

Heart of the South Care Agency Limited

Heart of the South Cornwall Branch

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 

Overall summary

Heart of the South is a small domiciliary care agency which provides support to people in their own homes in Cornwall. At the time of our inspection Heart of the South was providing support to three people. The level of care and support varied from domiciliary support to a complex care package.

This inspection took place on 23 September 2015. The inspection visit was announced 24 hours in advance in accordance with the Care Quality Commission's current

procedures for inspecting domiciliary care services. The service was previously inspected in August 2014 when it was found to comply with the requirements of regulations.

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.

Summary of findings

People told us they felt safe and secure when receiving care. People received consistent support from care workers who knew them well and that they received care and support from regular carers. People told us, “[Staff member] makes me feel safe. [Staff member] cares for me very well and comes on time every day” and “Staff were like a second family”.

Care plans were available for all of the people who received care and support from Heart of the South. Each person’s care plan was up to date and included sufficient information to enable staff to meet people’s care needs. One staff member said, “The information we get is very good. We also get training in areas where there are special requirements”. People’s feedback was valued by the service. The most recent survey confirmed people’s experience in receiving care and support was positive.

Staff had a full understanding of the specialist care and support people required. Training and support for staff was happening on a regular basis and focused on the specialist needs of people using the agency.

Staff told us they were supported by the registered manager. Staff said, “I meet up with the manager every month. If we feel we need to share more information we have a staff meeting”.

Recruitment systems were robust by carrying out pre-employment checks. Staff received a full induction to understand their role and to ensure they had the skills to meet people’s specific needs. This helped ensure people received care and support from staff who were competent and well matched to the role.

Audit systems were in place to monitor and manage how care and support was being delivered and took account of accidents and incidents, as well concerns and complaints. The systems in place acted as early indicators of themes or trends which might affect individuals using the service or staff supporting people.

The registered manager demonstrated strong values and a desire to learn about and implement best practice throughout the service.

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 sufficient care staff available to meet people's needs and provide planned care visits.

People were protected by ensuring safe recruitment procedures were in place.

Risks were well managed and there were systems in place to enable staff to support people with their medicines safely.

Good



Is the service effective?

The service was effective

People received support from a stable staff team who knew their needs well.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's specialist needs effectively.

People were supported with their health and dietary needs.

Good



Is the service caring?

The service was caring

People told us staff were caring in their approach.

People were treated with dignity and respect. Care was provided in line with people's wishes.

Staff supported people to maintain their independence.

Good



Is the service responsive?

The service was responsive

There were systems in place to help ensure staff were kept up to date when people's needs changed.

People's care plans were detailed, personalised, and included sufficient information to enable staff to meet their individual needs.

There was a complaints policy in place which people had access to. No complaints had been raised recently.

Good



Is the service well-led?

The service was well led

People and staff told us they felt involved in the development of the service.

Systems were in place to monitor how the service operated.

People told us they felt listened to and the service responded to their views.

Good



Heart of the South Cornwall Branch

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 September 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service. We needed to be sure that someone would be available. 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.

We reviewed a range of records about people's care, support and how the domiciliary care agency was managed. These included care records, medicine administration records (MAR) sheets incident reports and other records relating to the management of the domiciliary care agency. We also reviewed three staff training, support and employment records, quality assurance audits and a range of policies and procedures used by the service.

We spoke with the registered manager and three members of staff. In addition we visited a person in their own home and carried out telephone interviews with one person who used the service. We spoke with a commissioner of services and one professional who worked with the service.

Is the service safe?

Our findings

People told us they felt safe whilst receiving care and support from the service. Comments included, “I know who is going to come through the door and that makes me feel very safe” and, “I trust all the staff who comes here, I couldn’t ask for more than that”. Staff members told us they were committed to ensuring people they supported were kept safe while promoting independence. Comments included, “Safety is the most important thing and the training supports us”. Also, “We try and keep people as independent as possible for as long as possible”.

People’s satisfaction with staffing levels was good. Comments included, “Staff turn up at the right times. I have a call if somebody different is coming. They [agency] are good like that”. People said they had regular carers who were familiar with their needs. People were supported by dedicated staff and there were suitable arrangements in place to cover any staff absence. The registered manager had responsibility for overseeing staff. People told us they were never supported by someone they did not know. They told us staff were punctual and were told if there was going to be a change.

People’s care documents included a risk assessment that had been completed by the registered manager during initial visits to the person’s homes. Risk assessments varied in the level of support being provided. In some instances they were also used in conjunction with information from commissioners for health and social care. Risk assessments were regularly reviewed and there was evidence of changes made where necessary. This showed staff responded to people’s changing needs and helped to protect them from harm. Assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. This included environmental risks and any risks due to the health and support needs of the person.

Accidents and incidents were recorded so any patterns or trends could be identified and action taken to reduce the risk of reoccurrence. Staff explained when it would be necessary to record incidents and what action they would take in these circumstances. One staff member told us, “We make sure we record everything when it happens and feed back to the manager”.

People were satisfied with the support they received with their medicines. People had assessments completed with regard to their levels of capacity and whether they were able to administer their medicines independently or needed support. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. Support plans clearly stated what medicines were prescribed and the support people would need to take them. One person we spoke with told us they were reminded when to take their medicines when they needed them.

Staff recruitment procedures were safe. Three staff files confirmed that checks had been undertaken with regard to criminal records and proof of ID. The service had checked potential new staff member’s employment histories by requesting references.

People told us they felt safe with care staff and “trusted” them. There were appropriate arrangements in place to keep people safe and reduce the risk of abuse. In the office there were safeguarding procedures and whistleblowing policies. Staff were trained to recognise the various forms of abuse and encouraged to report any concerns. Staff told us they had not had any concerns regarding colleagues working practices but would be confident to raise them if they had and believed management would take them seriously and act on them. We saw staff had recently referred a concern to the local authority for further investigation. This person told us, “They did a really good job and it’s made me feel much safer now”.

Is the service effective?

Our findings

People were supported by staff who were familiar with their needs and preferences and knew them well. Comments include; “I have every confidence in them”. and, “They know what they are doing, I think they are all well trained”. Staff told us they had good access to specialised training, including specialist clinical feeding techniques and were supported by being given specific clinical guidance.

Training was updated regularly and staff told us they felt they had received a good range of training including specific training relevant to the people they supported. People told us they considered their care workers to be competent. Staff files contained an individual training matrix which was a checklist to identify when staff training required updating.

The service had appropriate procedures in place for the induction of newly recruited members of care staff. Once employed new staff received initial formal training, before shadowing and observing experienced members of staff in individual care settings. The induction process was reviewed regularly by the registered manager with ‘spot checks’ taking place to ensure staff understood and met the criteria of their role.

The registered manager told us they used a combination of unannounced ‘spot check’ observations and formal one to one supervision meetings in order to support staff and help ensure they were carrying out their roles effectively. We looked at staff supervision notes and found they were

comprehensive with details of issues discussed and actions taken if necessary. For example one record discussed a staff members need for updating their Makaton skills in order to be able to communicate effectively with the person they were supporting. Supervision records showed how staff were being supported to access targeted training including diabetes and insulin management as well as peg feed training. This showed the services were ensuring staff had the necessary skills and competences to support people.

People had been involved in both the development and review of their care plans. They had signed these documents to formally record their consent to care as described in these documents. People told us they were able to make choices about how their care was provided and that staff respected their decisions. One person told us, “The [staff] are very good at talking with me about my needs and when I have appointments. I couldn’t manage without them [staff]”.

Heart of the South worked collaboratively with other health and social care services to ensure people’s care needs were met. The service had supported people to access services from a variety of health professionals including GPs, a range of health professionals and district nurses. Care records demonstrated staff shared information effectively with professionals and had appropriately challenged their advice when staff believed it was not in the person’s best interests. Health and social care professionals told us, “The staff let us know when something is not right or has changed like today. They asked us to call due to their concerns”.

Is the service caring?

Our findings

People were positive about the staff who supported them and said they were treated with consideration and respect. People consistently told us they knew and got on well with the staff that cared for them. People's comments included; "All the staff are kind and polite" and "I couldn't find a more caring bunch of people. They do this job from the heart". The registered manager told us they endeavour to use the same staff in order to provide continuity of care.

Staff regularly supported the same people and were able to develop caring relationships with the people they supported. Staff told us; "I have got to know my carer very well, they [staff member] know just what I need. We have a good routine and I look forward to seeing [staff member] every day.

People reported that staff treated them with respect while providing care and support. Peoples' comments included, "They [staff] are coping very well under the new [care] regime" and "Staff make sure the curtains are closed and the door is closed when I need help [personal care]. They are very respectful.

The registered manager and staff had a good understanding of people's specific care needs. During the inspection visit they told us they were committed to provide a good service.

People were comfortable with the staff who supported them and told us "They [staff] are all good with me". A professional told us, "Care staff are very good they know [the person] needs".

People were involved in both the development of their care plans and in day to day decisions about how their care was provided. People said; "We have a routine but sometimes if I want to change things around it's no problem" and, "The staff always ask what I want to do, so I have the choice". Care plans included guidance for staff on how to support and enable people to make choices about how their care was delivered. Staff described different techniques they used to support people to make decisions and how they respected people's choices. One staff member told us, "Continuity is important but people also like to have things done differently sometimes and we respect that". One person care package had recently changed and it was taking time for them to adjust to the increased support. The person told us, "I am coping okay with the changes. I am a tough old bird. The registered manager recognised the changes which might impact on the person and worked closely with other professionals to ensure the transition was well managed. The registered manager told us, "The service is coping very well with the different regime".

People's care planning records were written in a person centred way. They helped staff understand a person's life history, their likes and dislikes, based upon the person's wishes as to what information they wanted to share. This information was available in people's homes so staff had access to it. Comments from staff included, "It really is a good help so you know if there are any issues which might upset the person".

Is the service responsive?

Our findings

Care records contained information about people's initial assessments, risk assessments and correspondence from other health care professionals. People's care and support plans were developed with the involvement of people using the service. People said that when their care was being planned at the start of the service, the registered manager spent time with them finding out about their preferences. This included what level of care was required and how individual specialist needs were going to be met and delivered. One person told us, "I have signed my care plan and they go through it with me now and then".

Care plans we looked at had been regularly reviewed and updated to ensure they accurately reflected people's current care needs. We found that care plans were available in people's homes during the home visit we made.

Systems were in place to help ensure staff had access to the most up to date information about the people they supported. If anything of note occurred there were good communication systems in place to contact the registered manager or office staff by phone. Information was also recorded in people's daily records and communication books which were kept at people's homes.

Daily records were completed by staff at the end of each care visit. These records were signed by each member of staff and recorded their time of arrival and departure. In

addition these records included details of the care and support provided, any observed changes to the person's care needs and records of food and drinks the person had consumed. In order to audit the records they were removed to the office file every two weeks.

People told us their care and support plans were reviewed regularly or when changes occurred. For example after a recent incident a multi-disciplinary review meeting was held. During this meeting a number of changes were agreed to ensure the person's safety. We found these new changes had been integrated into the care plan to ensure the person was not at risk of harm.

Some people using the service had complex medical and social care needs. The service regularly engaged with other professionals associated with people's care and support in order to respond to changes where they were required. A health professional we spoke with told us staff were responsive to people's health needs. For example the district nursing service had been contacted to make a visit following a staff members observations on the day of our inspection.

Information on how to raise a complaint was contained in the service user guide that was issued to people when they started using the service. This included contact details for CQC and the local authority. There were other forms of contact available to people as laid out in the client information leaflet. These included the name and contact details of the registered manager, and the main office.

Is the service well-led?

Our findings

People using the service told us they thought Heart of the South was well run and their comments included, “The manager is always at the end of the phone and if they can’t speak to you there and then they always get back to me” and “Very supportive always at the end of the phone”. The registered manager was aware of the need to ensure people were listened to and actions taken where necessary to provide confidence in the service they received.

The service had systems in place to monitor the quality and effectiveness of the service. These included visits to people’s homes by the registered manager. The registered manager told us information collected during the visits was used to identify any issues. For example the service had responded to a safeguarding issue, identified by staff and fed back to the registered manager.

People’s views about the service they received had recently been sought. The feedback was very positive with comments including, “Everyone [staff] I’ve had have been excellent” and “I feel so comfortable around them [staff]”. People had the opportunity to discuss their thoughts and feelings about the service they received during regular visits by the services registered manager.

Due to the small size of the service, daily dialogue takes place between the registered manager and staff. No formal meetings took place but staff told us they were informed of any changes when necessary and they felt they had access to the registered manager on a day to day basis.

Staff told us the registered manager was approachable and they felt well supported by their line managers. There was an on call system in place which meant staff and people could access advice and support at any time. Comments included, “It’s the best agency I have worked for and I have worked at a few” and “We are very well supported”.

The registered manager demonstrated strong values and a desire to learn about and implement best practice throughout the service. This included ensuring there were good communication channels for all staff and people using the service. During the inspection visit staff were seen to respond directly with people who called the service by phone. They were respectful and answered queries promptly. As this is a small service staff were familiar with people using the service and their relatives. Staff told us this helped them to identify any changes quickly and that people had confidence in receiving support when it was needed. Emergency plans were in place for all people using the service and staff were familiar with them. This included the emergency contact details as well as identifying when an emergency response might be required for people with specific needs.

The auditing process provided opportunities to measure the performance of the service. Internal audits measured the effectiveness of the service against a number of regulatory frameworks including HSCA Regulations 2014 and RIDDOR reporting for health and safety. The registered manager had systems in place to identify, assess and manage risks to the health, safety and welfare of the people who used the service. These included audits of accident and incidents, medicines and care records.