

Open Heart Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Open Heart Care Ltd is a domiciliary care agency providing a range of services including personal care for people in their own homes. At the time of our inspection the provider was supporting 75 people who were receiving personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Medicines were not always managed in a safe way. Risk management plans were not always detailed and did not give staff clear guidance to help mitigate risks. People were not always notified when care workers were running late. Staff were provided with personal protective clothing, but some people told us, staff did not always use them. We made a recommendation to the provider, to follow national guidance in managing infection control.

People's needs were assessed prior to them receiving care and support but people did not always receive a copy of this assessment. This meant people were unclear about the role of staff. People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider did not always respond to complainants in a timely manner. Care planning was not person centred and lacked information which was important to deliver care and support.

The provider did not have effective quality assurance processes in place. There were no auditing systems in place and the provider did not have good oversight of the day to day running of the service.

Most people were happy with the care they received, and they felt care workers were considerate. People's privacy was respected, and their dignity was maintained.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 19 October 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We identified breaches of regulations in relation to safe care and treatment, complaints, person-centred care and good governance.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Open Heart Care Ltd

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with the registered manager, consultant and senior worker. We looked at the care records for six people who used the service, and four staff recruitment files, training and support records. We also reviewed records of safeguarding adults, complaints, incidents, accidents and quality monitoring.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted 14 care staff and received responses from 5 members of staff. We received feedback from two professionals who use the service.

Is the service safe?

Our findings

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider's procedures for assessing the risks to people's health and safety were not sufficiently robust. For example, in one person's care plan, we read they had limited mobility but there was no other information recorded to ensure staff had the correct information to provide support in a safe way. This meant staff were supporting people independently without clear guidance.
- Risk assessments had not always been completed in relation to the risks associated with people's current care needs. For example, in one person's care plan, we read they used a zimmer frame, but this information was not recorded in the person's risk assessment. This meant staff did not have the correct information to provide safe care.
- Another person was being supported to visit a local community event each week, but the provider had not completed a risk assessment, yet this person was at risk of seizures, falls and they used a zimmer frame. We raised this with the registered manager, and they told us, it was the same staff member who accompanied this person each week, but they told us, they would complete a risk assessment.
- The provider completed environmental risk assessments but when a risk was identified they did not always take appropriate action. For example, in one person's risk assessment, we read they did not have a fire alarm and they smoked. The provider had not taken any further action as a result of the issues they had identified.

We found no evidence people had been harmed. However, the provider's procedures for assessing, reviewing and managing the risks to people's health and safety were not robust. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not administered safely. We reviewed three people's medicines risk assessments, there was no information recorded on the types of medicines people were using, how to store it, or the possible side effects.
- Medicine administration charts (MARS) were not always filled out correctly as staff did not always record what medicine people were given or the required dose. For example, staff were administering eyedrops but there were no records for this person.
- In one person's file we read, the 'Person was responsible for administering their own medicines', however, within their risk assessment it read 'Prompt to take medication'. We spoke to the registered manager about this and it was clear staff were administering medicines. This information was very confusing and did not provide staff with clear information. The National Institute for Health and Care Excellence (NICE) guidance on the management of medicines for people receiving social care in the community advocates providing detailed and specific directions for what the care worker is required to do to support the person with their

medicines.

- We saw evidence of staff receiving training in medicines, However, we were unable to determine from the documentation if staff had been assessed as competent to administer medicines, as we saw no evidence, to see if staff were observed administering medicines. The registered manager told us all staff had been assessed as competent.
- People had been prescribed medicines to be administered as required (PRN) but the provider did not have a protocol in place to provide guidance for staff as to when people should receive this medicine.
- Body maps were not filled in for people who where been supported with topical creams to maintain their skin condition. This meant we could not always see if people had been supported with the application of these creams.

Systems were either not in place or robust enough to demonstrate medicines were managed safely. This placed people at risk of harm. This is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- The provider had a policy to record and investigate any incidents and accidents but we found the provider was not always following their policy. For example, one staff member found one person on the floor and called an ambulance, however we found no evidence of the care plan and risk assessment been reviewed following the incident. This told us the provider was not taking appropriate action in line with their policy.
- In two other instances we found ambulances had been called for people, but people's care plans had not been reviewed or updated following the incidents.
- The providers policy stated it should have been reviewed each year, but we found no evidence of any review taken place.

The provider's procedures for assessing, reviewing and managing the risks to people's health and safety were not robust. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- The provider told us staff were provided with personal protective equipment (PPE) which included aprons and gloves to be used when providing care. There was a mixed response from people as they told us, staff did not always wear aprons when delivering personal care.

We recommend the provider follow national guidance in managing infection control.

- We saw evidence of the provider completing an annual infection control audit and discussing the need for staff to wear PPE when providing personal care.

Staffing and recruitment

- Staffing levels needed to be reviewed and strengthened. We asked people if staff arrived at the time agreed as part of their care plan. People confirmed staff did not always turn up on time and in some cases, staff did not stay the required length of time. If staff were running late, people told us, they were not always informed, one person told us, "I ring the office up many times to see where they are, they say they will investigate it, but they don't ring me back." Another person told us, "The carers just didn't turn up. " We reviewed the electronic call logs over the course of a week for four people, and we found on the whole people received their calls on time and staff stayed the required time. We raised the feedback with the registered manager, and they told us, they were planning to introduce a new system in the coming months

as they recognised time keeping and communication was an area they needed to improve on.

- Staff were recruited in line with the provider's policy. We reviewed four recruitment files for staff, and we found the provider was recruiting people safely. This helped to show us people were protected from the risks of unsuitable staff being employed to support them.
- People told us they felt safe. Their comments included, "No problem, they are very good, I trust them" and " No, never any problems with safety."

Systems and processes to safeguard people from the risk of abuse

- The provider had policies in place which provided clear guidance on how to respond to allegations of abuse. We reviewed the providers safeguarding file and we found important information was sometimes missing, which meant it was not always clear what the outcome of the investigation was. We raised this with the registered manager, and they told us, information would be recorded and stored appropriately going forward.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The provider received a referral from the local authority when a new person needed care. Senior staff visited people in their homes to complete a further assessment and this was normally done within 24 hours of the referral. We noted some assessment forms contained limited information, and they had not been fully completed. For example, there was a section titled 'personal care', which prompted questions, such as person's choice of perfume, and preferred clothing, but this had not always been filled out. This meant people's needs and choices were not always considered by staff.
- One relative told us, they had to chase the office for some time to get a copy of their relatives' assessment as they were not clear what care staff should do. We discussed this with the registered manager, and they showed us a new assessment form which they were planning to introduce in March.

Staff support: induction, training, skills and experience

- During the inspection, the provider was unable to provide us, with up-to-date information regarding the training staff had received. Following the inspection, we received evidence of staff having completed training.
- Staff received an induction before starting work which involved face to face training with an external company. Following this, staff then shadowed more senior staff for a period of three days. After this, senior staff met with the staff member and if they felt they were competent they were signed off to provide care. Alongside this staff, were provided with supervision and spot checks in the first month to ensure they were competent in their role.
- Staff received regular supervisions and we saw this was used as a tool to discuss performances.
- The provider completed an annual appraisal, but the registered manager recognised the paperwork they were using needed to be updated to make sure it was a more effective tool to support staff development.

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

- People's care plans identified what support people required to prepare their meals. At times, this was not very detailed. We raised this with the registered manager, and they showed us how they were updating their paperwork to ask more questions.
- On the whole, people were supported to maintain good nutrition and hydration. Relatives told us, they felt people received good support, one relative told us, "I'm not there at meal times but I can see [Person] is not wanting, [Person] doesn't look under nourished. If the shopping is getting low, they contact me to let me know."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services and contact details were recorded in people's files. If people needs changed, we saw evidence of the care coordinator contacting the district nurse for advice and support.
- Staff told us they worked with people's families and GPs, to ensure people's health needs were met.

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 particular 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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider had the appropriate paperwork in place and staff had received training on the MCA. Staff understood the principles of the MCA, one member of staff told us, "Do not assume someone lacks capacity until proven otherwise, all practical steps should be taken to help people make a decision."
- The provider told us they were not supporting any person who was considered as not having capacity to make decisions about their care and support.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring people are well treated and supported; respecting equality and diversity

- On the whole, people were supported by staff who were caring. People and their relatives told us staff were caring, comments included, "It's good care" and, "I'm content, [carer] is wonderful, kind affectionate and caring overall I am happy."
- Care plans included information about people's personal, cultural and religious beliefs where this was known. The registered manager told us they encouraged staff to discuss important religious festivals which were important to people.
- This diversity was also reflected in the services workforce, which in some instances helped the service meet people's needs. The provider ensured if people wanted a male or female carer this was always accommodated.
- The diverse nature of the workforce meant the service was sometimes able to match people who shared the same first language (other than English) which meant people were receiving care by a person who spoke their own language.
- Notwithstanding that staff were individually caring, the provider had not ensured that people were always supported in a caring way. At this inspection we identified many areas that needed to improve to make sure people received safe and appropriate care. The provider had not acted in a caring way to identify and address all these issues, so people received care safely and were protected from risks that can arise if fundamentals standards of care are not met, or good practice guidance are not followed. For example, the provider had not sufficiently improved the way people received their medicines, how risk were managed and dealing with complaints in a person centred way.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- The provider told us they encouraged people to make decisions about the level of support they needed and if people's care needs increased or decreased, they worked with social services to accommodate this.
- People and their relatives told us care workers always asked people's permission before they delivered personal care.
- Staff told us they were committed to ensuring people's dignity and privacy was respected. One staff member told us, they closed people's curtains before delivering personal care. One relative told us, "When the carers don't know I'm there I've heard them treat [person] with respect, [Person] is happy to see them."
- Staff understood the key principles in relation to keeping confidentiality and protecting people's personal information.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

- Care plans were in place, but they did not identify how people wanted their care needs to be delivered and information was not always accurate or up to date.
- Some care plans included conflicting information about people's healthcare needs, for example one person's support plan read, [Person needs help to apply cream] however when we asked the registered manager about this, we were told the person was no longer supported to do this.
- Daily log notes were task focused rather than person centred. This meant on occasion documentation was not personalised and lacked caring terminology. For example, we saw instances where sanitary products were referred to as nappies and notes did not always address people's preferences.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had communication plans in place. These plans described how best to communicate with people and what specific support they needed, but we found the provider was not always supporting people in line with what was recorded. For example, one person's care plan recorded, they needed all of their information in braille however the provider had not done this.
- We read in another person's file they needed information in a large font but when we checked their care plan this had not been done.
- In another person's file we read they had visual impairment and needed assistance with written information. We discussed all of this with the registered manager and they acknowledged, many of people were not been supported in line with their communications plans.

The lack of person-centred care plans placed people at an increased risk of not having their needs met. This was a continued breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- During our inspection, we reviewed complaints and we found the provider was following their complaints procedure. However, after the inspection, we received consistent feedback from relatives who told us, complaints about the punctuality of staff had not always been thoroughly investigated and responded to. Relatives told us they complained about continuity of care and poor communication.

- The majority of relatives told us they often called the office and they were told someone would get back to them to deal with their concern however they never received a call back. One relative told us how staff had responded to them in an angry tone when they requested information.

The fact that complaints were not responded to appropriately by the provider was a breach of Regulation 16 (Receiving and acting on complaints) of the health and Social Care Act 2008) Regulations 2014.

We discussed the feedback with the registered manager, and they told us they had a specific worker allocated to dealing with complaints and if people had made a formal complaint this was always addressed in line with the providers complaints policy.

End of life care and support

- At the time of our inspection, no one was receiving end of life care. However, people's wishes about end of life care were documented. Staff had received care in end of life training to equip them should people require end of life care and support.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care;

- The provider did not have effective systems and processes to monitor the provision of care being delivered. Throughout the inspection, when we requested documentation, the provider was unable to locate it and most of the documentation relating to audits was not correctly completed. For instance, the provider was not able to provide us with audited MAR charts.
- The provider was not recording or storing information relating to accidents and incidents in a systematic way. As a result, they had failed to investigate, analyse and learn from incidents as they arose.
- Improvements around the provision of care people received were not always made. The provider had received complaints and feedback in relation to staff punctuality, and poor communication but we saw no evidence of these cases been investigated.
- The majority of people and their relatives found when they raised any issues, they were not acknowledged or appropriately addressed. People did not feel the registered manager was open and honest when things went wrong, for example, one person was told they would get a new care worker but this did not happen. Several people were told the registered manager would contact them, but the majority did not receive a call.

Failure to effectively operate systems and processes to monitor and improve the quality of the service places people at risk of receiving inappropriate care and treatment. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was working with a consultant to review the service and drafting an action plan to address the concerns we found during our inspection.
- The registered manager told us they had recently recruited some new office staff and they were reviewing all of their policies and procedures relating to supporting people.
- The registered manager was aware of their roles and responsibilities including what events they needed to notify CQC about.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was mixed opinion about how well the service was well managed, People did not always feel the registered manager was easy to contact and as a result this made them feel uneasy. One person said, "I get scared, I don't know who they are." We spoke to the registered manager and they recognised they needed to review how they were operating the service. On the second day of the inspection, the registered manager told us, they would not take on new care packages until they completed a review of the service.
- Staff overall felt the service was well managed. One staff member told us, "The registered manager is a good manager and they care for the clients which is important."

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

- The provider told us they completed questionnaires with people after they used the service for six weeks. We reviewed some files and we saw feedback overall was very positive, however when we spoke with some people, they were not aware of this questionnaire. The registered manager recognised they need to review how they completed questionnaires to ensure they were meaningful and reflected all people's views who used the service.
- There were weekly office staff meetings and each quarter there was meetings for all care staff. Staff found these meetings useful and they told us they used this time to discuss working practices.

Working in partnership with others

- The registered manager worked in partnership with healthcare professionals and they regularly attended the local authority providers forum. The registered manager told us, they signed up for regular updates through social care websites.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person did not always ensure people received care which met their needs and preferences. Regulation 9(1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not always ensure safe care and treatment because they had not always assessed risks to service users safety nor had they done all that was reasonably practicable to mitigate the risks to the safety of service users.</p> <p>The provider did not always ensure the proper and safe management of medicines.</p> <p>Environmental risks and risks to people were not always identified or addressed. Regulation 12 (1) 12(1) and (2)(a), (b) and (g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The Provider did not demonstrate that the service was responding to people's complaints according to their complaints process.</p> <p>Regulation 16</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective arrangements to assess, monitor and improve the quality of the service and to assess, monitor and mitigate risks service users faced while in receipt of care. Regulation 17 (1)</p>