

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

About the service: Heart of the South is a domiciliary care service providing personal care and support for people in their own homes in Cornwall. Bespoke packages of care and support are tailored for mainly adults with some packages providing 24 hours support. At the time of the inspection seven people were receiving support.

People's experience of using this service:

The service had systems to ensure risks were managed and people were kept safe. People received effective care from a well-supported and trained staff team.

People received personalised care that was responsive to their needs and preferences. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Staff understood the importance of respecting people's abilities and promoting independence. Staff had built positive caring relationships with people they supported and their families.

Care plans adopted a person-centred method of supporting people. Information focused on what support was required and people or their representatives had consented to receive support from Heart of the South.

People supported by the service told us they were treated with respect and by caring staff. Comments included, "They have been so supportive of me and making sure my needs are met" and "Having the support here means I can stay in my own house. I feel very well cared for"

Staff were motivated by and proud of the service. One staff member said, "I just feel we do a great job and it means clients don't have to go into a care setting." There was an emphasis on continuous improvement with staff having the opportunity to gain additional qualifications. A staff member said, "We are really encouraged to do more training. The managers are behind us in that."

Staff had opportunities to raise concerns or suggestions and be involved in the development of the service.

The service worked in partnership with other organisations to ensure they followed good practice and people in their care were safe.

The registered manager and management team used a variety of methods to assess and monitor the quality of the service. These included staff meetings, spot checks, auditing of the service and surveys to seek people's views about the service provided.

Rating at last inspection: Good. The last inspection report was published 7 October 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remains Good.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our inspection schedule for those services rated Good.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well led

Details are in our Well Led findings below.

Good ●

# Heart of the South Cornwall Branch

## **Detailed findings**

### Background to this inspection

The inspection:

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

Inspection team: The inspection was carried out by one adult social care inspector.

Service and service type: Heart of the South is a domiciliary care service. Staff deliver personal care support to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.'

Notice of inspection: This comprehensive inspection visit took place on 07 February 2019 and was announced. The provider was given 48 hours' notice because the location provided a domiciliary care service to people who lived in the community. We needed to be sure that we could access the office premises to look at records and visit people in their own homes.

What we did: Before the inspection we completed our planning; tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people supported by the service and previous inspection reports.

We also checked to see if any information concerning the care and welfare of people supported by the service had been received. We contacted the commissioning departments who used the service. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection visit we spoke with a range of people about Heart of the South and with consent visited two people at home who used the service. We spoke with the registered manager and care coordinator, an administrator and training coordinator. We also spoke with a staff member and contacted two staff following the inspection site visit.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people.

- The provider had a system of assessing and regularly reviewing people's needs, their care plans and provided regular supervisions and spot checks for staff.
- The service had effective safeguarding policies in place. People were supported by staff who understood safeguarding, what to look for and how to report concerns.
- The registered manager was aware of their responsibility to report concerns to the relevant external agencies.

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans included information about the measures for staff to follow to keep people safe and reduce risk of accidents and incidents.
- Staff worked with the same people so they were familiar with their needs and plans to manage risk.
- The service had a system to record and analyse any accidents or incidents. This helped to identify any trends or themes. The registered manager referred people to external agencies for guidance and support when required.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The provider ensured consistency in staffing for people. A person using the service told us, "I have my staff team and feel very supported" and "The staff are very good and reliable."
- Disclosure and Barring Service (DBS) checks been completed and references sought from previous employers. This helped to make sure staff were fit for the role. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Using medicines safely

- The service supported some people with medicines. People told us they were happy with how their medicines were managed.
- Staff were trained and administered medicines safely. Staff practice was observed during spot checks to ensure they were competent.
- Medicines records were accurately maintained.

#### Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the registered manager to identify any trends.
- The registered manager shared information with staff through meetings to discuss accidents/incidents with staff as a learning opportunity.

#### Preventing and controlling infection

- Staff had received training in infection control and had access to protective personal equipment such as disposable gloves and aprons.
- We observed and people told us staff practiced good infection control measures.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before the service commenced supporting them. This assessment was used to form a care plan which was updated as the provider learnt more about the person.
- Care plans were person-centred. Care was planned and delivered in line with people's individual assessment.
- Assessments of people's needs were comprehensive. Expected outcomes were identified, and care and support was reviewed regularly or when people's needs changed.

Supporting people to live healthier lives, access healthcare services and support

- Staff worked with a range of health and social care professionals to ensure that people received the care and support they needed to help keep them well and in some cases, achieve personal goals.
- Staff provided consistent, effective, timely care to people in their own homes.
- The service considered current legislation, standards and evidence based on guidance to achieve effective outcomes.

Ensuring consent to care and treatment in line with law and guidance

- 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- Staff assumed people had the capacity to make decisions, unless they assessed otherwise. Some people who used the service lacked the capacity to consent to care and treatment.
- Staff told us people were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.

Staff support: induction, training, skills and experience

- People received effective support from staff at Heart of the South because they were supported by trained staff who had a good understanding of their needs.
- Staff told us they were supported by managers to develop their knowledge and skills through induction,

supervisions and training. Comments included, "I feel very supported and have good access to training" and "We have the opportunity to take more qualifications. Very well supported."

Supporting people to eat and drink enough to maintain a balanced diet

- Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely and professionals were involved where required to support people and staff.
- People's dietary needs and preferences were recorded in their care plans.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- The service recognised people's diversity, they had policies in place that highlighted the importance of treating everyone as individuals. People's diverse needs, such as their cultural or religious needs were reflected in their care planning.
- People's confidentiality was respected and people's care records were kept securely.
- It was clear from our observations when we visited people at home that staff demonstrated an awareness of the importance of treating people with respect and maintaining their dignity by the way they spoke and supported people.

Ensuring people are well treated and supported.

- We received constitutently positive feedback about the approach of staff and the care and support delivered to people. Comments we received from people included, "It's a very good agency. They have been very supportive of me" and "The staff know me well and I know them so it works well."
- Care plans contained information in relation to each person's dignity and privacy and how staff should respect that. It was evident through care records and the attitude of staff that the delivery of care and support was personalised and focused on retaining and promoting people's independence.
- Where possible staff had background information about people's personal history. This meant they could gain an understanding of people and engage in meaningful conversations with them.

Supporting people to express their views and be involved in making decisions about their care

- People told us staff had taken time to get to know them well. People's communication needs had been assessed and staff supported people to make decisions where required.
- Peoples personal records held information about their current needs as well as their wishes and preferences.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Personalised care.

- Staff built positive, caring relationships with people and knew them well, including their likes, dislikes and preferences so they could deliver person centred care during visits.
- Care plans were developed which reflected people's individual needs across a range of areas. These were reviewed with the person monthly or in response to changing needs to help ensure they remained up to date and accurate.
- Some people needed support to help them to move around. The care plans detailed the equipment required and how staff should support them. Equipment to enable staff to support people in their own homes had been provided.
- People were empowered to have as much control and independence as possible, including in developing care plans. One person told us, "I was involved in my care planning and staffing from the start. I feel in control of things."
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being.
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard. This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. Each person's care plans included a section about their individual communication needs. For example, it was recorded if people needed hearing aids or any support with general communication.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise concerns or complaints. They felt confident that these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service. One person told us, "I've got all the information I need to raise any issues with the manager. I feel I can talk with them at any time as well if something isn't quite right."
- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this. This included regular reviews of their care and satisfaction surveys.

End of life care and support

- At the time of the inspection the service was not providing end of life care to anyone. The provider had systems in place to support staff in managing end of life care. When providing end of life care, the provider worked with other professionals including district nurses and GPs.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff told us they had confidence in the management of the service and would not hesitate to report any concerns. One commented; "It's a good agency to work for. I think we have good access to the managers when you need them."
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team worked to drive improvement across the agency. They engaged with external agencies to develop effective systems to ensure care was delivered safely.
- There were clear lines of responsibility across the staff team. Support workers worked with senior support staff who had more experience and received additional training. This enabled them to support with the care plan development and reviews.
- The service was well organised and there was a clear staffing structure.
- The provider had robust auditing systems for all aspects of the service to ensure they met legal requirements.
- The service had informed the commission through notifications of incidents and events that required attention. This showed the management team were aware of their responsibilities and knew their regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff meetings were organised for all staff to give them an opportunity to discuss any changes to the organisation and working practices and raise any suggestions.
- There was a good communication maintained between the provider, registered manager and staff.
- Staff felt valued and well-supported by the management team.

- People spoke positively about how the service was managed.

#### Continuous learning and improving care

- The management team were keen to ensure a culture of continuous learning and improvement. They had reviewed current systems and were exploring options to help them in the overall monitoring of the service quality and safety as they recognised this may be needed as the service begins to grow.
- The registered manager used a range of resources to ensure the service kept up to date with best practice.

#### Working in partnership with others

- The service worked in partnership and collaboration with other key organisations to support care provision and joined-up care. This included people who used the service, their families and representatives, GPs, community nursing teams and other health professionals.