

Heaven Scent Care Services Ltd

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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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Heaven Scent Care Services Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults. At the time of the inspection, seven people were being supported by the service.

Not everyone using a domiciliary care agency receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service:

People were protected from harm by staff who had been trained, and were confident in recognising and reporting concerns. Potential risks to people health and wellbeing were assessed and minimised. There were enough staff to ensure people's needs were met safely. People were supported well to manage their medicines because staff had been trained to do so safely. Staff had the right equipment and followed effective processes to prevent the spread of infection.

Staff had been trained and had the right skills to meet people's needs effectively. Staff were well supported and had information to meet people's assessed needs. Where required, staff supported people to have enough to eat and drink. Staff supported people to access to healthcare professionals when required, to help them maintain their health and well-being.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were fully involved in making decisions about their care and support. People and their relatives were involved in planning and reviewing care plans. People told us staff who supported them were caring and friendly. Staff respected and promoted people's privacy, dignity and independence.

Information in people's care plans supported staff to deliver person-centred care that met people's needs. Staff had been trained on how to support people well at the end of their lives. The registered manager worked in partnership with other professionals to ensure that people received care that met their needs. There was a system to ensure people's suggestions and complaints were recorded, investigated, and acted upon to reduce the risk of recurrence.

Audits and quality monitoring checks were carried out regularly to continually improve the service. The provider had systems to enable people to provide feedback about their experiences of the service. People's experiences of the service were mainly positive, and the registered manager showed us what they had done to deal with some of the concerns raised by people. Overall, there effective systems to ensure people received good quality care.

Rating at last inspection:

The service was rated 'good' when we last inspected it. That report was published in January 2016.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor all information we receive about the service and schedule the next inspection accordingly.

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 safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

Heaven Scent Care Services Ltd

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out the inspection.

Service and service type:

Heaven Scent Care Services Ltd is a domiciliary care agency. It provides care to people living in their own houses, flats or specialist housing. The service provides personal care and support to adults.

The service had a manager registered with the Care Quality Commission. This means that 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 site visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure they would be in to support the inspection.

Inspection activity started on 25 January 2019 and ended on 5 February 2019. We visited the office location on 25 January 2019 to see the manager and care staff; and to review care records and policies and procedures.

What we did:

Before the inspection, we looked at information we held about the service including notifications. A notification is information about events that registered persons are required to tell us about. We checked the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection

During the inspection, we looked at various information including:

- Care records for four people.
- Records of accidents and incidents; compliments and complaints; audits; surveys.
- Three staff files to check the provider's staff recruitment, training and supervision processes.
- Some of the provider's policies and procedures.

We spoke with two people, three relatives of other people and two staff by telephone.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with how staff supported them.
- Staff knew how to keep people safe because they had been trained on this. They demonstrated they knew how to report concerns.
- One staff member told us, "I will report any issue to the supervisor first, and then to the manager if the supervisor doesn't deal with it."

Assessing risk, safety monitoring and management

- Potential risks to people's health and wellbeing had been managed well. These had been assessed so that people had appropriate risk assessments.
- One person confirmed this when they said, "They do what they have to do safely. I've never had any problems."
- The registered manager told us a referral had been sent to other professionals when they assessed that a person needed specific equipment to support them safely with their personal care.
- People's homes had also been assessed to identify and minimise any hazards that could put them, their visitors and staff at risk of harm.

Staffing and recruitment

- There were safe staff recruitment procedures to make sure staff employed by the service were suitable. The registered manager had completed all necessary checks.
- There were enough staff to support people safely.
- People told us they had not experienced any missed care visits. One person told us some initial timing issues had been resolved because they now had staff who lived near them.

Using medicines safely

- People told us they had been supported well with their medicines.
- Medicines people took had been recorded on a medicine administration record (MAR). This enabled the service to show that people had been given their medicine as prescribed by professionals.
- Audits of MAR showed no concerns in how people's medicines were managed by staff.

Preventing and controlling infection

- People told us they were protected against acquired infections because staff wore gloves and aprons when required.
- Staff told us they were trained in infection prevention and control. They also confirmed they had enough disposable gloves and aprons.

- The registered manager told us a senior staff always had supplies they could deliver to staff if they needed more gloves and aprons.

Learning lessons when things go wrong

- There were systems to ensure incidents or accidents involving people using the service or staff were managed effectively. Staff knew they needed to inform the registered manager of any incidents that occurred.
- Records showed the registered manager reviewed this information and took appropriate action to ensure everyone was safe.
- Measures taken to reduce the risk of recurrence included updating risk assessments and making referrals to other professionals to assess people.

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

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; Adapting service, design, decoration to meet people's needs

- The service was still meeting people's needs effectively. People confirmed this including one person who said, "I'm happy with my care and I have no issues at all."
- There were systems to continually assess people's care and support needs to ensure they received effective care.
- People had detailed care plans which showed how their needs, choices and preferences would be met by staff. These were updated when necessary.

Staff support: induction, training, skills and experience

- Staff were supported to acquire the skills necessary for them to support people effectively.
- Staff told us of the induction and training they had completed. One staff member said, "We are always up to date with training. Every time, I learn something different."
- Staff told us they were supported in their work, including by receiving regular supervision. One staff member said, "I get supervision. The supervisor always comes out to support us. I can phone them when there is a problem and they take care of it."

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

- Not everyone was supported by the service with their food and drinks. Relatives supported some people with this.
- One person who was supported by staff said this had been done well. We discussed with the registered manager that the person needed their visit times reviewed as they found some meal times too close to each other. The registered manager told us they followed the timings previously agreed with the person and commissioners, but they had staffing flexibility to change this if required. They would contact the person to arrange this.

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

- People told us staff did not routinely support them to attend appointments with health professionals such as GPs, dentists, chiropodist, opticians and hospital consultants because their relatives supported them with this.
- However, staff told us they ensured people had the support they needed if urgent healthcare was required. For example, one staff member they would contact a person's GP, NHS 111 or emergency services for advice if they found a person unwell.
- The registered manager also worked closely with other professionals when required to ensure people

received consistently effective care. We saw an example of this when staff who supported one person had to follow specific guidelines they had been given by another professional.

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 with appropriate legal authority.
- We checked whether the service was working within the principles of the MCA and found these were met. Records showed most people had capacity to make decisions and had given consent to their care support. Relatives supported to people who had fluctuating capacity. No one we spoke with had any issues in relation to people's rights.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People still received care in a caring manner.
- People and relatives told us staff were caring and friendly. One person said, "I like the guys and they're alright really." Another person said, "They are friendly people."
- Staff told us they respected people's diverse needs and preferences, and they provided care in a way that supported this.

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

- People told us they were supported to make decisions and choices about how they wanted to be supported by staff.
- Care plans had been developed together with people and where required, their relatives and other professionals.
- One person said female staff supported them personal care, but the second staff required to safely support them to move was sometimes a male. They said they would speak with the registered manager about of their preference being to be supported by female staff only. We also fed this back to the registered manager who will make the required staff changes.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff supported them in a respectful manner. One person said, "I like having them. They (staff) are respectful and helpful."
- People told us staff promoted their privacy and dignity, particularly when providing personal care. No one had any concerns about this.
- One person told us they relied on staff support for most of their activities of daily living because of their health condition. They said support had been provided well to ensure they could remain living in their own home.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care and support needs were still being met by the service in a person-centred way.
- People confirmed this, including one person who said, "Continuity of staff means they remember the routine and how I like things done."
- People said their care plans reflected their care needs and preferences.
- Regular reviews ensured care plans continued to meet people's current needs, and the care provided by staff met those needs.

Improving care quality in response to complaints or concerns

- The provider had a system to manage people's concerns and complaints.
- The complaints procedure had been given to people, but the provider had not received any complaints in the 12 months prior to the inspection.
- The registered manager used care reviews, visits to people's homes to check staff practice and surveys to ask for people's feedback about the service.

End of life care and support

- People told us their relatives would support them to make decisions about how they wanted to be supported at the end of their lives. No one supported by the service required end of life care and therefore, the registered manager had not added this information in people's care plans.
- We discussed with the registered manager that they needed this information for everyone they supported so that staff knew how people wanted to be supported at the end of their lives. They told us they would add this to people's care plans as soon as possible.
- Positively, we saw that staff had received palliative and end of life training.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives said communication with staff and the registered manager was good.
- Some people and relatives had concerns about some aspects of the service delivery. We fed this back to the registered manager who sent us information showing they took appropriate action to ensure people received good quality care.
- As well as twice a year care reviews and annual surveys, the registered manager told us their care coordinator visited people regularly to check if they needed anything changed with how they were supported. However, people had not raised any concerns with them during these visits.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Continuous learning and improving care

- The registered manager carried out regular audits. This meant they could regularly identify areas of the service that required improvement, and make those improvements in a timely way.
- There had been checks of people's care records, staff records, incidents and accident records to ensure these contained up to date and relevant information.
- There was evidence that any learning from shortfalls identified during audits was used to continually improve the service.
- The registered manager told us they had no plans to grow the service quickly because they wanted to ensure they provided consistently person-centred and high quality care to people they currently supported.
- The registered manager appropriately reported relevant issues to us and commissioners of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff told us they enjoyed their job and they found the service good.
- Staff also told us they had appropriate support to carry out their roles well and they knew the standards expected of them. One staff member said, "I always get good support. I get a weekly planner and therefore, I always know in advance who I am supporting."
- The registered manager was supported by a supervisor in assessing staff's competency, supervision and providing practical support.

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people's

care. This ensured everyone could check that people consistently received the support they required and expected.