

Caring Hearts Limited Support Service

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Type of inspection:

Unannounced

Completed on:

25 July 2018

Service provided by:

Caring Hearts Limited

Service provider number:

SP2013012051

Service no:

CS2013316709

About the service

Caring Hearts Limited is a registered Support Service – Care at Home for adults, adults with learning difficulties and older people with dementia living in their own homes.

The service was registered with the Care Inspectorate on 6 March 2014.

The service provider is Caring Hearts Limited and operate their care at home service in Renfrewshire, Scotland.

The service has a growing management team and an increasing number of employed and sessional staff who provide a flexible service to people in their own homes.

The service philosophy is 'To provide personal care and support in ways which have positive outcomes for our clients and promote their active participation'.

What people told us

As part of our inspection we spoke to people who use the service, including family members. We spoke to people through face-to-face interviews, telephone discussions and questionnaires. The feedback we received was generally positive, and included:

'my husband is receiving care from outstanding staff'

'the transition has been made easier special thanks to one of our carers'

'carers are understanding and compassionate'

'I can say they are genuine caring people dedicated to their work'

'not all staff are fully equipped to help me, sometimes I need more time'

'carers are friendly and helpful'

'treat me with respect I have nothing but praise'.

Self assessment

The service had not been asked to complete a self-assessment in advance of the inspection. We discussed the service's plan for improvement. This was supported by additional plans for ISO registration 9001 and quality monitoring. The plans captured the service's key priorities for developments around policy, procedure and practice.

From this inspection we graded this service as:

Quality of care and support	4 – Good
Quality of staffing	3 – Adequate
Quality of management and leadership	3 – Adequate

Quality of care and support

Findings from the inspection

During the inspection we attended an open day and met with people receiving a care at home service and their families. People shared their experiences of care and support which were generally very positive. This forum enabled people to enjoy afternoon tea, meet staff and exhibitors and raise any concerns. One family member told us it was helpful to be able to discuss a recent time change that meant a slight delay to a preferred routine. The service agreed to review this and offered a solution.

We found that people were supported to get the most out of life. For example we heard from a family about how the service delivered care for a family member in two geographical areas on a rotational basis. This approach facilitated opportunities to maintain links with family members important to them. It also enabled the family to contribute significantly to the care and support.

We visited people receiving a service at short notice and found they were supported to live at home in a range of situations and residences. Staff supported individuals with care which reflected their choices and preferences thereby treating them with respect and dignity. Staff had access to information including the assessed needs and wishes of the people they supported. This meant people benefited from individualised care.

We saw an initial care plan was normally prepared to share key information. Care plans were further developed and held in individuals' homes. The provider had introduced a new care plan format which was being evaluated. This appeared to be an improvement on previous paperwork as it included a focus on outcomes.

The manager had reviewed the medication policy and training in order to deliver an improved approach. This helped to ensure people's health benefitted from safe medication management. Staff were clearer about the level of medication intervention which was mainly prompting and assisting. A communication diary was used to record and audit the medication support. Early analysis of recent incident records would indicate this may be having a positive impact.

We viewed daily communication records and noticed one document where staff had not individually signed the care record. This had been the subject of a number of recent group supervision sessions and communications. We encouraged the service to use practice observations and supervisions as a vehicle to embed the improvements.

The service provided information to support increased choice and control for individuals when they were considering purchasing care. We recommended that the service considering extending their contractual termination to a minimum of 28 days in line with good practice. This would ensure that supported people had enough time to source another service if their needs and wishes can no longer be met.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of staffing

Findings from the inspection

The feedback we received from people who used the service was positive. They spoke of good relationships with staff and they felt staff cared about them. Some people told us they were able to make decisions about their care including how and when it was delivered. This helped to ensure a focus on individualised care and support. A few people we spoke to felt they did not always have enough time for staff to care for them. Observations, reviews and communication were used to capture and raise any concerns for action.

We sampled staff recruitment files and found the provider had improved their safer recruitment procedures. This ensured they did not employ someone assessed as unsuitable to work with vulnerable people. It was not uncommon for staff to commence induction prior to the receipt of all recruitment documentation. However we saw systems and checks were now in place to ensure new staff were appropriately supervised until all necessary information was received. We encouraged the service to ensure this remains fully embedded.

Staff's membership of the protection of vulnerable groups scheme (PVG), registration with Scottish Social Services Council (SSSC) and right to work requirements were maintained. New staff were supported to comply with Scottish Social Services Council (SSSC) registration within the first six months of employment. This meant staff were supported to comply with organisational and professional codes.

People receiving a service told us they felt supported by confident staff. We observed staff working well together. Staff now completed updated induction training over five days. The provider had also offered access to the new induction training for current staff. We noted some gaps with staff refresher training records. Additional staff had been employed to improve the management of these records. We encouraged the service to continue to develop staff's induction and training.

When staff were prompting medications and preparing food we observed they used gloves when it was not always necessary. We recommended that the service highlight the appropriate use of personal protective equipment and good hand hygiene. This will ensure any interventions are safe and effective. The service was undertaking practice observations for staff to ensure protocols and schedules were followed. The feedback we saw from these observations was generally positive.

Staff demonstrated an understanding of their responsibilities to protect people from neglect, harm or abuse. They were alert to the signs of risk and harm.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

Confidence in the way the service was managed had increased. This was in part due to the approach of a recently appointed manager in April 2018. Supported people and staff we spoke to also told us the day to day management of the service had improved. This meant people were generally experiencing well-coordinated and responsive care.

The management team organised an open day to help them evaluate the experiences of people using the service. This event helped to communicate the organisations aim in supporting peoples health and well-being and created an opportunity for families and supported people to engage with the management team. The service intends to follow up this event with surveys for supported people, families and staff.

Collective leadership was evident and the company had commenced accreditation for an external quality management standard ISO 9001. This showed a commitment to maintain policies and procedures to support the consistent delivery of care. People told us the service delivery had improved in many geographical areas with well organised runs supported by local staff. A commitment to employ staff had helped improve staff retention and increase stability.

Additional resources and technology meant staff could be alerted when some visits were at risk of being missed or late. This showed innovation in care delivery in order to keep people safer and provide information for quality assurance purposes.

Staff and supported people had access to the new health and social care standards. We encouraged the service to fully implement their updated care plan format for consistency across assessment, planning and risk management. We suggested that staff would benefit from training around outcome focused care planning (see recommendation one).

The level of notifications for a service of this type and size were below average. We discussed the reporting of certain accidents or incidents so that the service could be sure they were keeping the regulator informed and shared the guidance on notifications (see recommendation two).

The manager had introduced a programme of regular group supervision for staff. Staff told us these sessions were useful. We suggested that surveys, feedback, complaints and practice observations would help to inform supervisions, appraisals and training plans. We signposted the service to the Scottish Social Services Council (SSSC) stepping into leadership resource (see recommendation three).

We saw there was increased capacity for this service to support people in the community in order to deliver good outcomes. The pace and level of future growth require careful monitoring in order to sustain and embed the improvements seen during this inspection.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. The provider should continue a plan of implementation of the outcome focussed plans to improve consistency and content of resident's care and support plans.

This ensures care and support is consistent with the Health and Social Care Standards, which state that "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices". (HSCS 1.15).

Examples of these improvements should include:

- Details of all aspects of support needs, personal preferences and related risks
- How these outcomes will be met
- Plans are reviewed and updated when support needs change.

2. The service should review their current guidance around notifications to the Care Inspectorate to ensure that they are conforming to the document 'Records that all registered care services (except child-minding) must keep and guidance on notification reporting '.

This ensures care and support is consistent with the Health and Social Care Standards, which state, I experience high quality care and support based on relevant evidence, guidance and best practice (HSCS 4.11).

3. The service should maintain their safer recruitment practice and staff supervision. Supervisions should include observations of competency and afford people using the service the opportunity to their opinion about the support they receive from staff.

This ensures care and support is consistent with the Health and Social Care Standards, which state: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14)

Grade: 3 - adequate

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

There are no outstanding requirements.

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

Recommendation 1

The service provider should ensure there is a clear written agreement setting out terms and conditions, who the service is, how to contact them and any costs involved.

National Care Standards for support services – care at home – Standard 2.3: Written agreement.

This recommendation was made on 1 September 2017.

Action taken on previous recommendation

The service has created a welcome pack which also includes client guide, client agreement and contract. Information also covers self directed support, option 1.

The recommendation is considered met.

Recommendation 2

The service provider should review the medication policy, recording systems, staff training and practice to bring this in line with best practice.

National Care Standards for support services – care at home – Standard 8.3: Keeping well – medication.

This recommendation was made on 1 September 2017.

Action taken on previous recommendation

The medication policy is aligned with good practice guidance. Recording matches levels of staff intervention in either the communication diary or MAR as required. Medication practice has been highlighted at recent introduction of group supervisions along with inclusion in practice observations. This has helped to reduced the level of medication errors from May 2018. The communication diary has a section to help capture prompts and it also supports audit. Aware of section 47 guidance.

We considered this recommendation met.

Recommendation 3

The provider should further improve the support plans by:

- ensuring support plans are streamlined so that large sections are not left blank
- relevant sections are signed to show consent/agreements
- reviewed every six months or sooner and kept up to date.

National Care Standards for support services – care at home – Standard 3: Your personal plan.

This recommendation was made on 1 September 2017.

Action taken on previous recommendation

Support plans have been recently improved and developed to be more outcome focused. They cover key activities of daily living and areas of identified risk. Where possible a signature is obtained. The company has introduced a data base; the current care plan will be held in the supported person's home with an electronic copy available in the office.

Six monthly reviews have been implemented; these will be planned and managed in the data base. Reviews capture actions and changes to ensure actions taken and care plans updated accordingly.

Coordinators are reviewing client folders to ensure current information is held. On one visit the plan was not available, this was at office and had been updated and ready to go back out to the clients home.

We consider this recommendation to be partially met and have repeated it to ensure it becomes fully embedded.

Recommendation 4

The service provider should review the content of the induction and ensure it is up to date and appropriate to care at home.

National Care Standards for support services – Standard 4.2: Management and staffing arrangements.

This recommendation was made on 1 September 2017.

Action taken on previous recommendation

The manager has taken responsibility for the induction training. This is now delivered over five days with face to face training and shadowing to consolidate learning and evaluation. It included for example Personal care, Infection prevention, Health and safety (risk management), Nutrition, Continence care, Skin care and Emergency first aid.

Staff also attended an external one day moving and handling course. Induction was followed by 12 week probation period.

Recommendation met.

Recommendation 5

The provider should include evidence of observed practice and confirmation of competency related to the staff member's role in the induction process.

National Care Standards for support services – Standard 4.2: Management and staffing arrangements.

This recommendation was made on 1 September 2017.

Action taken on previous recommendation

The service has included the opportunity for new staff to consolidate learning during induction with shadowing. This is supported by feedback and evaluation. Coordinators and responders have a role in on-going practice observations for medication management, risk management, record keeping and moving and handling. These practice observations will also be used to inform meaningful staff supervision as they increase face to face supervisions.

Recommendation met.

Recommendation 6

The service provider should introduce a specific policy covering access to service user's homes using the key-safe or other agreed systems. This policy should set out how sensitive information should be stored safely and any actions that should be taken periodically to keep service users as safe as possible; for example, changing the numbers.

National Care Standards for care at home – Standard 4.1: Management and staffing.

This recommendation was made on 1 September 2017.

Action taken on previous recommendation

The service has an access policy, the key safe numbers are regularly changed and staff access these via an encrypted phone application. This is part of the data base software management system.

Recommendation met.

Recommendation 7

The service provider should ensure regular refresher training is provided for staff, agree the subjects considered mandatory and support staff in completing this training within agreed timescales.

National Care Standards for support services – Standard 4.2: Management and staffing arrangements.

This recommendation was made on 1 September 2017.

Action taken on previous recommendation

The service has invited all staff to access the new style induction regardless of length service. This is to ensure consistency. They have identified the key areas to be included in refresher training and will re introduce the 'evolve e learning' platform. Staff are actively inputting live data into the new software system which plans and reports on training. This will enable the service to plan and deliver refresher training.

We considered this recommendation partially met and elements have been repeated.

Recommendation 8

The service provider should introduce quality assurance systems which help to check the quality of the service provided. The following should be implemented:

- an audit system with agreed timeframes
- action plans in response to each audit
- a service improvement plan which takes into account feedback from service users, action plans and results of external visits.

National Care Standards for care at home – Standard 4.5: Management and staffing.

This recommendation was made on 1 September 2017.

Action taken on previous recommendation

The service is undertaking ISO 9001 accreditation. This has supported the development of a system of audit and external quality assurance. The company is planning to complete the ISO accreditation by late 2018. Citation provides policy and legal support for all areas of Health & safety. An open day was held in July 2018 and well

attended. Surveys have been developed for clients and staff and will be undertaken in August/September 2018. The service is also audited by the local commissioner
Recommendation met.

Recommendation 9

The service provider should ensure staff and service users are kept up to date with changes to the "run". Methods of communicating this quickly and efficiently should be implemented.

National Care Standards for care at home - Standard 4.6: Management and staffing.

This recommendation was made on 1 September 2017.

Action taken on previous recommendation

Staff have access to their rota/schedule with a new phone application which provides live information. Staff also work in smaller locality based teams with a set two week roster. Runs are well templated in most areas. Consistency and communication have been improved.

Recommendation met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings
2 Aug 2017	Announced (short notice)	Care and support Environment Staffing Management and leadership 3 - Adequate Not assessed 3 - Adequate 3 - Adequate
5 Aug 2016	Announced (short notice)	Care and support Environment 3 - Adequate Not assessed

Date	Type	Gradings	
		Staffing Management and leadership	3 - Adequate 3 - Adequate
13 Apr 2015	Announced (short notice)	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 3 - Adequate 3 - Adequate
31 Oct 2014	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 2 - Weak 3 - Adequate

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