

Kind Hearts Care & Support Limited

Kind Hearts Care & Support

Inspection report

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Date of inspection visit: 15 December 2014
Date of publication: 07/04/2015

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 

Overall summary

We inspected this service on 15 December 2014 and the inspection was announced. This meant the provider and staff knew we would be visiting the agency's office before we arrived. This was the first inspection undertaken at this service since its registration on 16 May 2013.

Kind Hearts Care & Support provides personal care and support to people living in their own homes in Lichfield and surrounding areas. At the time of our visit 52 people were receiving a service.

There was a registered manager in post at the time of our inspection. 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 told us they felt safe with the care staff that supported them. The manager and staff understood their responsibilities to protect people from harm.

People were supported in a safe way because assessments had been undertaken to identify risks. Care plans had been developed to provide staff with information on how to minimise these identified risks.

Summary of findings

Equipment was in place to assist people safely and staff had a good understanding of people's needs and abilities.

The number of staff on duty was sufficient to meet people's physical and social needs. Most people confirmed they received their calls as agreed.

Discussions with staff and records seen demonstrated that staff were provided with training that was appropriate to meet people's needs. People were supported by suitable staff because the necessary recruitment systems were in place.

Where people were supported with their meals staff understood the importance of providing appetising and well-presented meals that met people's preferences.

People were supported to maintain good health and were able to access the services of other health professionals.

People told us the staff were kind and respectful towards them and confirmed they had been involved in the development of their care package.

People were able to raise any concerns as they had access to the agency's complaints procedure. We saw that complaints were addressed appropriately.

Staff had a clear understanding of their roles and responsibilities because there was a clear staffing structure in place.

Staff practice was monitored as systems were in place to supervise and manage the staff.

Arrangements were in place to assess and monitor the quality of the service but there was no system in place to ensure that missed calls were identified in a timely way.

Summary of findings

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

People told us they felt safe and staff understood their responsibilities to keep people safe from harm. People were protected from harm because risks to people's health and welfare were assessed and the actions staff should take to minimise risks were recorded in their care plans. Appropriate arrangements were in place to minimise risks to people's safety in relation to medicines.

Good



Is the service effective?

The service was effective

People received support from staff that were suitably skilled and experienced because they had received training, support and guidance that was appropriate to people's needs. People were protected from the risks associated with eating and drinking and staff monitored people's health to ensure any changing health needs were met.

Good



Is the service caring?

The service was caring.

People told us that the staff were caring and supported them to maintain their independence. People told us that staff treated them with dignity and respect and told us they felt valued. People and their representatives were involved in discussions about how they were cared for and supported.

Good



Is the service responsive?

The service was responsive.

People's care was planned to meet their needs and preferences and updated when changes in their individual needs or abilities were identified.

The complaints policy was accessible and people were encouraged to express their opinion about the service. People received a satisfactory outcome when they complained or expressed their concerns.

Good



Is the service well-led?

The service was well led.

People were encouraged to share their opinion about the quality of the service to enable the provider to identify where improvements were needed.

Staff were confident in their practice and they understood their roles and responsibilities because they were given guidance and support by the management team. Staff were aware of the whistleblowing policy and were confident that they would be supported if they raised any concerns. Systems were in place to monitor the quality of the service provided.

Good



Kind Hearts Care & Support

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 inspection took place on 15 December 2014 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office.

The inspection team consisted of two inspectors and one 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.

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 also reviewed other information we held about

the service. This included statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We spoke in total with fifteen people who used the service. We spoke by telephone with 12 people who used the service and relatives of two other people. We also visited three people in their own homes. We also spoke with the manager, deputy manager, team coordinator and four care workers.

We reviewed records held at the agency office, this included six people's care records to see how their care and treatment was planned and delivered. We reviewed four staff recruitment files and the training records for all of the staff employed and the arrangements in place to support staff. This was to check staff were recruited safely and trained and supported to deliver care appropriate to each person's needs. We also looked at the records of complaints and how these were managed to check that people's complaints were addressed appropriately. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe with the care staff at the agency. People talked about how staff supported them using the appropriate equipment to minimise risk. One person confirmed that they felt safe when being supported with their personal care needs and told us: “I feel well protected and safe when my carer helps me have a bath.” Another person talked about how the care staff ensured their home was secure at the end of their visit and said; “My carer makes sure that my home is safe and the doors are locked.”

All the staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. Discussions with staff confirmed that they were aware of the signs to look for that might mean a person was at risk of harm and understood the procedure to follow to report their concerns. Records we looked at showed that staff attended training to support their knowledge and understanding of how to keep people safe. Staff confirmed that they had been given a policy and procedure manual which included information on safeguarding people. The manager knew how to refer people to the local safeguarding team if they were concerned they might be at risk of abuse. Staff spoken with confirmed that they were aware of the whistleblowing policy and were confident that the management team would support them if they raised any concerns.

Care staff told us they had all the equipment they needed to assist people safely and one person told us that their carer always used the hoist to support them getting in and out of bed. We saw that the management team had assessed risks to people’s health and wellbeing. Where risks were identified the care plan described how care staff should minimise the identified risk. We saw that risk assessments were in place regarding people’s home environment and their moving and handling needs. The assessments included the actions needed to reduce risks and ensure people’s safety. Where there had been changes, we saw that risk assessment had been reviewed with a new risk management plan, this demonstrated that people’s changing needs were reviewed to ensure they could be supported in a safe way.

Systems were in place for accident and incident reporting and we saw that actions were taken to reduce risks. Where people had fallen risk assessments had been reviewed and

risk management strategies changed to reduce the risk of further falls. One person’s record provided guidance for staff on the correct procedure to follow if the person had fallen. Information was seen in care records that directed staff on what to do in an emergency situation. This meant the correct actions were in place to minimise risks to people’s safety.

The care plans we looked at included a dependency assessment which enabled the manager to calculate how many staff were needed to support each person. Care staff we spoke confirmed that they only worked alone when a person’s dependency assessment confirmed this was safe to do so. One member of staff told us; “I have a lot of double up calls where one person just wouldn’t be enough, it wouldn’t be safe and we are never expected to do that. I work a lot with [name of staff] and we have regular people so there is consistency.” This demonstrated that people were supported by enough staff to meet their needs.

We asked people about the calls they received to check they received their calls as agreed and in general everyone confirmed this was the case. One person told us; “I have never had a missed call they are very good with their time keeping too. I know who is coming into support me as I get a rota through the post and staff remain with me for the allotted time.” Another person said; “Mainly they arrive on time, they haven’t missed a call in all the time I have been with them and they stay for the time allowed. If they are running late because of an emergency they call me so I know what time they will get here.”

We were told by the manager that the minimum call provided to people in their own homes was for 30 minutes. Care staff told us that this allowed them time to provide the necessary personal care for people in a relaxed and unhurried way. They had time to engage positively with them and felt that this reduced the risks to people who did not feel rushed and were more relaxed. This was confirmed by people we spoke with. One person’s relative said; “I never have to worry about [person’s name] being safe because they take their time and always talk to [person’s name] nicely.”

From discussions with care staff it was clear that the correct recruitment procedure had been followed before they commenced employment at the agency. Staff spoken to confirmed they had applied for the post, attended an interview and were not able to start work until all of their required checks had been received by the manager. The

Is the service safe?

five care staff files we looked at had all the required documentation in place and showed the manager checked staff's suitability to deliver personal care before they started work.

Some people were supported by care staff to take their prescribed medicines. People who used the service confirmed they received support to take their medicine as prescribed and in the way that they preferred. Information in people's care plans included their preference on how they took their medicine.

We saw that assessments were completed regarding the level of support the person needed to take their medicine so that the care staff could support the person appropriately. Staff we spoke with told us they had undertaken medicine training and the training records seen confirmed that staff were provided with this training to support their knowledge and understanding. A medicines administration record (MAR) was kept in people's homes and we saw that staff signed when medicine had been given, or recorded if not given and the reason why. This demonstrated that staff supported people in a safe way to take their medicines.

Is the service effective?

Our findings

People we spoke with told us care staff were good and met their assessed needs. Examples given were; “They [care staff] will do anything for me if I ask them. They do my shopping as well as long as it’s in my care plan which staff do talk to me about. “And “[staff name] comes once a week to help me have a bath. They talked to me about the care and what my needs were and I’m very happy with the service they provide.”

We spoke with five members of the care staff team and staff’s descriptions of how they cared for and supported people matched what we read in their care plans. This demonstrated that they understood people’s needs and abilities. Care staff told us their induction included attending training, shadowing experienced staff and reading care plans. One carer told us; “New staff never go to a call alone, they need time to get to know the person and the person needs and that person needs to be introduced to them.”

Care staff we spoke with told us they had on-going monthly sessions of training and the training records seen confirmed this. Care staff told us that they were provided with training that was specific to the needs of people they supported. This meant people received care from staff who had the skills required to meet their individual needs. Care staff told us the training provided was all face to face and relevant. One carer told us: “I feel very competent following the training.” Another carer said; “I feel the training is good and supports me in meeting people’s needs. If there was an area of care where I felt training was needed, I would just ask for it and I know I would get it.” staff could receive further training and support’ This showed that staff were supported to develop their skills and knowledge to enable them to support people effectively.

People were cared for by staff that were well supported as care staff told us they staff received supervision on a regular basis and felt supported by the management team. Care staff confirmed that supervisions provided them with an opportunity to discuss any issues and receive feedback on their performance. One carer said: “We have face to face supervision three monthly. We have a good discussion about how we care for people. We have regular team meetings, they are very useful we can thrash out any issues

we have concerning clients. It is a tight knit team.” Staff also told us that this was positive and an advantage of working for a small agency where there were close working relationships with staff at all levels.

We saw that the service had a mental capacity act policy. The Mental Capacity Act 2005 (MCA) is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. We spoke to the manager about how they consider mental capacity and their responsibilities within this. Although the majority of staff had not undertaken training in relation to the MCA, plans were in place to provide staff with this training. The care staff spoke with us about people’s capacity to make decisions and we saw that they had an understanding about the Act.

Arrangements were recorded in people’s support plans regarding their nutritional needs where this support was required. When people needed help with preparing their meals and beverages information was recorded in people’s records to enable staff to do this in the person’s preferred way. Staff had kept records of the support given and stated the help people had received with meals and drinks. The records seen demonstrated that where people were supported with meals staff encouraged them to choose their choice of meal and they were supported to maintain a healthy balanced diet and fluids to reduce the risk of dehydration. Staff supported one person to do their weekly shopping. This person told us that the staff sat with them and supported them to decide on the meals they would like for the week, they told us; “I always choose what I want and the care staff just help me to get it and cook it for me.” Another person told us; “[carer’s name] comes at lunch time to make me a sandwich, she asks me what I would like and it’s well presented on my plate and she leaves me with a drink.”

People’s health care needs were documented as part of their care plan. People had signed the plans that gave information about their health care and were involved in regularly monitoring their health. Care staff confirmed that if they had any concerns about people’s health they would inform the manager and we saw that referrals had been made to health care professionals when needed.

Is the service effective?

One relative who lived with a person using the service told us; “If they [care staff] have any concerns about [name of person] health they talk to me about it.” Where healthcare professionals were involved in people’s care, guidance for care staff to follow was included in their plan of care.

We saw from records that the manager supported people to have their health care needs met in their preferred way

when possible. One person who had been assessed by a health care professional as requiring the use of a hoist had expressed their dislike in using it. The manager had made a referral for a re assessment to support this person’s wishes and alternative equipment was put in place that the person preferred.

Is the service caring?

Our findings

People's comments regarding the care staff were very positive, for example one person told us; "When staff are supporting me they talk to me with respect, I feel valued." Another person said; "I would recommend the agency to anyone, they are that good and professional. Three times a week they do my personal care which is gentle and sensitive to my privacy and I feel safe with them."

People's relatives that we spoke with were also complimentary regarding the support provided. One relative said; "The staff are very kind. They take their time and always talk to [name] nicely, lovely girls they are. When they are giving [name] a shower I can hear them all chatting away."

People confirmed that care staff made them feel valued. One person said, "They are very good and caring. They respect my privacy and I feel it's nice and dignified. They help me choose the clothes I will wear that day. They always says what they want to do to help me and check that it is ok with me." Another person said; "Staff treat me very kindly, talking to me about everyday things which

keeps me company. They don't rush around to get the work done and staff ask me how I prefer the tasks doing. They make me a cup of tea and we talk about how I am. I'm really pleased with all the things that they do for me".

During our visits to people in their own homes we observed that care staff were received warmly and had established relationships with the people they supported. Care staff showed concern for people's wellbeing in a caring and meaningful way and responded well when people needed support and reassurance. All of the people we met commented very positively about the care received .

Records showed that people were supported to maintain as much independence as possible. This was confirmed with people we spoke with. One person told us; "I need some help having a wash but I can do some things myself and the carers know that and respect it, which I am pleased about."

The records seen included a 'life history' that gave care staff important information about people's earlier life and their family. Care staff told us they knew about people's hobbies and interests because they read their care plans and chatted with people.

Is the service responsive?

Our findings

People confirmed that they had been involved in their initial assessment for the service. One person's relative told us; "I felt included in [name]'s care planning." A person using the service said; Staff have discussed with me what care I need and it's written into my personal folder so staff know what they have to do for me."

Initial assessments had been completed for people prior to the service commencing. We saw that this information had been used to develop their plan of care. Information in people's care records was clear, well recorded and concise. This meant the care staff had the relevant information required to support people appropriately. We saw that some people's care records had been reviewed six monthly and some annually. Where there was a change in people's needs care records had been reviewed promptly. This meant that people's changing needs were monitored to ensure the care they received was relevant and met their needs.

People confirmed that the care staff supported them in their preferred way. One person we visited at their home told us; "I am more than satisfied with the care. The girls [staff] are so good they know exactly how I like things to be done."

We saw that people were supported according to their individualised needs, one person had limited verbal

communication and used an electronic device to communicate, together with signs and gestures. We saw that care staff had recently supported the person in an occupational therapy assessment because they had the experience and knowledge of the person's different methods of communication and had been able to support the assessment.

The manager told us that each person had a copy of the Service User Guide in their home. This contained clear procedures for making comments, compliments and complaints, the majority of people we spoke with were aware of the complaints procedure. The complaints procedure was clear with telephone numbers and a short form for written complaints. A person we visited was aware of the procedure and told us they regularly contacted the provider's office to talk to staff, they confirmed that this was for social reasons and said they did not have any complaints. Another person told us; "If I had any concerns I would talk to the staff or manager and they would be helpful I'm sure."

Most of the people we spoke with were aware of the office number and knew where to find it. One complaint that had been received by the service in 2014. We saw that this complaint had been addressed appropriately and in a timely way. This demonstrated that the provider's complaints policy was accessible to people and showed that they were encouraged to express their opinion about the service.

Is the service well-led?

Our findings

The provider's quality assurance system included an annual survey for people who used the service, their family members and other agencies, where they were involved in supporting people.. We saw that two different surveys were sent out dependent on the type of support people received. We saw that both forms were available in regular or large print to ensure they were accessible to people's needs. The results showed that the majority of people were happy with the service provided to them. The majority of comments made were positive but we saw that one negative comment was recorded on the report, which demonstrated the open culture of the service. The information seen demonstrated that when feedback was negative the manager acknowledged this and improvements were made when possible. This showed us that people's views were important to the provider and were used to drive improvement.

We saw that other methods were used to gather people's views, this was done by the management team visiting people on a scheduled basis. The manager confirmed that some visits incorporated observing care staff's practice as part of their ongoing supervision and some visit records seen confirmed this.

We found the provider's vision and values were expressed in the information guide provided to them when they began using the service. The guide explained people's rights and the provider's values and stated; 'Our aim is to provide value for money, high quality care and support to help you live independently in your own home.' It stated that people could expect their care workers to; 'Respect your rights and dignity and promote your independence at all times.' During our visits to people's homes we observed that staff's behaviour upheld these values and the comments from people recorded in this report demonstrated this.

A management team and staffing structure were in place at the agency. There was a registered manager, a deputy manager, a team coordinator and care workers. All of the staff we spoke with were aware of the staffing structure and demonstrated that they understood their roles and responsibilities. This meant that people who used the service had clear guidance about who to speak to if they had any questions or concerns.

Care plan reviews and people's dependency needs were regularly reviewed and updated to ensure the manager could check that the staffing levels were sufficient to support people according to their needs and abilities. Staff confirmed they were given sufficient time to enable them to support people in an unhurried way. This demonstrated that the provider had ensured people could be supported appropriately.

An on call system was provided by the management team that consisted of the registered manager and two senior members of staff. We saw that these members of staff were involved in delivering care and all regularly provided instant or planned cover when needed. The on call was available for care staff and people who used the service. Care staff confirmed that if they needed support there was always someone on call to assist them. A carer who had used this system said there had been instant and positive responses with advice or practical support when contacted.

People who used the service confirmed they knew how to contact the office and that the contact number was in the documentation they had been given.

At each visit the time of arrival and departure was recorded by staff and signed by people or their relative to confirm this was correct. We saw that these records were returned to the office each month and monitored by the management team. However we identified that there was no backup system to alert the manager if a person has a missed call and they were unable to ring the office to confirm that their carer had not arrived. This had happened on one occasion and a person had missed their lunch and this was not identified until the next call at teatime. Another person using the service informed us that due to bad weather their carer had contacted them stating that they were unable to get to them. This person told us that their relative then came to support them and confirmed that the manager was not aware of this cancelled call until they informed them. We discussed this with the manager who confirmed that the staff member had not informed them as they should have done and stated that another carer that lived nearby could have covered that call if they had been informed. This showed people were at risk of not receiving their agreed support as no system was in place to reduce the risk of missed calls.

Systems were in place to audit staff files, this included staff recruitment records, training, supervision and appraisals. We looked at the audit undertaken and saw that where

Is the service well-led?

areas of improvement were identified actions had been put in place to address these areas. For example the records showed that five percent of the staff team had not received a recent supervision and actions were in place to address this. We also saw that the provider had identified that the paperwork used for appraisals was not suitable and a new format was being developed to address this. This meant the provider actively monitored the practices in place to ensure staff were supported appropriately.

The management team conducted regular checks of completed MARs that were returned to the office to make sure that staff were supporting people to take their medicines as prescribed. We looked at a sample of these and saw that there were no significant omissions or errors.

We saw that policies and procedures were reviewed on an annual basis to ensure they remained relevant and staff spoken to confirmed that they were aware of these policies and that they were accessible to them.