

Kind Hearts Care & Support 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?

Good ●

Summary of findings

Overall summary

We inspected this service on 30 June 2017 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 office address since its registration on 20 March 2017.

Kind Hearts Care & Support Limited provides personal care and support to people living in their own homes in Lichfield, Burton upon Trent and surrounding areas. At the time of our visit 34 people were in receipt of personal care.

The service had 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 were protected from the risk of harm by staff that understood their role in reporting concerns. Checks on staff were done before they started work to ensure they were suitable to support people. Medicines were managed safely and people were supported to take their medicine when needed.

People's care was planned to meet their needs and minimise risks to their safety. People received their calls as agreed and from a consistent staff team. People were cared for by staff that received ongoing training to improve their knowledge and enhance their skills. When needed, people were supported to maintain their dietary requirements and preferences and to access healthcare services.

Staff understood the importance of gaining consent from people and supporting them to have maximum choice and control of their lives. People were asked about their likes and dislikes to ensure care was provided in their preferred way.

People's care was regularly reviewed to ensure their care remained appropriate for them. People felt able to discuss any concerns or complaints with staff and the provider because they found them approachable. People were given opportunities to comment on the care they received and be involved with plans for the future. There were audits in place to monitor the quality of the service to drive improvements in care.

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 was safe.

People were protected by staff that understood how to keep them safe and protect them from harm. People's health and welfare was assessed and actions to minimise risks were recorded in people's care plans and implemented. There were sufficient staff to support people and checks were undertaken on new staff to ensure they were suitable to support people. People were supported to take their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Where people were unable to make their own decisions staff had clear guidance on how to support them in their best interests. Staff knew people well and had completed training so they could provide support in people's preferred way. Staff practice was monitored to ensure any training needs to be identified. Where needed people were supported to eat and drink enough to maintain their health, and staff monitored people's health to ensure any changing health needs were met.

Is the service caring?

Good ●

The service was caring.

People were supported by staff in a caring way and encouraged to maintain their independence and have choice and control over the support they received. People were treated with respect and supported to maintain their dignity.

Is the service responsive?

Good ●

The service was responsive.

People received support that was tailored to meet their needs

and preferences. The provider's complaints policy and procedure was accessible to people to enable them to raise any concerns.

Is the service well-led?

Good 

The service was well led

Quality assurance systems were in place to identify where improvements were needed. The registered manager and management team were available for staff and supported them to provide effective care. People were encouraged to share their opinion about the quality of the service.

Kind Hearts Care & Support 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, 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 30 June 2017 and was announced. This meant the provider and staff knew we would be visiting the service's office before we arrived. The provider was given four days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office. We also needed to arrange to speak to people and their relatives as part of this inspection prior to the office visit. 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. The expert-by-experience did not attend the office base of the service, but spoke by telephone with people who used the service and relatives.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. The provider had 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 used all of this information to formulate our inspection plan.

To gain people's views about the care and to check that standards of care were being met, we spoke with 12 people who used the service and eight relatives. We spoke with four care staff, the deputy manager and one of the directors. The registered manager, who was the other director, was not on duty on the day of our office visit.

Is the service safe?

Our findings

People felt safe with the staff that supported them. One person told us, "I have a key safe that my carers use to let themselves in and out. In all the time they've used it, they've always made sure that it's been locked properly when they've left me. It was a concern of mine before they installed it, but really, there's been nothing to worry about." A relative told us, "The staff, they are very caring and know what they are doing." Staff understood their responsibilities to keep people safe and protect them from harm. They understood the procedure to follow if they identified any concerns or if any information was disclosed to them. One member of staff told us, "If I had any concerns I would ring the office and document my concerns." Another member of staff said, "The policy is to report to the office and make a statement. We can report to the local authority if we need to but I know the managers would do this." Records showed that staff had undertaken training to support their knowledge and understanding of how to keep people safe. One member of staff told us, "We have annual training so that we have up to date information and it covers whistleblowing as well but I have never needed to do that." Whistle blowing is the process for staff to raise concerns about poor practices.

People confirmed that the staff ensured their safety was maintained when they supported them. One person told us, "I wouldn't be able to have a shower on my own anymore because I'm too afraid of having a fall. Having my carer here to support me makes me feel safe." We saw risk assessments were in place to direct staff on how to minimise risks to people, such as on the equipment needed to support them to move safely and on their home environment. This showed us that risks were managed to keep people who used the service and to keep staff safe. Staff we spoke with knew about people's individual risks and explained the actions they took to keep people safe, this included any specialist equipment that was used for individual people.

The care provided was dependent on the level of support each person required. People told us that staff were available to support them as agreed and confirmed that staff arrived within the agreed time frame for their visit. One person said, "Considering some of the traffic round here, I think they do remarkable well to arrive when they do. If they are going to be more than 30 minutes late, the office will usually call me and ask if I'm alright waiting or if they need to try and find someone who can come sooner." People confirmed they were supported by a consistent staff team. One person told us, "Just looking at this week's rota, for my four visits a day; I'm seeing six different carers covering these seven days. They're all my regular carers and I know them all very well and I'm happy with them."

An on call system was available for staff. A member of staff said, "If we need anything even advice we can ring the on call. If they don't pick up straightaway they ring back within five minutes" People who used the service told us they knew how to contact the office and confirmed that the contact number was in the documentation they had been given. One person told us, "If I had any concerns, I'd phone the office and ask to talk with one of the managers."

We looked at the recruitment checks and saw that all the required documentation was in place. We saw the

staff had Disclosure and Barring Service (DBS) checks undertaken. The DBS is a national agency that keeps records of criminal convictions. This demonstrated the provider checked staff's suitability to deliver personal care to ensure they were suitable to support people.

Some people told us they received support to take their medicines and confirmed this was done in their preferred way. One person told us, "I have my tablets given to me after I've eaten breakfast with a glass of water and after I've taken them, my carer writes it in the notes. It's the way I've always taken my tablets." A medication administration record (MAR) listed people's prescribed medicines and when they should be given. Staff recorded when they had supported a person to take their medicine. Staff confirmed and we saw they had undertaken medicine training. For those people who required support, a MAR was kept in their home which was sent to the office for the provider to audit. We looked at these records and saw that staff signed when people had taken their medicine or recorded if not and the reason why. This showed us a clear audit trail was maintained to monitor people's medicine administration.

Is the service effective?

Our findings

Staff received the training they needed to meet people's needs. One person told us, "I really like my carers because they let me try and do the things I can still do, but will step in to help when I can't. Other agencies I've had in the past only seem interested in how to get the job done quickly and do it all themselves, so I'm presuming that it must be something to do with their training that makes these carers approach things differently." Another person told us, "I have been very impressed with their hygiene skills. They always change their gloves after each task and they take all the rubbish out with them so I'm not bothered with it." One member of staff told us, "The training we get is very good it covers everything we need to know including specific training that's relevant to people's individual needs." This demonstrated staff received the training they needed to meet people's needs. Staff told us the support they received from the management team was good. One said, "I can't fault the support from the management team, it is really good. They are always available to us and we get supervision and spot checks to make sure we are doing our job properly." The staff files we saw had evidence that staff received supervision; this included spot checks on a regular basis to monitor their performance. This showed us that staff were supported, to enable the provider to identify their future training and development needs.

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 whether the provider was working within the principles of the MCA. The information in people's assessments and care plans reflected their capacity when they needed support to make decisions. We saw that where people were unable to make decisions independently, they were made in their best interests in accordance with the Act. Staff understood the principles of the MCA and understood their responsibilities for supporting people to make their own decisions. One member of staff told us, "Some people need support making decisions. Where they can't tell us we support them in their best interests. We know how people like things done which makes it easier for us." This demonstrated that the staff knew about people's individual capacity to make decisions and how best to support them. Staff told us they obtained people's consent before they supported them and people we spoke with confirmed this. We saw that where people had capacity, they signed their care plans to demonstrate their consent.

Some people were supported with meals and told us they were happy with how this was done. One person said, "My carer always tells me what meals I've got in the freezer so that I can choose what I fancy to eat and then she always make sure it's thoroughly cooked through before she puts it on a plate for me and give's it to me on a tray to have on my lap." Another person told us, "My carer usually leaves me a cup of tea and a few biscuits, so I've got something to nibble if I get a bit hungry in the mornings." Where people were supported with food and drink this was recorded as part of their plan of care. People's specific preferences and diets were recorded, to ensure their needs could be met.

People's health care needs were documented as part of their care plan and support was provided when needed. One person told us, "My carer had to call the paramedics out a few months ago. She stayed with me, rang my daughter and wrote up all the notes." Staff told us that if they had any concerns about people's health they would inform the management team who would contact the person's relative or doctor as needed. Relatives spoken to confirmed this. One said, "It's one of the things that has impressed me the most. So far, they've rung me to report on when they've been off their food and when they've been developing nasty colds."

Is the service caring?

Our findings

People told us the staff were kind and caring. One person said, "I couldn't ask for better carers. They never mind what they do for me and nothing is too much trouble." A relative told us, "The staff are wonderful, very caring. I am so pleased with the support they provide. Both [Name] and I have a very good relationship with them "

People told us that staff were respectful towards them and supported them to maintain their dignity. One person told us, "When my carer comes for my late afternoon/evening visit, the first thing she does is close the windows and curtains and then put's my lights on so we can see what we're doing. She would never dream of starting to get me undressed with the curtains still open as I look onto my neighbours' gardens." Another person told us, "I've always taken pride in my appearance and I hate the fact now that I can find myself sometimes wearing clothes that have become dirty or that I've dropped something down. My main carer is lovely and she knows how much it frustrates me, so she will always say in the morning if something needs washing so I don't get dressed in it. She then helps me look for something clean to wear instead. I know I don't particularly go anywhere or see many people these days but there is something about taking pride in your appearance and that means a lot to me."

People confirmed their preference in staff gender was discussed with them prior to using the service. One person said, "I did say that I only really prefer female carers and to be fair they haven't tried to send me a male carer so far and I don't really think they would do now because it's been such a long time." A relative told us, "When we started with the agency we were asked whether [Name] preferred male or female carers. She said because she needed help to have a shower that she would like female carers and that has always been the case, certainly for the six months that we've been with the agency." This demonstrated that the people's choices were respected.

People were supported and encouraged to maintain their independence. One person told us, "I can still manage to dress myself after my wash in the mornings. My carer will usually go and get my breakfast started while I finish dressing, but I also know that if I get into difficulty I can just give her a call and she will help me." Another person told us, "With my carer here for support, I can manage to wash everything except the backs of my legs when I'm in the shower and she will take over when I get that far."

Is the service responsive?

Our findings

Staff supported people with a variety of tasks such as personal care support, support with meals and taking their medicine. People told us that the staff understood their needs and were capable of delivering the service that they required in their preferred way. One person said, "One or two of my regular carers are more like long-term family friends now and to be honest I think they understand me better than some members of my family do. They always take their time with me and never leave until they're absolutely certain I've got everything I need for the rest of the day." Another person told us, "My carer knows I like a warm shower so she usually runs the water while I'm getting undressed and she always puts my towel on the heater just so it's nice and warm for me when I get out the shower and then I don't get cold before I can get dressed."

Discussions with people and their care records showed they had been involved in their care and their views had been gained about what was working and any changes they felt were needed. One person told us, "I see someone about every six months. I had a visit in June. She always asks me if I'm happy with the care being provided and whether I feel there are any changes needed to my care plan. She always looks at the notes and she sometimes queries with me what something means. I really value the fact that they do this because it means that if I have got anything I want to discuss, I can do it face to face which is so much easier."

Staff confirmed they worked well as a team to ensure people were supported according to their needs and preferences. One member of staff said, "It's good team work. People generally have their own team of support staff and we all cover shifts for each other when we need to."

People we spoke with were aware of the procedure for making complaints and told us they would feel comfortable if they ever had the need to do this. One person said, "There's a leaflet in my folder that has all the information about making a complaint."

A relative told us, "I tend to deal with all of that on my relatives behalf and I'm conscious when we first started with the agency I was given some literature about how to make a complaint. I have to say that we've never had anything to complain about thus far, but I would certainly not hesitate in going down the formal process if I was unable to get satisfaction in any other way." The management team confirmed that no formal complaints had been received.

Is the service well-led?

Our findings

A registered manager was in post. People and their relatives told us that they felt the service was managed well and told us they found the registered manager and office staff approachable. Comments included, "I must have spoken with all of the management team by now and they are all very approachable." And "I've never known the office not pick up the phone. They are always very helpful." And "I've only phoned the office a couple of times and on each occasion they have been able to help me straight away and everything has been sorted."

The management team visited people on a regular basis to provide care and to monitor staff providing care. Observations of care looked at staff dress, attitude, time keeping and the support they provided. Measures were in place to gather people's views and experiences in relation to the care they received. We looked at quality surveys that had been completed and returned between February and May 2017. People had provided positive feedback. For example one person had written, 'The service has been excellent, staff are very caring and helpful, sometimes beyond the call of duty. The office personnel are also excellent in all matters. I would highly recommend.'

The management team regularly reviewed people's care to ensure their current needs were met and that they had sufficient staffing levels and care hours in place to meet their needs. Medicine records were returned to the office once completed to enable the management team to identify any errors and address these. We looked at recent medicine records and saw they had been completed correctly.

Staff confirmed they were given sufficient time to enable them to support people in an unhurried way. Meetings for care staff were held as needed to address any changes in service.

We saw the data management systems at the office base ensured only authorised persons had access to records. People's confidential records were kept securely so that only staff could access them. Staff records were kept securely and confidentially by the provider. The provider understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of their registration.