

Mrs Marie Dawn Ward

Heartfelt Care

Inspection report

4 Balmoral Road
Yeovil
Somerset
BA21 5JH

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16 February 2016

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11 March 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 ●

Summary of findings

Overall summary

This inspection was announced and took place on 16 February 2016.

48 hours' notice of the inspection was given because the service is small and the provider is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Heartfelt care provides personal care to people living in their own homes. At the time of the inspection the agency was providing a service to six people and employed two members of staff. The majority of care was carried out by the provider.

This is the first inspection of the service since it was registered with the Care Quality Commission in June 2015.

The service is run by Mrs Marie Dawn Ward as a sole provider. As a sole provider she is not required to employ a registered manager. Instead she has opted to manage the service herself. 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 agency was well managed and there were plans to slowly expand the service offered. The provider was clear that although they wished to increase the size of the agency, they did not want to lose the personal touch currently offered.

The provider carried out an initial assessment of people wishing to use the service to make sure they were able to meet their needs and expectations. All care was provided by a very small team of care staff which enabled people to build trusting relationships. People told us they knew who would be visiting and what time they would arrive. One person said "They are totally reliable. You know who's coming and when."

Care was planned and delivered in a way that met people's needs and took account of their wishes and preferences. Staff encouraged and supported people to maintain their independence and confidence. People were involved in the assessment of their needs and only received care with their consent.

The service was flexible to meet people's changing needs and accommodate their wishes. One relative told us "It gives us the flexibility we need to be able to do things. We couldn't have coped without them."

Staff liaised with healthcare professionals to make sure people's needs were met. Staff also assisted people to attend appointments if requested to do so. One person said "It's such a relief to have someone to take us to appointments. She [provider] will always contact the doctor for us if we have any worries or need help."

People were very complimentary about the provider and staff who supported them with their needs. One person said "Everything they do, they do well." A relative said "They have the right skills and they are the

right type of people."

People told us they felt safe with the staff who visited them and said they were respectful of them and their homes. Personal care was provided in a professional manner and people felt their dignity was respected.

There were policies and procedures in place to minimise the risks of abuse to people and make sure staff were aware of up to date guidance and legislation. People were supported by staff who were well trained and supported by the provider.

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.

Policies and procedures minimised the risks of abuse to people and ensured they received care safely.

There were adequate numbers of staff to make sure people received care at a time which meant their needs and wishes.

Is the service effective?

Good ●

The service was effective.

People received care from a staff team who had the skills and knowledge to meet their needs.

People were always asked for their consent before care was given.

Staff liaised with other professionals to make sure people's healthcare needs were met.

Is the service caring?

Good ●

The service was caring.

People felt staff were exceptionally caring and went out of their way to make sure they were comfortable and content.

People were involved in decisions about their care and support and felt able to discuss their wishes with staff and the provider.

Is the service responsive?

Good ●

The service was responsive.

People received care and support which was extremely personal to them and took account of their preferences.

People told us they would be comfortable to make a complaint and felt any concerns raised would be dealt with.

Is the service well-led?

Good 

The service was well led.

People benefitted from a provider who had a clear vision for the service and was open and approachable.

There were systems in place to monitor the quality of the service and to seek people's views.

Heartfelt Care

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 16 February 2016 and was announced. It was carried out by an adult social care inspector.

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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During the inspection we met with three people who used the service and four relatives. We spoke with one relative on the telephone and met one member of staff. The registered provider was available throughout the inspection.

We looked at a number of records relating to individual care and the running of the service. These included three care and support plans, quality assurance checks and two staff recruitment files.

Is the service safe?

Our findings

People told us they felt safe with staff who worked for the service and with the care they received. One person told us "I feel 100% safe with them." One relative said "They are totally trustworthy I am happy for them to be in the house whether I'm here or not."

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the service. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff files gave evidence that the recruitment procedure had been followed.

To further minimise risks of abuse to people the provider told us all new staff were made aware of the safeguarding policy and procedure. The member of staff we spoke with and the provider were familiar with the policy and knew how to report any concerns. The employee handbook provided information about safeguarding people and whistle blowing.

There were also policies in place for the handling of people's money. The care plan for one person showed a member of staff from the agency had carried out shopping on behalf of the person. There were clear records showing what money had been spent and the change that had been returned to the person. These records were signed and dated.

People were supported by sufficient numbers of staff to meet their needs. The agency was organised in a way that ensured people received care and support which met their needs at a time that was appropriate to them. One person said "They are always on time. If for any reason they are running late they phone to let you know." Another person told us "We agreed the times of the visits to suit us." A relative commented "They have been totally flexible and fit around us."

Care plans contained risks assessments which outlined measures which enabled care to be provided safely in people's homes. Risk assessments included the risks associated with people's homes and risks to the person using the service. These included individual falls risk assessments which supported people to remain safe in their homes.

There were policies and procedures in place to keep people and staff safe and respond to untoward occurrences. Care staff were supplied with personal protective equipment such as aprons and hand gel to minimise the risk of the spread of infection. There was a lone working policy which ensured staff contacted the provider when they had completed their last call of the day. This meant the provider was aware that staff had safely completed their round. There was also a policy to follow if there was no response at a person's home when the carers arrived. The provider was very clear about how the agency would respond to a person not being at home and how they would escalate their concerns if a person could not be located.

At the time of the inspection staff from the agency did not administer medicines to anyone although we saw

staff had received training to make sure they were competent to carry out this task if required to do so. One person's care plan showed the staff reminded a person to take their medicines and supported them with eye drops.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People and relatives were extremely complementary about the provider and staff who supported them in their homes. One person said "Everything they do, they do well." A relative said "They have the right skills and they are the right type of people."

People said they were always introduced to new staff because they initially shadowed the provider to learn how to care for each individual. A new member of staff said their induction training had included a week of shadowing the provider to make sure they had the skills needed to carry out their new role.

Staff had the skills and experience required to provide effective safe care to people. Staff and the provider had access to a range of training in health and safety and subjects relevant to the people who used the service. Training completed included; safe handling of medicines, nutrition and hydration for older people, end of life care, moving and handling, food hygiene and safeguarding vulnerable adults.

The staff monitored people's health and liaised with relevant healthcare professionals to ensure people received the care and treatment they required. Whilst we were at a person's home the provider contacted the person's doctor for them to enable the person to discuss a health condition which they were concerned about. In another instance the provider contacted the pharmacy when the person was worried they had been sent the wrong medication.

The service assisted people to see healthcare professionals according to their individual needs. One person told us the provider had assisted them to attend hospital appointments. They said "It's such a relief to have someone to take us to appointments. She [provider] will always contact the doctor for us if we have any worries or need help."

Staff supported people to eat and drink according to their care plans. One person's care plan showed they were at risk of not receiving an adequate diet. The care plan gave details about how the care staff should involve the person in meal preparation and encourage them to eat. The person had agreed for the staff to weigh them regularly to monitor their weight and well-being. The records showed the person's weight was gradually increasing. When we visited this person the member of staff with them was supporting them to make lunch.

People were always asked for their consent before staff assisted them with any tasks. We heard the provider and staff member checking with people they were happy to receive care and support. People had signed agreements in their care plans to show they consented to the care being given.

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. The provider had a good knowledge of how to support people who lacked the capacity to make a decision and told us they always involved relevant people if this situation arose. This was to make sure any decisions were made in the person's best interests.

Is the service caring?

Our findings

People described the provider and staff as exceptionally caring. One relative said "They could not be kinder. They are 110% committed to the people they care for, they are outstanding." Another person told us "They are marvellous. We could not have found better people to help us in our time of need."

Comments on satisfaction surveys carried out by the provider reinforced this view. One person had written "Professional courteous and kind. Gave me confidence." Another person had written "An amazing service by true professionals."

People said they were cared for with compassion. One person said "They show genuine compassion and sympathy for my situation." Another person said "They are just so understanding about everything. They really do care. It's real you can feel it."

Everyone we spoke with commented on how happy and cheerful the staff from the agency were. One person said "Always so bright and cheerful. Always chatty. It makes all the difference and brightens your day." Another person told us "They are always happy and warm. It's a pleasure to see them every day."

We were told by people and relatives that the agency went over and above their role in supporting them. One relative said "Although they care for [person's name] they really care about us too and always make time to make sure we are ok." A person told us "[provider's name] will always make sure there is nothing else we want before they go. Little things, but thoughtful."

The provider had supported one person and their relative to have a day out. The relative said "We all went on the train to the coast. It was such a great day. Fish and chips at the seaside. I couldn't have done it without them."

People had consistent staff who they were able to build trusting relationships with. The provider carried out the majority of the care to people and employed two members of staff. This meant people only received their care and support from a maximum of three people. People told us they had been able to build relationships with the care staff who visited them. One person said "They are so easy to talk to. I feel they really care and have taken away so much worry." Another person told us how the provider and staff member was always interested in them as an individual. They said "They always ask how I am. They can read my expressions and know just what sort of a day I'm having. It's very intimate, you don't have to explain things."

People received support which respected their dignity and independence. One person said "There's no embarrassment with them. They are so professional and respectful." Another person said "They are respectful of us and our home. You are never made to feel embarrassed or uncomfortable."

The agency provided care to some people at the end of their lives. The provider told us how they liaised with other professionals to make sure people were comfortable and well cared for. There were detailed care plans in place to demonstrate how people wished to be cared for at this time in their lives.

People said they were constantly consulted about their care and support and the provider made sure all care was provided in accordance with their wishes. One person told us "We have the care plan but they constantly make sure you are happy with how things are going."

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. The service was flexible to ensure it met people's changing needs. For example hours of care could be increased or decreased according to people's changing needs or wishes. One relative told us "It gives us the flexibility we need to be able to do things. We couldn't have coped without them."

People were able to plan their time because they knew when care staff would arrive at their homes. We were told by people that staff arrived at the appointed time and stayed for the specified length of time. One person said "They are totally reliable. You know who's coming and when." The provider told us since starting the agency they had not missed any calls.

Each person had their needs assessed before they began to use the service. This was to make sure the service was appropriate to meet the person's needs and expectations. From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met. The care plan for one person who had had a hospital admission stated they needed to be supported to 'Rebuild their confidence and independence.' This person told us "Everything has worked out really well. I am more confident than when they first started."

People's care and support was planned and delivered in a way that met their needs and took account of their preferences and wishes. One person said "They wanted to know the ins and outs of everything. We planned and agreed everything together." A relative said "When we did the care plan it was all about what [person's name] wanted not about what they wanted to provide."

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes and promoted their independence. One person's care plan showed how staff should work with the person to enable them to retain their skills and independence. When we visited this person in their home we saw the staff member was supporting them to carry out household tasks. Their relative told us "They are really good at motivating them to do things for themselves."

The registered manager sought people's feedback and took action to address issues raised. The provider carried out the majority of care to people which enabled them to seek people's views on an ongoing basis. They also sent out satisfaction surveys to seek people's opinions on the service. The last completed surveys showed a very high level of satisfaction with the service and care provided.

Each person received a copy of the agencies statement of purpose when they began to use the service. This document included information about how to make a complaint and how to escalate complaints if the person was not satisfied with the response from the agency.

No one we spoke with had any complaints about the service they received but all said they would be able to discuss any concerns with the provider. One person said "I have no complaints what so ever but I would complain if I needed to. They would want to know so they could improve things."

Is the service well-led?

Our findings

People described the service as being well run. One person said "It's a very neat organisation which really feels it's about people not money." The registered provider was appropriately qualified and experienced to manage the agency. They had completed training and held qualifications in health and social care and leadership and management. They kept their skills and knowledge up to date by reading and attending further training.

People told us they knew how to contact the agency and always received a positive response from the provider. One person said "They are available day and night if you have any queries." Another person said "They are certainly open and approachable. I would not hesitate to discuss anything with them."

The registered provider had a clear vision for the agency which was to provide a very personalised service to people which met their needs and enabled them to maintain their independence. Comments from people and relatives showed this ethos was put into practice. One relative said "They have made [person's name] feel totally at ease because they have taken the time to get to know them as a person."

There was a business plan in place to enable the agency to expand at a steady rate. All documentation in use was robust enough to support a larger agency. For example care plans were very comprehensive and provided clear details for staff to follow. The recruitment process was robust and minimised risks to people. The provider told us, although they wanted to expand the business, they wanted to maintain the personal touch by ensuring people were only supported by a small team of staff who they felt comfortable with and who were familiar with their needs.

The agency had engaged a training provider who also produced comprehensive policies and procedures. This ensured any additional new staff could easily access training and there were policies and procedures which were updated in accordance with changes in legislation and best practice. This meant all staff would have access to up to date training and information.

People benefitted from an agency which monitored the quality of the care provided and had a commitment to ongoing improvement. There were quality assurance systems which included announced and unannounced spot checks on staff working with people in their own homes. There were satisfaction surveys to gauge people views and seek suggestions for any improvements which could be made. Records of spot checks and returned surveys showed a good standard of care was being provided which people receiving the service were very satisfied with.

The registered provider was aware of the legal responsibilities of being a registered person and had notified the Care Quality Commission of all significant events in line with their legal duties.