
- Staff were observed being interactive with people and providing them with every opportunity to be involved in their day to day support. We observed several instances where staff offered people choice. One staff member was overheard saying to a person, "Do you want to come and make your lunch now or do you want to do it later?"
- People were supported to make choices about their accommodation and décor. People were proud to show us their accommodation and their own bedrooms. For example, one person we spoke with told us their favourite film was E.T (Extra Terrestrial). When they showed us their bedroom they had posters of the movie on their wall. In the corridor a collage had been created by people sharing the accommodation which included pictures of things they were interested in.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a dignified and respectful manner.
- Staff demonstrated a good understanding of how to protect people's dignity and right to privacy. For example, closing doors and keeping people covered whilst supporting them with personal care.
- The manager ensured people's information was stored securely and only shared with people's consent.
- People were supported to do as much as possible for themselves. For example, we saw people making their own breakfast. Staff were on hand if people needed support but did not impose themselves or their way of doing things on people.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care planning was inconsistent. Some care plans did not contain enough detail to ensure people's needs and wishes could be met. For example, one person's chosen method of communication was Makaton. Makaton is a language programme designed to provide a means of communication using hand signs accompanied with speech. Staff were provided with training and resources were available in the person's home to support them to communicate. However, this information was not recorded within the care plan. This meant there was a risk new or unfamiliar staff would not be aware of how to communicate effectively with the person.
- Some people's care plans contained more detailed information which included a life history and clear detail about what was important to them, but this was not reflected in all care plans. We raised this with the regional manager who was aware of the inconsistency in care plans and was planning to address the issue by moving to an electronic care planning system.
- Some care plans did not represent people positively because terminology used was sometimes negative. For example, one person's care plan described them as having 'autistic traits' and 'slow at eating' without explaining what this meant. We saw several examples of negative language used to describe people. We raised this with the manager and regional manager and were told that improving terminology in care plans was going to be a priority and further training for the staff team would improve this.
- We saw no evidence of negative terminology being used by staff toward people they were supporting and contrary to what we found in some care plans, we found staff to use very positive language when talking with people.

We recommended the provider reviewed peoples care plans to ensure they included more person-centred information was included and to replace negative language with positive examples of the support people require.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Records showed the provider gave people information in easy read format. The manager told us information about people could be provided in other formats such as large print or braille if requested. We did not see evidence care plans had been provided to people in easy read or the other formats described.
- Although some care plans did not provide enough information about people's chosen form of

communication, we found this was largely an issue related solely to care records. When visiting people, we saw several examples of staff communicating with people in their chosen format. Some people had a rota planning board with pictures of the staff team and menu planning tools with pictures of their favourite food to choose from.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People told us they engaged in a wide range of personal hobbies and interests. One person told us they went to a local disco every month and said, "I am a very good dancer." Another person said, "On Thursdays we go to the music man at the Salvation Army." Another person told us they and their housemates were hosting a Macmillan coffee morning to raise money for the charity. Some people told us about work placements they were supported to attend, for example one person was working in a café one day per week in their hometown and another person was working at the local supermarket.

● The managers, team leaders and staff promoted friendships and relationships across the services they were working in. For example, people living in shared accommodation in the local area had forged strong lasting friendships and relationships with each other. We were shown several examples of scrapbooks and pictorial evidence of people enjoying spending time together at parties and social events. People confirmed this, when showing us photographs one person said, "They are all my friends."

● People were supported to maintain relationships with loved ones and relatives, people told us about seeing their parents and siblings.

● People were supported to participate in activities which were culturally important to them such as attending the local church services.

Improving care quality in response to complaints or concerns

● The provider had a complaints policy in place, records showed in the two years prior to our inspection there had been 12 complaints. Further analysis undertaken by the regional manager showed a decrease in complaints from relatives and professionals and most complaints were made by people using the service. We found all complaints had been responded to within the appropriate timescales.

● Records confirmed action was taken to improve the quality of support people received. For example, one person had complained they had not been able to attend a social activity due to a lack of staff who could drive. The manager implemented better planning to ensure the person would be able to attend social activities in the future.

End of life care and support

● At the time of the inspection, the service was not supporting anyone who required end of life care. However, people were supported to develop advance care plans which described their wishes for the end of their lives.

● The manager told us if anyone required end of life support they would ensure all staff had the appropriate training and support and they would liaise with the appropriate health care professionals.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The location had recently experienced changes within the management structure. The regional manager was open about the disruption this had caused and was aware the quality of information in some care records required improvement. At the time of the inspection there was no registered manager in place, but applications had been made to register two managers for the location. People and staff were positive about the impact the new managers were having.
- Managers and team leaders based almost all of their time in the community supporting staff and spending time with people using the service. Staff were very positive about this. One staff member told us, "It's a fantastic set up here, staff work well with people and the managers are around when we need them."
- People consistently told us they were happy living in their accommodation and the staff were kind and helpful. Staff told us morale within the team was good and staff worked together in a flexible way to ensure people's needs were met and they had a good quality of life which resulted in positive outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The regional manager and managers understood, and described to us how they would act on, their duty of candour responsibility, we saw evidence that matters were investigated, and apologies provided along with outcome letters where appropriate.
- The provider had their previous inspection rating displayed on their website and in the office location.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The managers carried out regular quality audits to improve the quality of care for people living at service. Audits included record keeping, medicines and health and safety. The managers had identified and had begun to work on improvements to people's care plans. The regional manager told us the audits were sent to senior managers for further scrutiny and that issues and themes would be used in one to one discussion and at team meetings.
- Staff were clear about their roles and understood what the provider expected from them. The regional manager and managers demonstrated they were aware of their responsibilities to meet regulatory requirements, including the requirement for them to notify CQC of significant events and incidents in the service.
- The manager gained feedback from people, relatives and staff by asking for their views in a survey. Records

showed the most recent survey undertaken was mostly positive. Where people had made suggestions or negative comments, these were placed on to an action plan to ensure improvements were made. The provider did not have a formal process for feeding back information to people who participated. The regional manager told us they would consider ways of improving this in the future.

● Staff were encouraged to participate in a staff survey to establish how engaged and motivated they were in the workplace. The regional manager told us the results of this were discussed with the board and would help develop the future strategies around staffing.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● Staff told us they were confident to make any suggestions for improving people's support through regular team meetings. Staff told us they felt valued and respected by their managers. One staff member told us, "[The manager] is really good, they know what they want and has high standards." Another staff member told us, "I am proud of the way this team works."

● The provider had developed a recognition and reward system for staff which was called 'The Five I Awards'. The awards scheme was linked to the organisational values and recognised staff for positive achievements relating to the 'Five I's' which were inspiration, integrity, inclusion and impact. Staff were also recognised for going above and beyond the call of duty (called the ABC awards).

Working in partnership with others

● The service was working in partnership with other agencies and care providers in the local area. For example, the provider had built professional relationships with social landlords to enable them to seek good housing solutions.

● The provider was subscribed to a national partnership which included other voluntary organisations and charities. This helped the provider keep up to date with national strategies in the health and social care sector.

● Records showed staff worked in partnership with relatives and health and social care agencies to ensure people received care that met their needs.