

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 ●

Summary of findings

Overall summary

Heart of the South (DCA) provides personal care and support to people living in their own homes in Truro and the surrounding area of Cornwall. At the time of our inspection Heart of the South were providing support for two people.

This inspection took place on 23 and 24 August 2016 and was announced. This meant we gave the provider short notice of our intended visit to ensure someone would be available in the office to meet us. This is the first inspection since registration in February 2016.

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.

The registered manager informed the commission in March 2016 that they would be on maternity leave until March 2017. They named a person who would be covering the day to day management of the service. On the first day of the inspection the provider and registered manager informed the inspector the interim manager had left the service. They were taking steps to employ another interim manager and would inform the commission as soon as a suitable candidate had been employed. In the meantime the provider agreed to keep the registered manager informed of operational issues.

People's care plans were detailed, personalised and provided staff with sufficient information to enable them to meet people's care needs. However, during a home visit a care plan had been removed to update information. The provider was informed of this and addressed the issue immediately.

The service's risk assessment procedures had been developed to include all areas of support while providing appropriate protection.

People told us they felt safe and secure when receiving care. People received consistent support from care workers who knew them well. People told us, "Can tell from smile that (person's name) is calm and happy when carer arrives." A person with limited communication smiled to acknowledge they felt safe and secure when being cared for and supported.

The two people being supported by the service had consistency in the staff who supported and cared for them. The way staff were deployed meant they had time to meet people's needs and provide a flexible service. People and their relatives told us they knew their care workers and communication with the main office and manager was good. A relative told us they would have no hesitation in contacting the office if they had any issues. They told us, "If I had a problem I have the information leaflet but I would also speak with (managers name) if I felt I needed to."

Staff received training and were knowledgeable about their roles and responsibilities. People said they were satisfied with the way staff supported them and understood how to meet their specific care needs. A relative told us, "(Staff name) is still getting to know (person name) but I am impressed with how quickly (staff name) has picked up their needs and how to respond to them." A staff member said, "We are well informed about people's needs before we support them". Training records showed staff had been provided with all the necessary training which was refreshed regularly. Staff told us they had "good access to training" and found the training to be beneficial to their role.

Staff told us they felt supported in their role and the on-call arrangements provided people and staff with appropriate support when the service was closed. Staff had received supervision and annual performance appraisal plans were in place. In addition 'spot checks' had taken place to confirm each member of staff was providing appropriate standards of care and support.

Recruitment systems were in place to ensure staff were suitable and safe to support people in their own homes. Necessary pre-employment checks had been completed. 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 to people. Auditing procedures took account of accidents and incidents, as well concerns and complaints. These systems acted as early indicators of themes or trends which might affect individuals using the service or staff supporting people. There was a system in place to gain the views of people using the service. The small client base was regularly communicated with and there was regular dialogue with people using the service and their relatives.

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. There were sufficient staff available to meet people's assessed care needs.

Recruitment procedures were safe and staff understood both the providers and local authority's procedures for the reporting of suspected abuse.

There were appropriate systems in place to support people with their medicines.

Is the service effective?

Good ●

The service was effective. People received support from a consistent staff team who understood their needs.

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's choices were respected and staff understood the requirements of the Mental Capacity Act.

Is the service caring?

Good ●

The service was caring. Staff were kind, compassionate and understood people's individual care needs.

People and their families were involved in their care and were asked about their preferences and choices. Staff respected people's wishes and provided care and support in line with those wishes.

Staff supported and encouraged people to maintain their independence.

Is the service responsive?

Good ●

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.

Is the service well-led?

Good ●

The service was well led. Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

Systems were in place to monitor how the service operated.

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

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 and 24 August 2016 and was announced. The provider was given short 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 two staff training, support and employment records, quality assurance audits and a range of policies and procedures used by the service.

We spoke with the provider and registered manager. In addition we spoke with three staff members. We visited one person in their own home as well as carrying out telephone interviews with one person's relative who used the service. We asked the views of a commissioner and a professional associated with the service.

Is the service safe?

Our findings

People told us they felt safe with staff who provided their or their relatives care and support. A relative told us, "Its early days but I trust the member of staff. I can tell from (person's name) smile and demur that they are happy and calm." A staff member told us, "We are given the time to get to know the person we support. It's important that they feel comfortable and safe with us."

There were procedures in place to minimise the potential risk of abuse or unsafe care. Records showed the registered manager and staff had received safeguarding vulnerable adults training. The training was mandatory and updated as necessary. Staff members we spoke with understood what types of abuse and examples of poor care people might experience. One staff member said, "I wouldn't stand for any type of abuse. I have the training to know how to report anything that worries me."

Staff told us what action they would take should they be concerned about a person's wellbeing. Staff understood what constituted abuse and examples of poor care people might experience. Comments from staff included, "I would alert the office straight away. I have done safeguarding training and feel confident I would respond to any issues which concerned me." There were no contact details for staff of the local safeguarding team. We shared this with the provider who acknowledged the need for this and assured us they would respond to this with immediate effect.

People using the service had a range of support needs. Staff were generally rostered to support the same people in order to understand their needs and deliver care and support which was familiar to the person. The service was currently engaged in increasing the numbers of staff which would provide more flexibility when current staff were taking leave or might not be available for a shift. The provider and registered manager told us it was important to introduce staff to people using the service to ensure they were 'suitably matched'. A relative told us they were very happy with the way the staff member had been introduced.

The service used a staffing rota system which supported the agency. This system identified which client staff were working with, shift times, if staff were carrying out a waking watch or sleep in. The system also recorded where training was taking place. The provider told us it was a good system for monitoring movement of staff and to identify where there may be gaps in the service.

People using the service had a range of complex needs, but Heart of the South valued people's potential. Risk assessments reflected people's individual needs and how risk should be managed. For example the type of equipment required to support people, environmental risk, medicines and where people had a risk of choking. There was an example of the service responding to risk following an incident with a hot drink. A risk review had taken place and now instructed staff to supervise the person whenever they had a hot drink. A staff member reflected on the incident with us and was very aware of the risk and how this had now been minimised.

The service had policies and procedures in place for assisting people with their medicines. Staff told us they had received training to ensure medicines they administered were accurate and safe. The training record for

two staff members showed they had received training and it was up to date. Records showed medicines had been administered on time as prescribed. Records seen at a person's home were accurate and up to date.

Records showed new employees underwent relevant employment checks before starting work. For example references from past employers were taken up and Disclosure and Barring (DBS) checks carried out prior to staff commencing work in the service. A member of staff told us, "They (service) made sure all the checks were in before I could start work."

Is the service effective?

Our findings

People were supported by staff who were familiar with their needs and preferences and knew them well. Comments included; "I am happy with the staff." A relative told us they were 'very impressed' with the way a staff member had picked up how (person's name) needs and support was understood and delivered. A staff member was able to give good examples of how they understood a person they were supporting. For example, they told us they had recognised a change in health and wellbeing and contacted a relevant health professional for advice.

Newly employed staff were required to complete an induction before starting work. This included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. The service used a probationary supervision programme for monitoring new staff. It covered a six month period during which time staff were expected to demonstrate competency in their role. A member of staff told us they had just recently completed the probationary period and had felt well supported during the process.

The induction records did not incorporate the Care Certificate which replaced the Common Induction Standards in April 2015. It is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. The provider showed us evidence an external training organisation was used and had recently introduced the care certificate for newly appointed staff. There had been no applicants employed since this had been introduced.

Training records showed staff received appropriated training in subjects including, safeguarding adults, moving and handling, infection control and health and safety. Staff files contained a list of training undertaken as well as certificates. The service had a system to identify when staff training required updating. Staff told us they felt they had received a good range of training including specific training relevant to the people they supported. For example one staff member had received training in Makaton (A language programme using signs and symbols to help people communicate). This had helped them when supporting a person with limited verbal communication. Staff told us they were supported to carry out a range of training. One staff member said, "I have updated most of my certificates. We get prompted to go on courses when they are due."

Staff received support to understand their roles and responsibilities through supervision sessions with the registered manager. The one to one meetings discussed individual development and any issues staff wanted to discuss. Staff told us these meetings generally took place on a regular basis but had been less frequent recently. The registered manager told us this was due to a recent change in day to day management. They were aware of the situation and were taking action to ensure all staff supervision was kept up to date. Staff told us there were times when the registered manager or acting manager arrived at services unannounced. These were designed to discuss current support for people and if there were any issues the staff member might want to discuss.

A member of staff told us they felt supported in their role. They said, "I feel confident I can speak with the office if I need to. I have had to call a few times when things have changed or I need advice."

People's personal care files contained assessments and person centred care plans based on their individual health and social care needs, together with evidence of on-going monitoring and involvement from a range of health professionals. This included GPs, district nurses, occupational therapists and physiotherapist when required.

People's care records included the contact details of their GP so staff could contact them if they had concerns about a person's health. This meant information was available to staff should they need to contact a health professional in an emergency. Where staff had more immediate concerns about a person's health they accessed healthcare services to support the person and support their healthcare needs. A staff member told us, "There is a list of contact details for people in an emergency. There have been occasions when we have had to use them."

A family member told us they had been involved in the care planning and reviews of their relative using the service. They said the care plan had been sent to them for comments and for them to sign in agreement. In another instance the person was physically unable to sign their care plan although they told us they had been involved and kept informed of any changes. We discussed with the provider that there should be some recognition in the care plan that this had been discussed and agreed with. The provider agreed this would be acted upon.

Some people required specific support to access food and have meals prepared for them. This was seen during a home visit. Staff asked the person what they would like to eat or drink. The staff member knew the range of foods the person liked and what foods put the person at risk of choking. Staff had received training in food safety and were aware of safe food handling practices. A family member told us staff supporting their relative knew how to encourage them to eat a packed lunch without getting distracted".

The Mental Capacity Act (MCA) provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. Managers and staff understood the requirements of the legislation and what this meant on a day to day basis when seeking people's consent to their care.

Is the service caring?

Our findings

People felt well cared for, they spoke highly of the staff and the quality of the care they received. . People told us they knew and got on well with the staff that cared for them. Comments included; "[Staff name] is very good with me." Staff comments included, "We provide a high level of care" and "We care about the client's needs and wishes." A relative told us, "So far so good."

People's care planning records were written in a person centred way. The records 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. However in one instance a manager had removed the care plan to update it. The two staff members supporting the person knew them well and removing the care plan had not been detrimental to their care and support. The provider had been alerted to this and had visited the person's home and put another plan in place. The information recorded the person's current needs and how they were going to be met. All information about a person care and support was held in the main office as well so that managers and senior staff had access to the care and support needs of the people using the service. A staff member told us the person they supported had regular reviews and updates due to the changes in their health needs. This meant staff had the information to deliver care and support which met their current needs.

Staff told us they knew the people they cared for and were able to describe their needs. For example they were able to describe their care needs and how they preferred their support to be delivered. This demonstrated staff were kind, attentive and caring. Staff spoke about the people they supported fondly and how they had supported people in a way in which the person wanted. For example giving them choices about what they wanted to do or take part in.

Staff and managers knew people well and it was clear when they were talking with us they had a good understanding of people's care needs and individual preferences. Staff told us they enjoyed their role in supporting people. Staff told us; "I love the job and get a lot from it. It's not always easy but I get the support I need" and "If I notice anything I am concerned about, I let the manager know or get the doctor or district nurse in."

The service recognised the need to make sure there were minimal staff changes with people they supported. This made sure there was continuity of care. Staff told us; "Because there are only two of us we get to know (person's name) well and they get to know us."

Staff understood the importance of ensuring a person's privacy and dignity was upheld. A family member told us, "(Staff name) cares for (person's name) in a way which does not draw attention to them." This demonstrated staff understood how to make sure a person's privacy and dignity was protected.

Staff told us they received guidance during their induction training and shadowing other staff members in relation to dignity and respect. A staff member said, "Although there is only the two of us in the house I always make sure curtains are closed and if there is somebody else around I make sure doors are closed."

People were cared for by attentive and respectful staff. We saw a staff member showing patience and providing encouragement when supporting a person in their own home. Their choices were respected and the staff member was sensitive and caring in their approach. The staff member took the time to speak with the person as they supported them and the person responded positively to this approach. For example they had told the staff member they did not want breakfast at the usual time. This was not a problem and the staff member asked the person to let them know when they were ready for breakfast.

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff said, "The way we are introduced to clients means it helps us to get to know the person and they get to know us." and "We have a good communication system so that any changes are shared and action can be taken."

Before people started using the service the registered manager visited people to assess their needs and discuss how the service could meet their wishes and expectations. From these assessments care plans were developed, with the person and/or their advocate, to record how they would like their care and support to be provided. Part of the agreement was focused on what day and time people wanted or needed support. A relative told us, "They (managers) were very willing to change some days and times so (person's name) could attend certain activities."

Care plans were individualised and recorded details about people's specific needs and daily routines. Care records contained information about people's initial assessments, risk assessments and correspondence from other health care professionals. For example occupational therapists who worked with the service to support a person with the correct equipment.

A care plan contained a list of emergency contacts for staff to use in the event of a medical emergency or household emergency.

The care plans were reviewed and updated as people's needs changed. The registered manager visited people regularly to discuss and review their care plan. A relative told us they had been involved in the planning and review of a client's support needs.

Staff told us it was important to make sure they completed care records following each visit. Those we viewed in a person's home were up to date and accurately reflected the care that had been provided. A staff member said, "It's important we keep these records up to date especially for the person following on from me."

A family member told us a member of staff supported their relative to go out into the community and take part in activities of their choice. They said it was a service in development but that the staff member had been able to communicate using Makaton signing. This had helped the relationship develop so that the staff member could respond to the person's needs more effectively. The relative told us they were, "very pleased with the progress so far."

People told us communication was good between the office, staff and relatives. They told us "If I need to contact the office there is always someone at the end of the phone" and "Always available and if not will get back to you." People who used the service were given contact details for the office and who to call out of hours so they always had access to senior managers if they had any concerns.

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. A staff member told us, "I sometimes have to stay with clients for longer if they are ill or there is an emergency. I always ask advice from the office and they make sure people after this client are told or a relative is called."

The movement of staff was monitored using an electronic rota system. It clearly showed where staff were supporting people and where any gaps needed covering. Senior staff monitored this on a daily basis. A relative told us, "Always on time and very studious with it." Staff told us that if there were any problems they would contact the office.

Details of the service's complaints processes were included in the literature left at each home following assessment. A relative told us they knew how to report any concerns or complaints about the service. They told us they would contact the office if they had any issues or problems.

Is the service well-led?

Our findings

There were two people currently using the service of Heart of the South. They said they were very satisfied with the service they were receiving and they had access to the registered manager and senior staff if they needed to discuss anything. People said, "There is always someone to get in touch with if you need to" and "The service we receive is very good. Pleased with the service overall." The provider and registered manager were aware of the need to ensure people were listened to and actions taken where necessary to provide confidence in the service they received.

There were systems in place to gain the views of people using the service. There had been no formal surveys completed since registration in February 2016. However a family member told us they were regularly spoken with about the service and felt confident to give feedback about how the service was progressing to support their relative. People told us they were very satisfied with the quality of the service they received. Staff felt it was a good service to work at and that they felt very supported by the management team. Staff comments included, "Managers listen and take on board your views" and "They (managers) value what carer's think. The front line is very supportive."

The service had a number of ways to monitor the quality and effectiveness of the service. These included visits to people's homes by the registered manager and senior staff. The registered manager told us information collected during the visits was used to identify any issues.

Staff told us the management team were approachable and they felt well supported by their line managers. A staff member said, "This is a good agency to work for. The registered manager is not always around at the moment but there is another manager covering. I can always ring the office if I need to."

There was a structured management team in place. The registered manager and senior staff member were experienced, knowledgeable and familiar with the needs of the people they supported. Staff told us they (managers) were always there to provide advice and guidance when required. One staff member said, "There have been a few changes recently but when I have needed any questions answered they (managers) get back to me."

The provider and registered manager showed effective leadership. The registered manager currently on maternity leave was planning to be available one day a week overseeing the operational effectiveness of the service until they returned full time. In their interim the provider and acting manager was to oversee the day to day operation of the service. People told us the service was organised and well managed. Their comments included; "It runs smoothly for most of the time."

In addition to managers who supported the operational side of the service, there were staff responsible for training and administration. The management team told us they worked as a team and recognised each other's strengths. An external training company provided mandatory and bespoke training for staff. This meant they were able to keep up to date on developments in the care sector.

There were no regular formal staff meetings due to the small staff team and the logistics in staff meeting up while being required to provide support to clients. However staff were regularly spoken with by managers and updates in any operational or staffing issues were provided either verbally or through email. Staff confirmed they were kept up to date with any changes they needed to know about. A staff member said, "It's a good team, we support each other."

The auditing process provided opportunities to measure the performance of the service. There were 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 accidents and incidents, medicines and care records.