

Hearts At Home Care Limited

Fordingbridge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 25 and 26 July 2017 and was announced. The provider was given 24 hours because the location provides a domiciliary care service; we need to be sure that someone would be available to speak with us.

Fordingbridge domiciliary care agency provides personal care and support to people in their own homes. At the time of this inspection the service was providing care and support to 24 people with a variety of care needs, including people living with physical frailty or memory loss due to the progression of age. The agency was managed from a centrally located office base in Fordingbridge.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their families told us they felt safe and secure when receiving care. People and their families raised concerns over not being provided with a weekly rota to inform them which staff would be visiting their home to provide care.

People's medicines records were not always completed appropriately and staff had received training in medicines but no checks were completed to assess that staff were competent to administer people's medicines safely.

Risk assessments were in place which minimised risks to people receiving care. However the service did not have a business continuity plan in place for foreseeable emergencies.

The provider did not have an effective system in place to monitor the quality and safety of the service.

Staff received training in safeguarding adults. They completed a wide range of training and felt it supported them in their job role. New staff completed an induction before being permitted to work unsupervised. Staff told us they felt supported and received regular supervision and support to discuss areas of development. There were sufficient numbers of staff to maintain the schedule of care visits to meet people's needs.

People felt they were treated with kindness and said their privacy and dignity was respected. Staff had an understanding of legislation designed to protect people's rights and were clear that people had the right to make their own choices.

Staff were responsive to people's needs which were detailed in people's care plans. Care plans provided comprehensive information which helped ensure people received personalised care. People felt listened to and a complaints procedure was in place.

Staff felt supported by the registered manager and could visit the office to discuss any concerns.

We received positive feedback from people about the service. All people who used the service expressed great satisfaction and spoke highly of the care staff.

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 wasn't always safe.

Rotas were not always sent to people on time so people were unaware of who was visiting their home.

Staff were trained to support people with medicines. However, there was no record that staff were assessed that they were competent to administer medicines safely. Medicine administration records were not always completed correctly.

The service did not have a business continuity plan in place for foreseeable emergencies.

People felt safe and secure when receiving support from staff members. Staff received training in safeguarding adults and knew how to report concerns.

Recruiting practices were safe. Staffing levels were sufficient to meet people's needs.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff received appropriate training and one to one supervisions. People were supported to access health professionals and treatments, and were supported with eating and drinking.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

Good ●

Is the service caring?

The service was caring.

People felt staff treated them with kindness and compassion. Their dignity and privacy was respected at all times.

People were involved in their care plan and encouraged to remain independent.

Good ●

Is the service responsive?

The service was responsive.

People told us the care they received was personalised and their needs were reviewed regularly to ensure their care plans remained appropriate.

The registered manager sought feedback from people. An effective complaints procedure was in place.

Good 

Is the service well-led?

The service was not always well led.

The provider did not have an effective system in place to monitor the quality and safety of the service.

Staff spoke highly of the registered manager, who was approachable and supportive.

Requires Improvement 

Fordingbridge

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 25 and 26 July 2017. This was because the service provides care to people living in their own homes and we wanted to make sure staff would be available to speak with us.

The inspection was carried out by one inspector. Before the inspection, we asked the provider to complete 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 reviewed the completed PIR before the inspection. We also checked other information we held about the service and the service provider, including previous inspection reports and notifications about important events which the provider is required to tell us about by law.

During the inspection we spoke with six people receiving care and support and three family members by telephone. We spoke with a further three people and three family members when we visited their homes. We spoke with the registered manager, the director, human resources manager, and four care staff members. We looked at care records for six people. We also reviewed records about how the service was managed, including five staff training and recruitment records.

Following our visit we contacted three health and social care professionals to consult with them about their experiences of the service and the care provided to people who used the service.

The service registered with the Care Quality Commission in March 2016. This was the first ratings inspection undertaken.

Is the service safe?

Our findings

People told us they felt safe and the service provided staff who kept people safe whilst providing them with personal care. One person told us, "I definitely feel safe with them. If a new member of staff comes in they are brought in to shadow where necessary. They have already been trained on the hoist before they come in". Another person said, "Definitely feel safe when carers are using equipment". Other comments included, "I feel safe with staff always". As well as, "I'm completely happy with them and feel safe in their care". A family member told us, "I feel safe with them. If staff are not sure they will ask me".

There were sufficient numbers of care workers available to keep people safe. Staffing levels were determined by the number of people receiving care and support. Most people told us that they had regular care staff and that staff were on time. One person told us, "Staff always turn up on time and I know who is coming as I get sent a rota by email". Another person said, "I find them very reliable I have two carers twice a day". Other comments included, "Staff turn up on time. I like the fact that they are fairly regular". As well as, "The staff I get are brilliant and turn up on time".

People and their families told us that there were concerns raised about the rotas. People received a weekly schedule of when staff would be visiting them and knew in advance which member of staff it would be. One person told us, "Rotas can be late". A family member said, "By and large a very good service. The only slight problem is having a rota sent on time. It often arrives Monday lunch time so not sure who is coming in the morning". Another family member said, "My only concern is the rotas can sometimes be late and I like to know who is coming". A third family member told us, "We've haven't had a rota for weeks". We spoke to the registered manager who informed us they would take action to address our concerns.

We identified some areas for improvement around medicines. There were medication administration systems in place and people received their medicines when required. People were happy with the support they received with their medicines. They told us their independence was respected and that they managed their own medicines where possible. All staff received medicine management training, however there was no record of an assessment to evidence staff were competent to give people their medicines as required by best practice. The director had been reviewing staff ability to administer medicines in spot checks and told us they would make sure staff were assessed as competent before providing medicines in future. We also found on some medicine administration records (MAR) there were missing signatures. The MAR chart provides a record of which medicines are prescribed to a person and when they are given. Staff administering medicines are required to initial the MAR chart to confirm the person has received their medicine. We spoke with the registered manager about our concerns, who explained the actions they had taken as a result of recent audits, which showed missing signatures on some records. They told us all staff had been spoken to and records showed these had been recorded on their personal files and improvements had taken place.

Assessments were undertaken to assess any risks to people who received the service and to the care workers who supported them. These included environmental risks and any risks due to the health and support needs of the person. Risk assessments were also available for moving and handling, medicines, falls

and equipment. For example, a risk assessment for mobility provided staff with information to reduce the risks by ensuring their walking frame was in reach and used at all times. For another person a risk assessment was in place for skin integrity and staff were to monitor and report any concerns to the district nurse and the office, with body maps in place to identify areas of concern. A staff member told us, "Risk assessments are in care plans and if any changes we get send an email to inform us for example if any dogs, mobility concerns, gas etc."

People benefited from a safe service where staff understood their safeguarding responsibilities. A safeguarding policy was available and care workers were required to read this and complete safeguarding training as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to their manager, and if no action was taken would take it higher up. One staff member said, "I've had training on safeguarding. I would make sure the service user is safe and out of harm's way and ring the office who would advise me on what to do".

Robust recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff were insured to use their vehicle to drive around to people's homes.

The provider did not have a business continuity plan in case of emergencies. This should cover eventualities where staff cannot get to people's homes. For example, if there are any difficulties covering calls due to events, such as the weather conditions or sickness. We spoke to the registered manager who informed us that they were aware that one was needed and in the process of completing.

Is the service effective?

Our findings

People and their families we spoke with felt staff were well trained and supported them in a way they liked. One person told us, "Carers seem well trained". Another person said, "Staff seem well trained and know what they are doing". A third person told us, "I'm very happy with the care". A family member said, "I'm happy with the care they look after her way better than I thought". Another family member told us, "Staff are trained to look after [person's name]. We're very pleased with them". A health professional told us, "They are good timekeepers and make an effort to train their staff".

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff told us that their training included moving and handling, safeguarding, health and safety, medication administration and first aid. This ensured that staff were competent and had the skills and knowledge to safely deliver care. They also confirmed that the service was currently supporting them to achieve a recognised qualification in Health and Social Care. One staff member said, "I completed training on line but it is in depth and you have questions afterwards".

However, we had concerns raised to us by a relative about a staff member. The staff member was providing personal care using an unsafe moving and handling procedure which could put a person at risk of harm. Concerns were also highlighted that some staff might have been sent into a person with complex moving and handling manoeuvres without the appropriate training on using their moving and handling equipment. We spoke with the director who was going to look into the allegation and carry out a full investigation and take appropriate action. We had no other concerns raised to us concerning moving and handling procedures.

People told us new staff members were accompanied by a regular staff member and shown how people like things done. New staff completed a comprehensive induction programme before working on their own. Arrangements were in place for staff that were new to care to complete the Care Certificate. The Care Certificate is awarded to staff that complete a learning programme designed to enable them to provide safe and compassionate support to people. One staff member said, "I felt ready to go out on my own. If I didn't feel ready I could have more training". Another staff member told us, "My induction was pretty good the management made sure I knew everything before I was left on my own".

People were supported by staff who had supervisions (one to one meetings) with their manager every three months and yearly appraisals. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Staff received on going monitoring and support by their managers. However we found records were missing for some supervisions and spot checks. For example, one staff member had been with the service for a year and we found a copy of their appraisal but could find no records of any supervisions or spot checks. Management told us they did happen but didn't know where the records were. The registered manager told us they had changed management systems and some records will be on the old system which they can't access anymore.

Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to

assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Staff showed an understanding of the legislation in relation to people with mental health needs. Before providing care, they sought verbal consent care from people and gave them time to respond. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. People and their families told us they had been involved in discussions about care planning and we saw people had signed their care plans agreeing to the care the service intended to provide. One staff member told us, "I always ask that people are happy before providing care".

People were supported at mealtimes to access food and drink of their choice. The support people received, varied depending on their individual circumstances. Some people lived with family members who prepared meals. In other cases, staff members reheated meals and ensured they were accessible to people. One staff member told us, "Meals I ask them what they would like. One service user has the same breakfast but I don't presume that's what he wants. So I always ask what they would like as they might change their mind".

People were supported to access healthcare services. One health professional told us, "On the care side no concerns or signs of neglect". Another health professional said, "All the staff seem brilliant". Staff told us they would always inform the office to keep them updated about any changes in people's health. If any health professional had visited, staff told us they would call the office to let them know. This meant the next staff member who would be visiting the person was aware of the person's current health needs and any action needed.

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. One person told us, "I would say carers are caring". Another person said, "Staff all very nice, all friends and all friendly". Other comments included, "Nothing too much trouble". As well as, "Nice to have banter with the staff". A family member told us, "[staff member's name] who is our regular carer don't think you can get any one better". Another family member said, "Staff are extremely caring couldn't ask for better. Look upon more as friends more than staff". A health professional told us, "They are very caring and very professional". Another health professional said, "All the staff I have met have been caring".

A family member informed us about a caring and positive caring experience and told us, "Second to none. Nothing is too much trouble. We came back from hospital and [person's name] had a minor issue and slipped forward in their wheelchair and got stuck. I phoned up [staff member's name] and within a short time five staff came round to help". They added "It's great to know they will drop everything to help".

People experienced care from staff who understood the importance of respecting people's privacy, particularly when supporting them with personal care. One person told us, "Staff say what they are going to do and treat me with privacy and dignity". Another person said, "Definitely treat me with privacy and dignity, it doesn't worry me at all". Staff ensured doors were closed and people were covered when they were delivering personal care. One staff member said, "Make sure covered with towels if having personal care and explain what I am doing and make sure the door is closed". Another staff member said, "Always ask if comfortable, cover with towels and make sure the curtains are closed. Always ask what they would like done".

Office staff were aware that some people may have gender preferences regarding who supported them with personal care. The director told us, "When I complete assessments I ask people about their care preferences and if they would prefer a male or female carer. We have one service user who would only like a female carer in the morning but happy to have a male carer in the evenings".

People told us they had a copy of their care plan and had been fully involved in discussing their needs and the way in which the service should meet these before their care package started. Care plans provided information about how people wished to receive care and support. Information seen in care plans was very detailed and provided care staff members with the person's life history and their desired outcomes. This enabled the care staff members to communicate effectively with the person and know and understand what was most important to them. Care was planned and delivered in a way that was intended to promote people's independence. People also told us they were encouraged to be independent. One person told us, "I would say carers have helped me with my independence".

The director described how they cared for the "whole person". They told us, "Anything we can do to help people or their families we will do it". They said, "I brought a disabled car as [person's name] wanted to go to the beach with his wife one last time, but unfortunately didn't make it out of hospital". The car is available if needed to take people shopping and has wheel chair access. They also informed us about a charity walk at

the end of August to raise money for Alzheimer's charity and at the time of our inspection twenty staff and people were signed up including some people receiving care from the service. Staff were going to push people around the walk in their wheelchairs that couldn't make the walk unaided.

Staff built positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. One staff member told us, "One of the reasons I came to work for the company was the way they looked after my father who was on palliative care. They came at all times and would go out of their way to support us and were definitely there for the family as well". A health professional said, "We had one service user on palliative care and they were very caring and professional and very flexible and adaptable to suit the needs of the service user".

Information regarding confidentiality, dignity and respect formed a key part of induction training for all care staff. Confidential information, such as care records, was kept securely within the care agency's office and only accessed by staff authorised to view it. Any information, which was kept on the computer, was also secure and password protected.

Is the service responsive?

Our findings

People received individualised care from staff who understood and met their needs. One person told us, "I'm very pleased can't fault it. Very considerate". Another person said, "Very, very good extremely good". A health professional told us, "[Persons name] is always pleased with the care supplied".

Copies of care plans were available in people's homes allowing staff to check any information whilst providing care. Care plans gave instructions about how people liked to receive care and had an assessment of needs. These identified key areas of needs, such as, personal care, daily living activities, and meal preparation. One staff member told us, "Care plans are very easy to follow and right at the front of the file so can read them first". Another staff member said, "Care plans are very clear and detailed".

The daily records of care visits we reviewed encompassed all areas of care and support, including getting in and out of bed, personal care, administration of medicines, mobility and meal preparation; these records were consistent in their level of detail.

People the provider regularly reviewed their care to ensure that their care plan met their needs. Care plans were reviewed every six months or earlier if required. One person told us, "They review my care plan. Always on top of things [staff member's name] makes sure things are going well". A family member said, "Care plan reviewed not long ago, daughter involved as well".

The provider sought feedback from people or their families through the use of a quality assurance survey. This was sent out twice a year seeking their views. We saw the results from the latest questionnaire, which had been completed in April 2017. All the results were positive except one. The person had been contacted and the registered manager went out to see them and give them a copy of the complaints procedure. Comments included, 'very happy with the service', 'well satisfied', and, 'all my carers have shown the upmost care and respect'. However the results had not been analysed or an action plan produced on how to improve the quality of the service.

People told us they knew how to make a complaint. One person told us, "I had one carer who wasn't that good I said and it got sorted. The ones I have now are brilliant". Another person said, "If I have a problem I ring up [managers name] and they come and have a chat with me". Staff knew how to deal with any complaints or concerns according to the service's policy. Information about how to make a complaint was included in information about the service provided to each person. The provider had a complaints policy and procedure in place, which detailed the timeframes within which complaints would be acknowledged and investigated.

Is the service well-led?

Our findings

People and their families told us they felt this was a well led service. All the people we spoke to told us they would recommend the service. One person told us, "The two ladies who run the company are easy to get hold off. Very approachable and answer any problems straight away. Really do work things out and prepared to drop everything and come out of needed". Another person said, "Managers fine, I like them as well. There a small company so much more friendly and homely". Other comments included, "Management are very nice". As well as, managers are very good, very amiable which is a joy". A family member told us, "Management very supportive if I need to change days or times". Another family member said, "Service seems very good, no concerns". A health professional told us, "Always able to contact them easily". As well as, "Service users I have worked with have been happy with the staff and company".

The provider did not have systems and processes in place to effectively assess, monitor and improve the quality and safety of the service provided. The provider and registered manager did not carry out any audits, apart from medicines and daily care records. The human resources manager told us, "We are looking at introducing audits and I am working with management and looking to see more records and having an evidence trail." The director told us that they visit people in their homes every month to collect records and speak to them to make sure they are happy and if they have any concerns. They are going to introduce a quality audit to identify if any improvements can be made to the service. We spoke to the registered manager who agreed to look into their auditing systems and processes and make necessary updates.

The registered manager held regular meetings with the staff in the office but there were no regular meetings with staff providing care in the community. They told us, "Staff meetings had got behind so looking at arranging the next one very soon then having them more frequently". The office held a weekly meeting to discuss any concerns and send regular updates to care staff by email, which informed them of any updates on people's health and care plans. Also informed staff of the 'carer of the month' for staff who had gone above and beyond and were presented with a small token gift. One staff member told us, "I get regular updates by email if any changes to care". The registered manager told us, "Every staff member has to send us an email at the end of their shift to make sure we are aware of any concerns and kept updated on service users".

The management team promoted a positive culture and had an 'open door' policy. Staff said the registered manager and director were approachable and they were always made welcome at the office. One staff member told us, "Management definitely approachable if I have any concerns I can phone or come into the office". Another staff member said, "Every time I've had a problem management always willing to try and help me". Other comments included, "Management very supportive always". As well as, "It's good the way it's run very organised".

The managing director had made links with the local community. They told us, "We are sponsoring a local carnival as well as staff taking part in the carnival to raise awareness of the company to attract future staff to work for us".

The registered manager kept up to date by attending training and was in the process of completing a level 5 diploma in Health and Social Care qualification. They told us they also kept updated by reading publications on line. There was a whistle blowing policy in place and staff were aware of it. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.