

Mrs Marie Dawn Ward

# Heartfelt Care

## 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

The announced inspection took place on 13 December 2018. We announced our intention to inspect the domiciliary service so we could be sure the registered manager, staff and people receiving a service were available to talk to us.

Heartfelt Care is a care service registered to provide personal care to people in their own homes (domiciliary care). The service specialises in providing a support to people in the local community who live in and around the town of Yeovil. Services were also provided in rural areas and in Ilchester, Sherboorne and Yetminster. At the time of our inspection 40 people were receiving support from the service. Most people were receiving personal care. Some of these people also received help with cleaning or shopping. This part of the service is not regulated by us and was not part of this inspection. The majority of people received regular short support visits at a time to suit them. At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

There was a registered manager in place. 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 received care that was responsive to their needs because all staff involved in the service understood the importance of knowing people and checking that the support they were providing continued to be what the person required.

People told us they felt safe with the staff who supported them. Staff did not let them down. One person said "They arrive mostly on time. If they are running late they call and tell me which is thoughtful". Another person said "They are most helpful".

The provider had systems and processes in place to keep people safe and minimise the risk of abuse. Potential new staff were checked to make sure they were suitable to work with people in their own home. We discussed with the provider how some aspects of recruitment could be improved and this was implemented in line with best practice. New staff were able to shadow experienced staff and did not complete visits to people alone until they felt confident.

People were supported by sufficient numbers of regular staff to meet their needs. People received reliable support from a team they knew. Staff usually arrived on time and did not let them down.

People were assessed to establish whether they needed, or required, assistance with medicines. Staff understood the varying levels of assistance that could be offered to people and the importance of clearly recording any medications they prompted or administered to people.

People received effective support from staff who had the skills and knowledge to meet their needs. People and their relatives felt confident that staff were trained and competent to deliver the range of care and support required.

People were supported to see healthcare professionals according to their individual needs. If they became unwell staff would contact family members or were able to call a doctor. Staff worked closely with community nurses to meet people's needs.

People only received care and support with their consent. Staff told us they always checked when entering people's homes that they wanted care and support that day. They understood people were able to refuse or vary the support they required according to their wishes.

People received a range of services according to their assessed needs and personal preferences. People could choose how much care they received. Some people received two visits weekly to assist with a shower. Other people required several visits a day from two staff to enable them to stay safely in their own homes. Staff knew people and if they were unwell, or if a family member was away, additional visits could be made on a short term basis.

The service was well led by the registered manager, service director and senior carers. Since the last inspection the service had grown and the registered manager had appointed senior care staff who supported their beliefs and values and put people receiving a service firmly at the centre of all they did. They listened to people and took action to ensure the service people received was reliable, flexible and caring.

Further information is in the detailed findings below

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Heartfelt Care

## 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 checked 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 was a comprehensive inspection.

The announced inspection took place on 13th December 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure we could meet the registered manager and key staff. It also allowed us to arrange to talk to people who received a service.

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.

The inspection was carried out by an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience spoke with eight people who used a service and one relative. We spoke with the registered manager, the service director and six care staff.

We looked at records related to people's individual care and the running of the service. Records seen included six care and support plans and details of people's visits. Three recruitment files, supervision records, minutes of meetings and the staff training matrix provided evidence of staff management. '

# Is the service safe?

## Our findings

People continued to receive care that was safe.

People told us they felt safe with the staff who supported them. Staff did not let them down. One person said, "They arrive mostly on time. If they are running late they call and tell me which is thoughtful". Another person said, "They are most helpful". "I get a rota but it doesn't always work as they may go sick or something". "They arrive on time but sometimes there are problems with the traffic".

The provider had systems and processes in place to keep people safe and minimise the risk of abuse. Potential new staff were checked to make sure they were suitable to work with people in their own home. These checks included seeking references from previous employers and checking that prospective staff were safe to work with vulnerable adults. It is best practice to obtain two references for staff before they commence work. Some staff files did not contain two references. We discussed this with the registered manager who agreed to audit all staff files and to ensure that in future two references were always in place. Staff were able to shadow experienced staff and did not complete visits to people alone until they felt confident.

People were safe because staff had received training in how to recognise and report abuse. Training records confirmed this. Staff had an understanding of incidents and issues that may be termed abuse and the action to be taken. They understood the importance of reporting any concerns and were confident that they would be listened to. The manager was aware of their safeguarding responsibilities and records confirmed any concerns reported were fully investigated and action had been taken to make sure people were safe. When an event had occurred that put one person at risk, the registered manager had completed a full investigation.

Very few accidents had occurred during the time the service had been providing personal care. Any accidents and incidents which occurred were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made.

When a service commenced in a person's home, risks assessments were completed. These established whether it was safe for people to receive a service and if it was safe for staff to work there. Care records contained risk assessments relating to, for example, a person's risk of falling. There was an emphasis on what people were able to do and how their independence could be maintained. Staff told us about the ways in which people's risks were assessed and the action taken to overcome hazards and reduce the possibility of harm to people and staff.

Staff were aware of the particular care required to keep people safe in their own homes. They told us about the arrangements in place to enable staff to enter people's homes and leave them safely. One member of staff talked about being always alert to possible risks to people. They said "Safety is at the forefront of our minds. We ask ourselves if people are safe each time we leave."

People's records were accurate and up-to-date. The service was using a combination of paper care plans with up-dates and further information available on a mobile phone application. Staff accessed this information in people's homes in order to provide knowledgeable, safe care. Staff visited the office regularly and this opportunity was used to communicate with office staff, so they could raise any issues and were fully informed about people.. The registered manager and senior carers worked alongside care staff and had contact with people on a daily basis.

People were supported by sufficient numbers of regular staff to meet their needs. People usually received care from staff they knew. When people received several visits a day from two people the teams were well organised and never let anyone down. When two staff were needed to deliver care this was organised efficiently. The registered manager balanced the number of people receiving care with the number of staff available. They did not accept new packages of care unless they had enough staff with the right skills to support each person.

People said there were enough staff. Some people said they would like to see the same care staff more regularly. One person said they saw "different ones and I don't know all their names, but I soon find out". They said it would be nice to see the same carers more often so they "can become friends." Staff confirmed they would see people regularly and get to know them although the frequency of visits could vary.

When equipment was used in people's homes all staff were aware of their responsibilities. The service employed trained manual handling assessors and trainers who assessed and monitored people's mobility needs. They ensured staff were trained to use any new equipment supplied to people. This was particularly important when people's needs changed and increased support was required. Two staff were always allocated to visit people who needed to use a hoist.

People were assessed to establish whether they needed assistance with medicines. Some people wished to be independent and manage their own medicines. Others were assisted by family members. Senior staff ensured that accurate Medication Administration Records were in place when people began to receive a service. They monitored people to ensure the initial level of support was still meeting their needs. Staff completed medication training and understood the varying levels of assistance that could be offered to people. They shadowed senior staff administering medicines and were then assessed to ensure they were safe and competent themselves. Staff recorded any creams and topical skin applications. There were policies and procedures in place to be followed in the event of an error in medicines administration, recording or an omission.

Staff were aware of the importance of minimising people's risk of infection when receiving care. Staff received regular training and were supplied with personal protective equipment such as gloves, aprons and antiseptic hand gels. Senior staff visited people's home and carried out "spot checks" where they observed staff practiced safe hygienic care.

# Is the service effective?

## Our findings

The service continued to be effective.

People received an initial assessment from the registered manager or senior carers to establish the amount and type of care they required. People received a comprehensive personalised assessment that reviewed their capabilities and what they were hoping to achieve from the care and support package. After the service commenced it was adjusted as staff got to know people. People who purchased their own support requested the amount and type of care they needed. Some people required weekly visits; some people received support up to four times a day. The service negotiated with social services to ensure people whose care was funded received the amount of care required to meet their needs.

Following assessment a plan of care and support was established that met people's needs and preferences and complied with current good care practice. The manager told us they always asked the question "What can carers do to improve this person's quality of life?"

People received effective care from staff who had the skills and knowledge to meet their needs. People and their relatives felt confident staff were trained and competent to deliver the range of care and support required. Staff told us they felt confident in what they were doing.

Staff received training using a variety of methods. The registered manager was a qualified trainer and ensured staff completed a comprehensive range of training. They accessed booklets and on-line training which was followed up by discussion with the registered manager. New staff were completing the Care Certificate (a nationally recognised induction qualification). Most staff had, or were completing nationally recognised qualifications at Level 2 and 3.

Staff told us they received "very good" training. They told us they could always ask senior staff about any aspect of people's support and care. Senior carers would come and work with them if they were unsure of the best way to deliver care or support someone.

Staff completed notes on the mobile phone application which could be read by all staff supporting the person. This meant that staff training was supplemented by up-to-date information about how the person wanted to be cared for at any given time. This was particularly important for some people whose needs were changing quickly.

People were supported to eat and drink and maintain a balanced diet. When people were initially assessed they were able to request assistance and support with eating and drinking if this was required. Some people required assistance with shopping or food preparation, which was essential to the maintenance of people's well-being and independence.

People's wishes and choices regarding their diet were respected. Although staff might advise or suggest dietary habits, they understood and respected people's preferences.

If there were concerns about the amount people were eating or if they appeared to be losing weight the service contacted family members or their GP. The registered manager was aware of the range of health professionals such as a dietician or member of the SALT (speech and language team) who may be called upon to assist people. When a person was at risk of choking this was clear in the care plan and known by staff.

People were supported to see healthcare professionals according to their individual needs. If they became unwell staff would contact family members or were able to call a doctor. Staff would stay with the person until they received the support they required. They would arrange to be at a person's house when the GP visited if they required support. When people needed to attend hospital the service offered flexible support by moving the time of their visits. One person told us how staff had "turned up trumps in our emergency".

Some people received support from the community nurses who worked in conjunction with care staff to monitor and care for people's pressure areas and maintain their catheter care. Staff passed on any concerns about people's weight loss or poor appearance to senior staff to refer as they thought appropriate. If a member of staff was concerned about someone's health senior staff would carry out a welfare visit.

People only received care and support with their consent. Staff told us they always checked when entering people's homes that they wanted care and support that day. They understood people could refuse or vary the support they required according to their wishes, for example whether they wanted a shower. People were asked if they needed any other assistance before care staff left their home.

Most people receiving support from the service at the time of the inspection could make their own decisions. However, when people lacked the capacity to fully consent to care the managers and staff knew how to act in accordance with the Mental Capacity Act 2005 (MCA).

The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Staff knew how to protect people's legal rights because they had received training about the MCA and knew how to support people who may lack the capacity to make some decisions for themselves. People's care plans stated that they were happy to accept care and were also signed to indicate the person agreed with the care to be provided.

Staff understood they worked in people's homes and respected their ways of living and belongings. When additional equipment was needed to maintain people's independence or when their needs changed, the service approached appropriate professionals to ensure it was installed safely.

## Is the service caring?

### Our findings

The service continued to be caring.

People were treated with kindness and respect. The registered manager led a team of staff that were motivated to offer care that was compassionate and kind.

The expert by experience spoke with eight people who all confirmed staff were kind. One person said "They have a good manner about them. They always offer to do more than they should".

Another person said care staff were "extremely kind". They said, "I like to be as independent as possible which they support me with". Staff took time to sit and talk with people whenever they could. They showed concern and some were "great fun".

One person gave an example of staff kindness and their understanding of their needs. They said "The carers are kind. They always do that little bit extra for me. If I run out of something they will pop over to the shop for me and get it. They also posted my Christmas cards for me." They explained that they popped the local cards through the doors for them so saved on stamps which they felt was really kind

One relative commented on the support they received to care for their family member. They said, "They support me when I'm washing my [family member's] hair" "They are very good because I need someone to help me now". They said they were respectful to the person receiving care.

Comments were included in the quality assurance questionnaires that confirmed the service was caring. People received "an excellent, kind, caring and professional service." One relative wrote "It is difficult leaving a loved one in the care of others. You have made that easier." Another relative wrote "I am touched by your care, empathy and kindness."

Staff got to know people well and by knowing and understanding them they could support them to be as independent as possible and offer reassurance and encouragement in their daily lives. People could make changes to their care and support at any time to accommodate a visit or appointment. One member of staff said "We always have people's best interests at heart. We listen to them and try and understand their true feelings. "

People said staff were respectful when they come into their home. People were spoken to with respect and their privacy was maintained. Staff talked about the importance of respecting peoples wishes. One person said, "the girls keep a log every day, in the kitchen, so they can see what the previous carer has done". They said this worked really well . They also explained that the carers used a key safe to enter the property. Care staff always "knock and shout before they come in". One member of staff said "It is very important to respect people's boundaries. Always ask and offer help."

Staff knew when people were worried or upset and responded in flexible and creative ways. One person

said, "The boss came out one day to see if I was OK". They said if they were the last call on the carers list, they would stay a little longer for a chat. This made them feel valued by them.

Staff told us that rotas were organised so that they had enough time to provide care. A senior member of staff told us how important it was that staff had the time to complete people's care with dignity and ensure they were "alright" when they left. Staff stayed the full amount of allocated time with people and were supported to make the most of it. The senior carer said it was important to have a cup of tea and a chat with people if they could.

## Is the service responsive?

### Our findings

The service continued to be responsive.

People received care that was responsive to their needs. All staff involved in the service understood the importance of knowing people well. They continually checked the support they provided to ensure it was what the person required. The time people required support was maintained as far as possible. People told us staff were usually on time and did not let them down. The registered manager said they were always clear about the service they could provide and the staff they had available.

People received a range of services according to their assessed needs and personal preferences. People could choose how much care they received. Some people received two visits weekly to assist with a shower. Other people required several visits a day to enable them to stay safely in their own homes. Staff knew people and if they were unwell or if a family member was away, additional visits could be made on a short-term basis.

Care plans were written in detail and most gave clear guidance to staff regarding the support of the person required and how it should be provided. The care and support plans were well organised and gave information regarding the person's lifestyle and preferences as well as details of the activities staff needed to undertake. Information about people's underlying health conditions or possible developments, such as pressure damage to people's skin, enabled staff to care for them in an informed manner.

There was an awareness of people's mental and psychological needs. Staff gave good examples of the very particular ways in which people liked to be supported. They understood that not providing support in this way could result in the person feeling anxious or unhappy.

People's needs were reviewed regularly and when additional support was required this was discussed with the person and their relatives if applicable. Staff noticed when people were struggling and referred them to the management team who took prompt action.

People were supported by staff to maintain social activities and interests when this was required. The registered manager told us they understood some people could become lonely or isolated, and sometimes companionship and the chance to be out in the community was an important part of the service they provided. The service worked with people's families, keeping them informed and involving them when they lived away.

We looked at how the provider complied with the Accessible Information Standard (AIS). This is a framework put in place from August 2016 which made it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Information was available in large print and all written information was supplemented with one to one discussion with staff.

People and their families were encouraged and supported to raise any issues or concerns with the staff, senior carers or registered manager. There was a formal complaints procedure however issues were dealt with promptly and informally. Action was taken promptly so formal complaints were not needed. Staff said this was because they were kept up to date with people's preferences through the mobile phone app.

When possible, people who had been receiving care were supported when they reached the end of their life. The support offered was very flexible. Each person's needs and their family's preferences were considered on an individual basis. A small team of staff worked with the local hospice, GPs and the community nursing team to ensure people's needs were met.

## Is the service well-led?

### Our findings

The service continued to be well led.

There was a registered manager in place who had the skills and experience to run the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager was also the registered provider. 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 registered manager worked in partnership with the service director who co-ordinated staff and client visits. The service director used their social work background and knowledge to support people receiving a service.

At the last inspection the service was providing a service to six people. At this inspection they were providing support to 40 people. Two senior carers had been appointed by the management team to support them and the delivery of the service. The senior carers carried out supervision of staff including spot checks. They carried out care plan reviews and followed up any concerns raised by people. We spoke to both senior carers who demonstrated knowledge of good care practices. They knew the people they were supporting well and were committed to supporting their teams of staff. They were assisted by an administrator and marketing advisor.

People said the service was well-led. People said they would recommend the service to others. People said it was easy to contact the office and they felt confident things would be dealt with as they arose.

Both the registered manager and the management team were skilled and experienced and continued to undertake training and up-dates, so they could champion best care practice. As the service had grown the values and beliefs of the registered manager had shaped and maintained the level and type of service provided.

The registered manager had a clear vision of the service they wanted to offer and this was communicated to staff. They wanted to provide care within a person-centred, compassionate and honest culture. The registered manager and senior carers looked for solutions to meet people's needs and tried to always ensure flexible personalised care. They listened to people receiving a service and treated them with respect. They listened to staff and valued their opinions.

The service was well organised so people received their visits on time from a team of regular staff. Staff rotas worked well and enabled staff to meet up when people required care from two people. Staff said the office staff listened and consulted them to ensure visits were co-ordinated and manageable. The service used modern computer technology to minimise the risk of missed visits and to maximise effective planning. Some people said they wanted to know if their rotas changed and staff were sometimes late.

There were quality assurance systems in place to monitor care, and plans for on-going improvements. We

discussed with the registered manager and the service director the need to follow up on comments made in the quality assurance questionnaires to ensure the continual improvement of the service.

The registered manager and management team visited people regularly and knew them well. The senior carers provided "hands-on" care which enabled them to have close contact with staff and people receiving a service. They completed monitoring visits but were also able to offer on-going support to people and guidance to staff. Staff said they felt supported and valued by senior staff.

Staff received regular feedback from the registered manager and senior carers. In addition to regular recorded supervision meetings, they visited the office regularly and had the opportunity to raise any issues informally. The registered manager told us they encouraged staff to come into the office and to talk to them about anything at all they were concerned about. Staff said they felt able to raise any issues in team meetings and were confident they would be listened to.

Staff said the registered manager and management team were open and easy to talk to. They said there was always someone to contact.

Whenever it was beneficial to people receiving a service the registered manager and service director worked with the district nurse teams, GPs and social workers. They also worked with other domiciliary care agencies to fully meet some people's needs.

The registered manager was aware of their responsibility to notify the Care Quality Commission of any significant events which had occurred.