

Heaven Scent Care Services Ltd







Heaven Scent Care Services Ltd

Inspection report

Hart House Business Centre
Kimpton Road
Luton
Bedfordshire
LU2 0SX
Tel: 01582 522355

Date of inspection visit: 14 July and 22 October 2015
Date of publication: 06/01/2016

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 carried out an announced inspection on 14 July 2015. Between this date and 27 July 2015, we spoke with people who used the service and their relatives or friends by phone. Unfortunately due to unforeseen circumstances, we completed this inspection on 22 October 2015 when we had made further phone calls to the care staff.

The service provides care and support to adults in their own homes. People supported by the service were living with a variety of needs including chronic health conditions, physical disabilities and dementia. At the time of the inspection, there were 56 people being supported by the service.

Summary of findings

The service has a registered manager, who is also the provider. 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.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised. There were systems in place to safeguard people from the risk of possible harm.

The provider had effective recruitment processes in place and there were sufficient staff to support people safely.

Staff sought people's consent prior to care being provided. They also understood their roles and responsibilities to provide care in line with the requirements of the Mental Capacity Act 2005 (MCA).

Staff received supervision and support, and had been trained to meet people's individual needs.

People were supported by caring and respectful staff who ensured that they lived happy and fulfilled lives.

People's needs had been assessed and care plans took account of their preferences and choices.

People were supported to have enough food and drinks, and to access other health and social care services when required.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to continually improve the quality of the service.

The provider had quality monitoring processes in place and these had been used effectively to drive improvements.

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.

There were robust recruitment systems in place and sufficient staff to support people safely.

There were systems in place to safeguard people from the risk of harm.

People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff that had been trained and appropriately supported to meet their individual needs.

People were supported to have enough to eat and drink, and to access other health and social care services when required.

Good



Is the service caring?

The service was caring.

People described the staff who supported them as 'caring and friendly'.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity, and supported them to maintain their independence as much as possible.

Good



Is the service responsive?

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs. Prompt action had been taken to respond to people's changing needs.

People were supported to live happy and fulfilled lives.

The provider had an effective system to manage complaints.

Good



Is the service well-led?

The service was well-led.

The provider was involved in the day to day management of the service to role model expected behaviours and values.

Staff felt valued and appropriately supported to provide a good service that appropriately met people's expectations.

Quality monitoring audits were completed regularly and these had been used effectively to drive continuous improvements.

Good



Summary of findings

People who used the service and their relatives were enabled to routinely share their experiences of the service and their comments were acted on.

Heaven Scent Care Services Ltd

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 included a visit to the provider's office which took place on 14 July 2015 and it was conducted by two inspectors. We contacted the provider 40 minutes before our arrival to ensure that there would be someone in the office.

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 information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the office visit, we spoke with the registered manager, who is also the provider of the service. We also spoke with the office manager and the care manager. We looked at the care records for eight people who used the service, the supervision records for five staff and the training records for all the staff employed by the service. We reviewed information on how the provider managed complaints, and how they assessed and monitored the quality of the service.

Between the date of the office visit and 27 July 2015, an inspector spoke by telephone with care staff, and an expert by experience spoke with three people who used the service, two people who had recently left the service and relatives or friends of five other people who used the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Unfortunately due to unforeseen circumstances, we had to make further telephone calls to five care staff on 22 October 2015. We sent emails to two professionals who commissioned the service and we received one response.

Is the service safe?

Our findings

People told us that they felt safe with the regular care staff who visited their homes. They also had no concerns about staff's ability to provide care safely. One person's said, "I feel safe with carers coming into my home." A relative of another person told us, "[Relative] is quite safe and they look after her very well." Another person's relative said, "The staff are trustworthy and keep [relative] safe."

People told us that there were effective arrangements in place for staff to access their homes if they were unable to open the doors for them. One person said, "I let the carers in and I was told that a key safe could be installed when I am no longer able to do this." Where necessary, key safe codes had been recorded in people's care records so that staff had the information they required to enter people's home. In order to keep this information safe, we saw that the codes had been encrypted so that only trained staff knew what they meant. Staff we spoke with demonstrated that they knew how to keep this information safe so that access to people's homes was only gained by authorised people.

The provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Information about safeguarding was displayed in the office and included contact details for the relevant agencies. Staff had also received training in safeguarding people and the ones we spoke with demonstrated good understanding of these processes, and were able to tell us about other organisations they could report concerns to. One member of staff said, "I have done safeguarding training and in the first instance, I will report any concerns to the care manager or the registered manager. We also have the contact numbers to contact the local authority if needed."

The care records showed that care and support was planned and delivered in a way that ensured people's safety and welfare. An environmental safety check had been completed as part of the service's initial assessment process. This helped staff to identify and minimise any potential risks in the person's home in order to maintain

their safety and that of the person using the service. When incidents or accidents occurred, a record was kept and there was evidence that appropriate action had been taken to reduce the risk of them happening again.

There were also personalised assessments for each person to monitor and give guidance to staff on any specific areas where people were more at risk. We saw that everyone had a risk assessment in relation to being supported to move safely and others were more individualised depending on people's care needs. These assessments included those for risks associated with people falling, developing pressure area skin damage, not eating or drinking enough, and medicines. We noted that the risk assessments had been reviewed and updated regularly or more frequently, when people's needs had changed.

The rotas showed that there was sufficient staff to support people safely. The majority of people and their relatives supported this view and they also said that staff stayed for the agreed duration of their visit. Others told us that at times, staff did not always arrive at the agreed times, but they all said that this had only minor impact on people's care. One relative said, "They are occasionally late, but they do not rush and they complete all the care tasks as expected." Another relative suggested that the provider needed to arrange the rotas so that they allowed for travelling time adding, "They are good though because they ring if they are going to be late." Although a person's relative told us that they had been waiting for the provider to change the time of their morning visit, they commented positively about the quality and safety of the care provided. Another person's relative said, "There are sufficient carers and they know what they need to do to support [relative] well."

We noted that an effective system was being used to manage the rotas so that people were supported at the times of their choosing. They had an ongoing recruitment programme so that they covered any vacancies as they occurred. Staff said that there was always enough of them to support people appropriately and they received their rotas on time to enable them to plan their work effectively. A member of staff said that they were never late because their rota had been planned well. They also said, "I support about seven people a day and I always get to them on time. I use the bus and enough travelling time is factored in between each visit."

Is the service safe?

Prior to the inspection, we had received information of concern that the provider's recruitment processes were not always effectively used to ensure that staff employed by the service were suitable to support people safely. However, the evidence we saw showed that the provider had completed all the relevant pre-employment checks, including obtaining references from previous employers and Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. Although the provider had a number of new staff, they also demonstrated that their staff retention was good, with evidence that a number of staff had worked for the service for more than two years.

People told us that they had been supported safely by staff to take their medicines as prescribed. One person said,

"Although I do not always get the same carer, they do understand my medicines." Another person said, "I always get my medicine correctly." People's positive comments showed that their medicines had been managed safely because evidence in the staff training records showed that they had been trained to administer people's medicines. The manager told us that following the initial training, they completed a competency assessment before a member of staff could be allowed to administer people's medicines unsupervised and we saw evidence of these in the staff records we looked at. We reviewed the medicine administration records (MAR) for some of the people who used the service and we noted that they had been completed correctly and with no unexplained gaps.

Is the service effective?

Our findings

People and their relatives told us that the majority of staff were well trained and had the right skills to support them effectively. One relative said, “Most carers know what they are doing, but the newer ones could do with a little more training.” Another person’s relative said, “Staff are well trained in using the equipment to support my [relative].”

The provider had an effective training programme that included an induction for all new staff. We noted that new staff had been enrolled to complete the training towards gaining the ‘Care Certificate’. A new member of staff told us that they found working alongside experienced very useful in helping them to understand the needs of the people they supported and to develop the skills they needed to support people appropriately. They also said, “As well as the mandatory training I completed when I first started work, I also had individual support from the team leader as they helped me to understand the needs of the people I was going to support by going through their care plans with me.” The provider also kept a computerised record of all staff training which made it easier for them to monitor any shortfalls in essential training or when updates were due. This enabled staff to update their skills and knowledge in a timely manner. Staff were very complimentary about the training they had received. They told us that this had been effective in helping them to acquire the right skills and knowledge necessary to support people appropriately. One member of staff said, “The training I receive is enough. I have done a lot of training including health and safety, medicines management, and dementia awareness.” Another member of staff said, “I have found the training good and really useful in my work.”

Staff told us that they had regular individual supervision meetings, support through staff meetings and they could speak with the team leaders or manager whenever they needed support. We saw evidence of supervision in the records we looked at and it was evident that these meetings had been used to evaluate each member of staff’s performance and to identify any areas they needed additional training or support in. One member of staff said, “I have always found the team leaders and manager to provide support in a positive way. They are always there when you need them.” Another member of staff said, “Supervision is always regular and a positive experience.” Staff were also complimentary about the regular team

meetings they had and the support they received from the office staff. One member of staff said, “Our monthly team meetings are always well attended and we are able to discuss issues that may affect our work. The office staff are always available to help if they can. You will always get someone to help you if you have any problems.”

People were supported to give consent before any care or support was provided. For example, one member of staff said, “I always make sure that people are happy for me to support them with their care needs.” Records showed that some people had signed their care plans to indicate that they consented to the care being provided by the service, their medicines being administered by staff, and to their care information being shared with other health and social care professionals where necessary. Although staff we spoke with understood their roles and responsibilities in ensuring that people consented to their care and support, it was not always clear in everyone’s care records whether they were able to give informed consent. We discussed with this with the manager and they told us how they would evidence this more clearly in the future. There was evidence that where a person did not have capacity to make decisions about some aspects of their care, mental capacity assessments had been completed and decisions to provide care in the person’s best interest had been made in conjunction with people’s relatives and social care professionals. For example, we saw that a mental capacity assessment had been completed for a person who was unable to give informed consent to being supported with their personal care and medicines. This meant that the care provided to the person was in line with the requirements of the Mental Capacity Act 2005 (MCA).

People and their relatives told us that they were happy with how they were supported with their meals. In the majority of cases, staff were only required to warm and serve already cooked meals, and prepare drinks for people. People told us that this was done with care and staff respected their choices and made sure that they had enough to eat and drink before they left. Staff said that they always made sure that people had enough to eat and drink, and would always report promptly any concerns they might have about people not eating enough. One member of staff said, “People I support require minimal support to eat, but I would be worried if I returned to support

Is the service effective?

someone and found that they had not eaten their previous meal. I would discuss this with the person and their family members to make sure that the right support is arranged as quickly as possible.”

People said that they were mainly supported to access other health and social care services, such as GPs, dietitians, and community nurses by their family members. People’s family members or friends also usually accompanied them to hospital appointments and no one we spoke with relied on care staff for this purpose. However where necessary, staff contacted other health and social care professionals so that people received the care necessary for them to maintain their health and wellbeing.

Records showed that staff responded quickly to people’s changing needs and where necessary, they sought advice from other health and social care professionals. For example, we saw that care staff sought advice from the team leaders or manager if they noted that a person was unwell. In one case, a decision had been made to call emergency services as a referral to the GP could have resulted in delays in providing the urgent treatment the person required. A relative of one person confirmed this when they said, “The service liaised with the district nurses to make sure that my [relative] received the treatment they needed.” Another relative said, “They are very good at contacting other professionals for advice when needed.”

Is the service caring?

Our findings

People were very complimentary about the way they had been cared for by staff and they told us that staff were caring and friendly. One person said, "I am happy with my care, they are all lovely." Another person said, "The carers are really friendly and they talk to me while supporting me. I like all of them." People's relatives we spoke with also found staff caring and patient when they provided care. One relative said, "They are very caring to [relative] and we appreciate that."

Staff told us that they provided very good care to people they supported. One member of staff said, "We do a great job looking after people really well. I always want to leave people feeling happy and comfortable." Another member of staff told us that they took very good care of people and that they always received positives comments about the manner they supported people. They also said, "I enjoy what I do and I am very proud that our support helps people to remain in their homes, where they are mostly happy and comfortable."

People and their relatives told us that they had been involved in planning their care and had seen the care plans kept in their homes. They said that staff took account of their individual choices and preferences in order to provide the care they wanted. People also said that they felt listened to and their views were acted on. One person said, "They listen to me and know what I like or don't like." Staff demonstrated good understanding of the needs of the people they supported and they told us that they always respected people's wishes. One member of staff said, "Although we have limited time to support people, we always make sure that we spend the whole of the time doing what the person wants us to do for them."

People told us that staff provided care with respect and dignity. Staff demonstrated that they understood the importance of respecting people's dignity, privacy and independence. They gave clear examples of how they would preserve people's dignity while providing personal care. One member of staff said, "People find it embarrassing when being supported with personal care, but I always try to make them feel as comfortable as possible. I have noticed that it becomes easier when you have supported the person a number of times as they start to trust you and are more relaxed." Staff told us that they also enabled people to maintain as much independence as possible by supporting them to do as much as they could for themselves. One relative confirmed this when they said, "They help mum to do some things herself so that she is not fully dependent on them. They only support her for a few hours a day and she is own her own most of the day." Staff were also able to tell us how they maintained confidentiality by not discussing about people who used the service outside of work or with agencies who were not directly involved in the person's care. We also saw that the copies of people's care records were held securely within the provider's office.

Information was given to people in a format they could understand to enable them to make informed choices and decisions. We noted that when people started using the service, they had been given information including a 'service user guide', 'statement of purpose', the office and 'out of hours' contact details. Records indicated that most people were able to understand this information, but we saw that some people's relatives or social workers acted as their advocates to ensure that they received the care they needed.

Is the service responsive?

Our findings

People who used the service had a wide range of support needs and these had been assessed prior to them being supported by the service. Appropriate and person centred care plans were in place so that people received the care they required and that appropriately met their individual needs. We noted that the care plans contained detailed information that enabled staff to fully understand the needs of the people they supported. For example, the care plans we saw had included information on how to support people with a variety of needs such as, communication, personal hygiene, mobility, nutrition, safety and medicines.

In addition to the detailed care plans, staff also had a summary of people's daily needs in a record titled 'daily routine'. This provided a short and accessible guide to what people's needs were and what staff needed to do to meet those needs. Staff we spoke with found the care plans informative and one member of staff added to this view when they said, "I find the care plans easy to follow and understand." Although there was a system to review the care plans periodically, we saw that where necessary, these had been reviewed more frequently to reflect changes to people's needs. An example of this was when a relative of one person told us that a review had taken place because the person needed a different type of a sling to support them to move safely using a hoist.

Some people and relatives told us that they had been involved in planning their care and in the regular reviews of the care plans. Although others told us that they could not recall being involved in a review, they had no concerns with how their care was being managed. One relative said, "[Relative] has a care plan which has not been reviewed, but we have been involved in planning the care." Staff told us that they regularly supported a small group of people which meant that they had got to know those people's needs very well and knew how they wanted to be

supported. This enabled them to provide consistent care or to identify when people's needs had changed and we saw that prompt and appropriate action had been taken so that people received the care and support they required quickly. They also said that they regularly communicated with people's relatives if they needed their support to ensure that people received the care they required. A member of staff gave an example of when they had contacted a person's relative because they no longer had sufficient toiletries and they were unable to get these themselves.

People told us that staff talked to them while supporting them, but they did not have in depth conversations because staff were never in their homes long enough to do so. We noted that staff only supported people for limited periods of up to 45 minutes each and this did not allow them time to support people to pursue their hobbies and interests. However, staff told us that they always chatted with each person about issues that interested them while they were supporting them with their personal care or preparing their meals. They also made sure that people with mobility difficulties had easy access to books, newspapers and remote controls so that they could occupy their time reading or watching their favourite television programmes. One member of staff said, "It would be nice if I had time to sit and chat with people. Most times, by the time I have finished supporting someone and written in their records, it is time to leave to support the next person."

The provider had a complaints policy and procedure in place and people were aware of this as it had been given to them when they started using the service. There were no recorded complaints in the last 12 months prior to our inspection, but we saw compliments that indicated that people were mainly satisfied with the service they received. People told us that they had raised some concerns about aspects of their care they had not been happy about and these had been responded to and resolved promptly.

Is the service well-led?

Our findings

The service had a registered manager, who is also the provider. They were supported by two office staff to effectively plan people's care. Most people spoke highly of the manager and they said that she was friendly and approachable when she visited their homes to assess their care needs. However, some of the people said that they had not met the manager, but found the office staff helpful when they phoned them. They also said that they could contact the office if they had concerns or suggestions for improvements. For example, one relative told us that they had suggested that improvements should be made to the rotas as they had not been always accurate.

Staff told us that the registered manager provided stable leadership and the support they needed to provide good care to people who used the service. They also said that they benefited from the day to day support provided by the team leaders who were able to support them promptly when required. One member of staff told us that this enabled them to support people well adding, "We do our best for everyone. I really enjoy my job and I think that I make a contribution towards them having happy and fulfilled lives." Another member of staff said, "The service is very good because we work well as a team." This view was supported by the various comments from people and their relatives that suggested that they were happy with the quality of the service provided. Some of the comments included, 'The manager is very good and the office staff are helpful too'; 'The manager is capable and quite nice'; 'I am happy with the service and I have nothing to complain about'.

The provider promoted a 'caring culture' within the service, where everyone including staff, was treated with respect and listened to. She was passionate about providing the best service they could and had plans to continually improve the quality of their service. Staff told us that they were encouraged to contribute to the development of the service so that they provided good quality care that met people's needs and expectations. We saw that regular staff meetings were held for them to discuss issues relevant to their roles. Additionally, they told us that the team leaders provided practical support when they required it and also assessed their competence in using equipment so that people were supported to safely.

The provider worked in partnership with people and their relatives so that they had the feedback they required to continually improve the service. There was evidence that a questionnaire was completed with each person during a visit after their first six months of using the service and this was repeated at the end of their first year. The aim of this was to check whether people were happy with all aspects of their care and to capture any comments they might have about what needed improving. The records we saw indicated that people were mainly happy about the service provided and had not identified many areas that required improvements.

In addition, the provider also engaged an external organisation to carry out annual surveys on their behalf and the 2015 survey was in progress when we visited the office in July 2015. We saw that questionnaires had been sent to people who used the service and their relatives, staff and professionals that worked closely with the service. The feedback from a local authority professional who reviewed the service in September 2014 suggested that they provided really good care to people and had adequate systems to monitor the quality of the service in order to drive continual improvements. We saw that the service had been rated as 'good' and had achieved maximum scores in 12 of the 15 areas assessed. The manager pointed out that they just fell short of the highest rating of 'excellent' by 1.1% and we saw that they had developed an action plan to make the required improvements, particularly in relation to evidencing that people consented to their care and support.

Also, the manager had completed a number of quality audits on a regular basis to assess the quality of the service provided. These included checking people's care records, medicine administration records and staff files to ensure that they contained the necessary information and that this was up to date. We found they had kept robust and up to date records that reflected the service they provided at the time of our inspection. The manager had understood their responsibility to report to us any issues they were required to as part of their registration conditions and we noted that this had been done in a timely manner.