

Tender Hearts Care Agency

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Inspection report

Greendale, Hope Bagot Lane
Knowbury
Ludlow
Shropshire
SY8 3LF

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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

This inspection took place on 2 and 3 May 2018 and was announced.

Tender Hearts Care Agency is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to people who are living with dementia, learning disabilities or autistic spectrum disorder, older people, younger adults and people who have a physical disability and/or sensory impairment.

There were two registered managers in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe. People always knew which staff would be visiting them. People were protected from the risk of harm or abuse because the provider had effective systems in place which were understood and followed by staff. People were supported with their medicines in a safe way. Risks associated with the spread of infection were reduced because staff followed the provider's procedures.

People received effective care. People were supported by staff who were trained and competent in their roles. People's health care needs were monitored and met. 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 supported by kind and caring staff who took time to get to know people and what was important to them. Staff treated people with respect and respected their right to privacy.

People were involved in planning and reviewing the care they received which helped to ensure people received a service which met their needs and preferences. People's religious and cultural needs were understood and met by staff.

The provider had effective systems in place to monitor and improve the quality of the service provided. People were supported by a team of staff who felt supported and valued. People's views were encouraged and responded to.

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.

There were sufficient numbers of suitably experienced and trained staff to meet people's needs.

Risk assessments were carried out to make sure people received their care safely and were able to maintain their independence.

There were robust staff recruitment procedures which helped to reduce the risk of abuse.

People received their medicines in a safe way by staff who were trained and competent in their role.

The provider's infection control procedures helped to protect people from the risks associated with the spread of infection.

Is the service effective?

Good ●

The service was effective.

People received care from a staff team who had the skills and knowledge to meet their needs.

People were always asked for their consent before care was given.

Staff liaised with other professionals to make sure people's healthcare needs were met.

Is the service caring?

Good ●

The service was caring.

People felt staff were very caring and went out of their way to make sure they were comfortable and content.

People were supported by a small team of staff who they were able to build trusting relationships with.

People were supported to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People received care and support which was personal to them and took account of their preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs.

People felt comfortable to make a complaint and felt any concerns raised would be dealt with. □

Is the service well-led?

Good ●

The service was well-led.

People benefitted from a staff team who were well supported and happy in their role.

The registered managers and staff team were committed to providing people with a high quality service.

There were systems in place to monitor the quality of the service provided.

Tender Hearts Care Agency

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 2 and 3 May 2018 and was announced. It was carried out by an adult social care inspector. We gave the provider 48 hours notice of the inspection as we needed to make sure we were able to access records and gain permission from people who used the agency to speak to them. The first day of the inspection was spent at the agency's office and on the second day we spoke with people who used the service and staff on the telephone.

At the time of the inspection there were nine people using the service.

This was the agency's first inspection since it registered with the Care Quality Commission in February 2017.

Before the inspection, the provider completed a 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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. We also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law. We used this information to plan the inspection.

Following our visit we telephoned three people who used the service and a relative. We also spoke with three members of staff on the telephone. Both registered managers were available throughout our inspection.

We looked at a sample of records relating to the running of the agency and the care of individuals. These included the care records of three people who used the agency. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance. We checked two staff recruitment files and staff training and supervision records.

Is the service safe?

Our findings

People told us they felt safe with the care provided and with the staff who visited them in their homes. One person said, "I feel safe and the staff always check I have locked my door when they leave."

People were supported by a small staff team which meant they always knew the staff member who would be visiting them. One person said, "I always have the same carer but if they have a day off I always know in advance who will be visiting me." Another person told us, "[Names of registered managers] tell me who will be visiting me so I never have someone turn up that I don't know. I find that reassuring." All staff were provided with uniforms and photo identification badges which meant people knew the staff that were visiting them were employed by the agency.

People told us staff always arrived on time and had never missed a call. They said support was provided in a relaxed and unhurried manner. A person who used the agency said, "I've never known them [staff] to be late. They're very punctual actually." Another person told us, "[Name of care staff] is very good. Everything is done at my pace. I've never felt rushed."

Staff told us they had sufficient time during their visits to support people in a safe way. One member of staff said, "It all works well. I've never experienced any problems and always have plenty of time with the clients I support." Staff were provided with a rota each week which detailed who they would be visiting and the length of the visit. Staff told us they could contact the registered managers if they needed to extend their visit. A member of staff told us, "I contacted [name of registered manager] when [name of person] wasn't well and needed more time. They arranged for another carer to visit my next client so that I could stay with [name of person]."

The registered managers operated an on-call system which meant that staff or people who used the agency, could contact them outside of office hours. A member of staff said, "I've never had to call but I know they [registered managers] would be on the end of the phone if I needed them."

Risks of abuse to people were minimised because the provider made sure all new staff were thoroughly checked to make sure they were suitable to work for the service. These checks included seeking references from previous employers and carrying out checks with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with vulnerable people. Staff told us, and records confirmed, they had not been able to begin work at the agency until all checks had been carried out.

Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where allegations had been made the registered managers had worked in partnership with appropriate authorities to make sure issues were fully investigated.

All staff had received training in the safe management and administration of medicines. This meant staff were able to support people safely when requested or required. Risks to people had been assessed as part of the pre-admission assessment process and on-going review of people's care plans. The risk assessment process enabled people who were able, to continue to manage their own medicines in a safe way.

There were procedures in place to mitigate risks to people. People's care files included a wide range of risk assessments in areas including environmental risks, moving and handling, medicines, weight loss, nutritional needs, and skin integrity. These provided guidance to staff on how they should support people in a safe way and ensure people's environment remained safe. One person had been assessed as being at risk of malnutrition and there were plans in place to support them with this such as monitoring their intake and eating a balanced diet. The records we read showed the person was gaining weight and eating a healthy diet.

The registered managers told us they were not supporting anybody who required a hoist to transfer. However all staff had received training in safe moving and handling techniques which meant they could respond to people's changes needs.

Records of accidents and incidents were maintained. All accidents and incidents were analysed by the registered managers at the time they occurred. This helped to identify any traits and actions needed to reduce the risk of reoccurrence. For example, in one person's care plan we saw that following a fall, one of the registered managers had completed a post falls analysis which checked whether there were any environmental, equipment or health factors which could have contributed to the person falling. As a result the person was supported to visit their doctor where they were prescribed antibiotics for a urine infection.

There were policies and procedures in place to reduce the risk of the spread of infection and these were understood and followed by staff. Staff had access to sufficient supplies of personal protective clothing (PPE) such as disposable aprons and gloves. People told us that staff used PPE when assisting them with their personal care needs.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were positive about the staff who supported them. One person said, "I have complete confidence in the carers." Another person told us, "I definitely think my carers know what they are doing."

Before people began to use the agency they were fully assessed by one of the registered managers to ensure their needs and aspirations could be met. One person told us, "[Name of registered manager] came to my home and we chatted about what I needed help with. They also asked me what was important to me. It was all very good." The care plans we read contained detailed assessments of people's abilities, needs and preferences. These assessments, along with assessments from other health care professionals, were used to formulate a plan of care.

People were supported by staff who had undergone a thorough induction programme which gave them the skills to care for people safely and effectively. New staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be supported. The registered manager explained that new staff were always introduced to the people who used the service before they commenced any shadow shifts. A person who used the service said, "If new carers start, [name of registered manager] brings them round to meet me." The registered manager also told us the length of the induction programme was based on the competence and confidence of the staff member.

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. The registered managers informed us there was nobody using the service who lacked the capacity to consent to their care and treatment. This meant that there had been no requirements to make applications to the Court of Protection. However, they were very clear on the procedures to follow where there were concerns about a capacity to make day-to-day decisions.

Staff had received training about the MCA and they knew the importance of ensuring people's rights and choices were respected. A person who used the service said, "The staff always ask what I want and I get the care I need in the way I want it." Another person told us, "My carer is very polite and always asks my permission before doing anything."

People were supported to maintain their health and well-being. Staff monitored people's health and liaised with relevant health care professionals to ensure people received the care and treatment they required. Staff recorded clear information about any health issues, action taken and the outcome of people's contact with health care professionals. Records showed that where there were concerns about people's health, these were quickly referred to the GP who then made referrals to appropriate health care professionals.

Where people required staff support to prepare meals, this was recorded in their plan of care. Care plans

also contained information about people's preferences for food and drink. Records showed that the times of visits were planned around people's preferences. For example, one person had informed staff they would like their evening meal earlier so the time of the visit was changed to their satisfaction.

Is the service caring?

Our findings

Without exception everyone we spoke with was complimentary about the agency and the staff who supported them. One person said, "I couldn't be happier. The staff are very kind and they know how I like things done." Another person told us, "Without their help and care, I wouldn't be where I am now. I am very grateful for everything they do." A relative said, "The carers are kind, caring and helpful. They couldn't do anything better. We are very happy."

People were treated with respect. A person who used the agency said, "They [staff] are very polite and respectful when they visit." Another person said, "They [staff] help me to shower in the morning and they respect my privacy. They are very professional and very friendly which makes things easier to cope with."

People told us that staff knew them well and knew what was important to them. One person said, "I have the same carer which is really nice as they know me very well now." Another person told us, "There is a small team of staff so the carers who have visited me know my ways. That makes such a difference." A relative said, "My [relative] is very fond of the staff and they know what is important to them."

People told us staff were always willing to do little extras for them. One person said, "They [staff] are never in a hurry to rush off after they have helped me. They always ask if there's anything else I want help with." During our visit we heard one of the registered manager's on the telephone helping to organise a medicines prescription. We heard this was usually done by the person's relative but as they were experiencing difficulties the registered manager offered to help." One of the registered managers told us how they supported people to attend health care appointments which were in outside of their agreed care package. They said, "We just like to do it. Sometimes their families are busy so we just like to help whenever we can. Because we are such a small agency we can do this and we want to keep it small and personal."

People were supported to be as independent as they could be. A person who used the agency told us, "I have always been a very independent person and the realisation that I needed some help wasn't easy. The girls [staff] understand this and they have been brilliant and have helped me do as much as I can for myself." The care plans we read provided information for staff on how to promote independence. For example, one of the care plans we read clearly stated what the person was able to do for themselves and the level of support they needed to wash and dress. The care plan instructed staff to lay out the person's clothes on the bed so they could dress themselves. The daily records made by staff confirmed this happened during each morning visit. We heard about another person who required staff to prepare and serve their breakfast. After a few visits staff recognised that the person was becoming more capable of preparing their breakfast so they supported them to further develop their skills which had resulted in the person reducing their morning support hours as they no longer needed the support from staff.

The provider had procedures in place relating to confidentiality. Staff were required to read and confirm their understanding of the policy when they commenced employment. Copies of people's care records were securely stored at the agency office.

Is the service responsive?

Our findings

Care planning and delivery was person-centred. Person-centred planning is a way of helping someone to plan their life and support they needed, focusing on what was important to the person. A person who used the agency told us, "Everything is done the way I want it to be done. The carers always say to me 'what would you like me to do.'" The care plans we read contained important information about people's preferences, the level of support they required and details about people's preferred daily routine.

People were encouraged to be involved in planning and reviewing the care they received. This helped to ensure people received a service which met their needs and preferences. The registered managers told us they provided the first few care visits to people as this helped to establish the support people wanted in the way they wanted at the times they wanted. We were told about one person who requested the times of their visits were adjusted and this was facilitated. People received regular visits from the registered managers to review the care and support they received.

People were supported to maintain their health and well-being as the staff recognised and responded to a change in their needs. The registered managers supported people to attend health care appointments and they and staff were quick to notice any changes in a person's condition. For example, when a decline in a person's mental health was noticed, the registered managers immediately informed their next of kin who arranged for the person to be seen by a GP and mental health team. The care plan for another person showed the registered managers had requested a visit from the person's GP after they had experienced a number of falls. The person was treated for a urinary infection which resulted in no further falls. When a person returned home after a spell in hospital with a wound to their skin, the registered managers immediately contacted the person's GP and obtained input from a district nurse which, with the input from staff, resulted in a full recovery.

Staff made entries about people when they had visited them. Records contained detailed information about the person's well-being and how they had responded to interactions. This information helped to review the effectiveness of the plan of care and helped to ensure people received care and support which was responsive to their needs and preferences.

Some people received support to access activities they enjoyed. A relative said, "My [relative] now goes out regularly with staff and enjoys it so much. They really look forward to their visits." People's care records contained information about their hobbies and interests, and activities schedules were in place for people who received support to access the community. For example, one person who had been reluctant to leave their home was now enjoying regular swimming sessions with staff support. Another person enjoyed shopping outings and visits to a local coffee shop.

The agency had systems in place to deal with any concerns or complaints. The people we spoke with told us they were confident that any concerns would be appropriately dealt with. One person said, "I haven't had cause to complain. If I had any worries I would be straight on the phone to [name of registered managers.]" Another person said, "No complaints at all. I would say if I did and it would be dealt with." Each person was

provided with a copy of the complaints procedure as part of their welcome pack when they started to use the service. The complaints procedure was produced in large print format for those who required it. The agency had not received any complaints since they registered with the Commission.

The registered managers informed us they were not providing a service to anybody who was receiving end of life care. However, care plans showed there had been discussions with people about their preferences during their final days and following death.

People were supported to see religious representatives which enabled them to practice their faith. We read the care plan for one person who had expressed a wish to visit their local church. Care records showed staff had offered assistance in accordance with their plan of care, however the person had declined to attend.

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The agency had registered two managers to manage the service and we met with both of them during our inspection. Both registered managers were very hands on and they knew the people they supported very well. They told of their commitment to ensure people received the best service possible. One of the registered managers said, "We want to stay a small agency so that we can provide our clients with high quality person centred care and we want to regularly keep in contact with our clients." And, "We want to make it special for people where people are treated like family." All of the people with spoke with knew the registered managers by name and commented on how visible and approachable they were. One person said, "[Names of registered managers] are lovely and very approachable." Another person told us, "Both managers have looked after me before they employed some staff. They are lovely."

People were cared for by a small team of staff who were well supported. Staff had the opportunity to discuss their role, performance and training during regular one to one sessions with the registered managers. One member of staff said, "[Names of registered managers] are fabulous. You can call them any time for advice or support. I can honestly say I have never worked for such a good company." Another member of staff told us, "The support you get is really good. I really don't think they [registered managers] could do anything better. I couldn't wish for anyone better to work for."

There were audits and checks in place to monitor safety and quality of care. Where there were areas for improvement, these had been addressed. An example included the inclusion of a person's date of birth on their medication administration record and the review of the accident/incident reports to include more prompts for possible environmental factors.

People and their relatives had opportunities to express their views about the quality of the service they received through visits and telephone calls from the registered managers and satisfaction surveys. Satisfaction surveys had recently been sent out to people so the results were not available at the time of our inspection.

The registered managers and provider promoted an ethos of honesty and were aware of their requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The registered managers worked effectively with other health and social care organisations to achieve better outcomes for people and improve quality and safety. These included tissue viability nurses, GP's, and commissioners.

In accordance with their legal responsibilities, the provider had informed us of significant events which had occurred at the agency.