

Caring Heart Carers Limited

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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?

Requires Improvement ●

Summary of findings

Overall summary

We inspected Caring Heart Carers Limited on 29 June 2017. Caring Heart Carers Limited is a Domiciliary Care Agency (DCA) registered to provide personal care in people's own homes. At the time of our visit 19 people received personal care. The agency also supported a number of people with other services that did not involve personal care such as a companionship visit or housekeeping.

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.

People told us they felt safe when staff supported them. Medicines were managed safely. People's care plans outline the risks identified and how to manage these. There were enough staff working at the service to support people and continuity of care was maintained. Staff had the awareness of how to recognise and report safeguarding concerns and how to keep people safe.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the systems in the service supported this practice.

People were supported by staff that received training relevant to their roles and were well supported. People were supported to meet their hydration and nutrition needs and access health services when needed.

People referred to staff as "born for the job" and "wonderful". People were supported by compassionate and caring staff that were familiar with people's needs. People's privacy and dignity was respected and promoted. Staff promoted people's independence and ensured people's confidentiality.

People had been assessed to ensure the service was able to meet their needs. People's care plans outlined their needs, wishes and preferences. People and their relatives if applicable were involved in care planning and reviews. People knew how to complain and concerns were responded to promptly. People had opportunities to provide feedback about the service and care received.

The registered manager led their team by example and promoted an open and positive culture. The mission statement of the company was to provide 'Traditional caring in a modern way'. We found provider's quality assurance processes required improving and embedding. Staff commented they felt supported and how much they enjoyed working as a part of the team.

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 and people told us they felt safe with staff.

Staff were aware of their responsibilities to keep people safe and how to escalate safeguarding concerns.

There were enough staff to keep people safe.

Is the service effective?

Good ●

The service was effective and people were supported by adequately skilled staff that were well supported.

People were supported in line with the Mental Capacity Act (MCA) 2005.

People had regular access to healthcare services to maintain and promote their health and well-being. People were supported to meet their nutritional needs.

Is the service caring?

Good ●

The service was caring and people complimented the staff.

People told us staff were caring, patient and compassionate.

People's dignity and privacy was respected.

Is the service responsive?

Good ●

The service was responsive and people told us they received service that met their needs.

People's care plans outlined their needs, wishes and preferences.

People knew how to raise concerns and concerns were responded to.

Is the service well-led?

Requires Improvement ●

The service was mainly well-led however quality assurance surrounding record keeping needed improving.

Provider's system for monitoring and assessing the quality of service needed to be embedded in practice.

Staff were aware of the whistleblowing policy and knew how to escalate concerns outside the organisation if needed.

There was a positive approach and responsiveness demonstrated by the registered manager who led their team by example.

Caring Heart Carers Limited

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 and 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 29 June 2017 and was announced. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. The inspection team consisted of one 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.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern.

We undertook phone calls to eight people who used the service and three relatives. In addition we spoke with two care workers, the registered manager and two office staff. We looked at three people's care records and three staff files that included their recruitment, supervision and training records. We also viewed a range of records about how the service was managed. After the inspection we contacted a number of external professionals and commissioners to obtain their views about the service.

Is the service safe?

Our findings

People told us they felt safe with the way they were being cared for and when staff were in their homes. One person told us, "I have no concerns about the staff at all, I feel very comfortable with them". Another person said, "I give staff 12 out of 12, I am safe with them and have no worries". One relative told us, "Oh, [person] is absolutely safe".

There was a safeguarding policy in place and staff were aware of what to do if they had any safeguarding concerns. Staff told us they would report any concerns to the office staff. One member of staff said, "I'd contact senior and office staff and voice my concerns". Another member of staff said, "If any safeguarding concerns I'd go straight to manager". The registered manager was aware about the process of raising a safeguarding alert with the local authority.

There were sufficient staff employed to keep people safe. There were no missed calls reported from anyone we spoke with. People received a weekly schedule for the forthcoming week so they knew who to expect; as far as possible this was strictly adhered to. People were supported by a small number of regular staff. People told us they had regular staff and never from anyone they had not met before. Comments from people included; "I have regular staff, all just as good as each other, they are all lovely and I would be lost without them", "I usually have one of three carers who come regularly" and "I have staff I am familiar with". People told us staff were punctual, and on the rare occasion when late would be telephoned and informed they were going to be delayed. One person said, "Staff are on time, they would let me know if they had been delayed".

The provider followed safe recruitment process when employing new staff. Staff had completed an application form outlining their employment history and previous experience. The registered manager ensured they obtained copies of staff identification and a Disclosure and Barring Service (DBS) check had been undertaken. This allowed the registered manager to make safer recruitment decisions.

People's care plans detailed the support people required with the administration of medicines including application of creams. We viewed samples of records relating to the administration of medicines that showed people had their medicines as prescribed. Out of all people we spoke with only one person required support with medication, they told us staff ensured they had taken them before signing to confirm it.

Risks to people's well-being were identified. This included falls, mobility, skin integrity and use of equipment. For example, one person required various equipment to be used when being assisted with transfers. This person's care plan contained information on how to safely assist the person and stated, 'check annual service, abide manual handling (safe techniques), not to be used if any defects are found'.

People told us they felt safe when receiving support with transfers and had confidence in the carers who were providing it. One person who was supported with transfers using a hoist told us, "They are so careful".

The registered provider had a system to record accidents and incidents however no accidents had occurred

in the last year.

Is the service effective?

Our findings

People told us staff were skilled. Comments included, "I think they are very well trained, they know just what to do for me", "My carers are definitely well trained" and "They are efficient and dependable, everything is straightforward". People told us staff that were new to them shadowed an experienced member of staff before they visited them alone. One person said, "All know what to do, even the younger ones because they have to shadow before they come on their own". Additionally one external professional commented, "They (staff) use initiative in a safe way".

Staff told us and records confirmed staff received training that enabled them to carry out their roles effectively. This included: dignity in care, manual handling, safeguarding adults, health and safety, dementia, nutrition and person centred care. Staff also had client specific training if needed. Staff complimented the training they received. Comments included, "Training was really good, I've done it all before so it was a refresher, doesn't hurt to go through things again" and "I found training really good, I did shadowing when I started. We can always request extra training".

Staff told us they felt well supported. Records reflected staff received one to one supervision which is an opportunity to discuss any ongoing issues or training requirements with their line manager. Staff comments included, "If I feel I need support I can always approach the management" and "I have one to ones and spot checks done by seniors, good support from office staff".

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. We checked if the provider worked in line with these principles and we saw people's rights to make their own decisions were respected.

People told us the staff involved them in making decisions about their care and support. Comments included: "Carers are familiar with my needs and wants but they still ask, I am in charge", "Carers know me very well and know what to do but they still ask what and how I would like things; they help me to choose my clothes, they know this is important to me" and "My carer always asks me, but lets me choose, she is a proper carer".

Staff told us how they ensured they applied the MCA in their work. One member of staff told us, "We have to assume people have got capacity, we always respect people's choices". Another staff member said, "Never assume that people haven't got mental capacity, just because people struggle to make some decisions it doesn't mean people can't decide for themselves".

People's nutritional needs and preferences were outlined in people's care plans. Where required, staff supported people with preparation of meals. One person told us they had specific requirements around food preparation and staff were aware of this and strictly adhered to these to the person's satisfaction.

People told us staff encouraged them to drink and ensured there was a drink available to people before they left.

People were supported to access health services. People told us staff referred them to the appropriate service as needed. One person said, "My carer was concerned because she could see I was not well so she called the GP, she was marvellous". Where people needed support to attend an outpatient appointment they could arrange for staff to accompany them. One person told us, "It is so nice having someone I know with me for my appointment and I do not have to worry about finding the right place to go". The team worked with a number of local and health professionals such as social workers and occupational therapists to ensure people's health needs were met. One external professional commented, "They worked with [person] effectively to build a positive working relationship".

Is the service caring?

Our findings

People were very complimentary about the staff. They described staff as being thoughtful and lovely. Comments included, "My carers are very good, kind, gentle and patient, they refresh my memory and help me in all (different) ways", "My carers are helpful caring and kind, they are very nice people and born for the job" and "My carers are wonderful".

People's relatives also spoke positively about the staff. One relative said, "Very good, they're friendly, staff are very tolerant, patient, friendly, 10 out of 10". Another relative told us, "I know what's expected and I get what I expect from them". One external professional said, "They (staff) have got brilliant rapport with [person]".

People told us they benefitted from being able to build positive working relationships with staff. Comments included, "We chat a lot and I sometimes have to wipe away the tears from laughing", "I love them coming, we talk about all sorts and have a laugh and a joke, they are like family" and "They could not do any more for me than they do. We have a laugh and a joke". One relative told us, "[Person's] communication is not very good but when staff are here his face lights up straight away". Another relative told us "(Staff) have such a good rapport with [person]".

Staff were enthusiastic about their jobs and they enjoyed working with people. One member of staff said, "I couldn't imagine doing another job, I love it, I'm proud of my job and making people smile". Another member of staff told us, "Our priority is to deliver quality care, many companies treat people like numbers but [registered manager] wanted to provide that old fashioned care".

People told us staff promoted their independence. One person told us, "They know I like to be independent and do what I can for myself, they respect this and do not chivvy me along". Another person said, "My carers listen to me, and are very, very patient, they let me do what I can for myself". People's care plans highlighted the importance of promoting independence. For example, one person's care plan stated, '[Person] will brush his teeth, please assist to shave'.

People's dignity and privacy was respected. One person said, "They keep me covered as much as they can when having personal care". Another person said, "They treat me with dignity and respect". Staff knew how to ensure people received care in a dignified way and gave us examples. One member of staff said, "We make sure when we wash someone we cover bottom half, always offer option to maintain dignity by using (extra) towels".

All people we spoke with were confident their personal information was kept safe and they told us staff did not discuss other people with them or in their hearing. People's personal files were kept secured, locked in provider's office. Staff received training about handling information and confidentiality. The provider was registered with the Information Commissioner's Office (ICO). The Data Protection Act 1998 requires every organisation that processes personal information to register with the ICO.

Is the service responsive?

Our findings

People's needs were assessed prior to commencement of the service to ensure these could be met. People told us they were fully involved in assessment process. One person said, "I was involved in my assessment and am in control of what and how I want things done. My care is reviewed every two months, my care was also reviewed when some of my regular carers moved on, and this was an opportunity to change the times for my social visits which suits me and my family better".

People's support plans reflected people's preferences, interest and choices. For example, one person's support plan said, 'Information can take longer to register, carers to be patient'. Another's person's file reflected their interest were 'war and fish'. People's care documentation also included information regarding Equality, Diversity and Human Rights (EDHR) and protected characteristics. For example, the gender identity and preferred dress mode. The registered manager told us, "We always make sure we'd do anything for the person to make them as comfortable as they can be".

The service responded to people needs and was flexible. People told they could request the time of the visit to be adjusted and that would be arranged. People said they never felt their care was rushed and staff made sure there was nothing else they needed before leaving. One person said, "They ask me if there is anything else they can do for me before they go". Another person said, "My care needs have changed greatly since my original assessment, these have always been accommodated and adjustments made to my care plan, I am quite able to say what I need, and am satisfied". People also told us staff met their needs and they had the care as they needed. Comments included, "They know what they are about and how I like things done", "My carers know me so well, they recognise my moods and respond appropriately and accordingly, when to try to pick me up or just leave me be. I could not be happier with the way I am treated" and "My carers know what I like and do things as I want them, even down to how I like my back to be washed". The registered manager told us one person was currently in hospital and staff visited the person for an hour every day so they had some company and did not feel lonely.

People knew how to complain and details of how to make a complaint were included into a clients' handbook. None of the people or relatives we spoke with ever needed to make a complaint. One person said, "If I had any worries I would go straight to the boss, she is a lovely person". One relative said, "I am very good at complaining, never had to". The records showed there was one concern received which was responded to by the registered manager. The service received a number of compliments from people expressing appreciation of staff kindness and thoughtfulness.

The provider ensured people's feedback was sought. They carried out quarterly satisfaction surveys however they did not receive many responses back. The registered manager was looking at alternative ways of gathering people's feedback. They also carried out spot checks which included gathering people's comments. We saw samples of these checks and noted positive feedback was received from people about the care they received. People told us their feedback was sought. One person told us, "[Registered manager] comes from time to time to do care, so checks with us to make sure it is all still as we want it". The provider signed up to an external online service where people and their relatives were able to leave reviews about the

care received. We saw examples of the reviews and noted positive comments were received. As a result of the positive comments received the provider was recognized as one of top ten recommended home agencies in South West England.

Is the service well-led?

Our findings

The service's registered manager was the director and the founder of the company. They were supported by an office manager and a team of senior and care staff. There was a clear staffing structure in place and staff were aware of their roles and responsibilities. One member of staff told us, "We (office staff) all have own roles but we are all also able to cover care visits". The mission statement of the company stated the team aimed to provide 'Traditional caring in a modern way' which was reflected in feedback we received from people, relatives and staff.

There were systems in place to monitor some aspects of the service delivery such as spot checks, audits of staff electronic log in system and audits of some care records. The big part of quality monitoring was ensured by the fact that management worked hands on providing the service to people. This meant that people were able to discuss any changes or issues with them on regular basis.

When an area for improvement was identified the management ensured appropriate action was taken to address it. For example, following an audit of daily logs and charts the senior team identified the records were not always fully completed. They therefore designed and implemented a new form that combined other charts into one and more user friendly format. They told us they were in a process of auditing the recently introduced documentation and they already saw the new form improved the recording.

The registered manager promoted an open and transparent culture; they were open to feedback and ensured any recommendations were acted upon. For example, a quality monitoring visit from the commissioners carried out a couple of weeks before our inspection identified the lack of a quality assurance policy. We saw the policy was promptly implemented and the management were in a process of reviewing, updating and developing further their quality assurance processes.

We identified the systems that were in place to monitor the service delivery were not always fully effective. For example, the registered manager told us people's care plans were reviewed every six months or updated when there was a change. We however found one person's care records were not updated following implementation of additional equipment. There was however no impact on the person as the person was cared for by regular staff that knew them well. After our inspection we were informed that this record issue was addressed. There was a positive approach and responsiveness demonstrated from the team to improve their processes going forward.

People told us they felt the service was well managed and they complimented the registered manager. Comments included: "I can ring the office and speak to manager personally she is so easy to talk to", "The managers all mix in and do some of the caring, it is like one big family", "I have never had any problems, the staff are all lovely, they do not get the public recognition they deserve" and "This company is caring, they care more about their clients than profit". People's relatives we spoke with were equally complimentary about the service. One relative said, "Manager sets up good example to her staff". Another relative said, "They keep me informed, communication is excellent. They listen to what I say. I'd thoroughly recommend them". One external professional said, "I have never had any concerns about them".

Staff were involved in running of the service and their views mattered. Staff told us they felt due to a small size of the team there was a good communication and team work. Staff felt valued and supported. Comments from staff included, "It's nice to wake up in the morning and look forward to coming to work. Manager is very receptive to ideas and we'd always try new things and adapt as needed" and "We can raise our opinions, always felt I can say my views, manager would listen to staff's ideas".

Provider had a whistle blowing policy in place and staff were aware of the process. Staff were confident in management that any concerns raised would be followed up and also aware how to report externally. One member of staff said, "I am aware I can go to Care Quality Commission (CQC), (person's) GP or the Police".

The registered manager ensured they met their legal statutory requirements to inform the relevant authorities including Care Quality Commission (CQC) of notifiable incidents. The team at the service worked closely with the local health and social care teams to ensure people were kept safe.