

Deep Heart Care Ltd

Northampton

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

'Northampton', also known as Deep Heart Care, is a domiciliary care agency providing personal care to older people. The Care Quality Commission (CQC) only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection, the service had been supporting one person for less than six months. As a result, we have been unable to give the service a rating.

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

At the time of inspection, the service only supported one person. We were unable to speak with this person or any relative due to their care needs and an unexpected change of their circumstance. We spoke with their representative who had a limited insight into the care the person received.

The provider did not have all the required risk assessments in place and they were not regularly reviewed as people's needs changed. Care plans were also not sufficiently updated and didn't always contain information about all the areas of people's current care needs.

Systems were in place to record safeguarding incidents and to identify areas of improvement, however no incidents had occurred. Staffing systems were in place and there were enough staff to keep people safe. Improvements were required to recruitment practice to ensure people had sufficient references in place.

Staff were knowledgeable about infection control and medication procedures, however we were unable to seek feedback about the effectiveness in these areas of care.

The registered manager completed assessments of people's care needs, however this could be further developed by involving the local authority for a full review of people's needs. Staff received induction and training in the basic elements of care. There was limited evidence that staff received regular supervision.

Staff worked with healthcare providers when people were unwell, however further improvements were required to ensure there was close liaison with other agencies, including other healthcare professionals for people's ongoing health requirements.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, however people's mental capacity assessments were incomplete.

Systems were in place to record and investigate complaints, however none had been received. People's end of life care preferences had not been recorded.

The registered manager had limited understanding of the regulatory requirements and had committed to making improvements in this area. There were limited opportunities for people and others involved in

people's care to provide feedback.

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

Rating at last inspection

This service was registered with us on 19 July 2017 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration and when the service had begun to provide care to people.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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?

Full details can be found in the findings below.

Inspected but not rated

Is the service effective?

Full details can be found in our findings below.

Inspected but not rated

Is the service caring?

Full details can be found in our findings below.

Inspected but not rated

Is the service responsive?

Full details can be found in our findings below.

Inspected but not rated

Is the service well-led?

Full details can be found in our findings below.

Inspected but not rated

Northampton

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

This inspection was completed by one inspector.

Service and service type

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

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

We gave a short period notice of the inspection because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started and ended on 19 June 2019. We visited the office location and made telephone calls on the same date.

What we did before the inspection

We reviewed information we had received about the service since it registered with us in July 2017. We used the information the provider sent to us in a historical 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. We used all of this information to plan our inspection.

During the inspection

We spoke with one person's representative who had been involved in supporting them to find and receive care. We spoke with one member of care staff and the registered manager.

We reviewed a range of records. This included one person's care record and three staff files in relation to recruitment and staff supervision, and records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

This is the first time we have inspected the service and we have not been able to give a rating as there was insufficient information to enable us to make a judgement.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibility to identify and report safeguarding concerns.
- The registered manager understood their responsibility to report safeguarding concerns.
- Safeguarding policies were in place but required updating to include the contact details of the local authority and the requirement to notify the Care Quality Commission of any safeguarding allegations.

Assessing risk, safety monitoring and management

- The provider had some risk assessments in place however these had not been regularly reviewed.
- The provider did not have a system in place to identify and review people's changing needs.

Staffing and recruitment

- There were enough staff to meet the person's needs.
- Staff had references and Disclosure and Barring Service (DBS) checks in place, however staff references were not always obtained from previous employers. The registered manager had personal knowledge of each staff member but did not record a risk assessment.

Using medicines safely

- Staff told us they had urgently been required to support one person with their medication due to an unplanned change in the person's family circumstances; however the care plan had not been updated to reflect this.
- Staff had been trained in medicines administration.

Preventing and controlling infection

- Staff told us they had access to personal protective equipment which they used when supporting people with their personal care.
- Care plans recorded that staff should use personal protective equipment when supporting people with their personal care.

Learning lessons when things go wrong

- The provider had a system in place to record and review incidents however none had occurred since the service began.

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.

This is the first time we have inspected the service and we have not been able to give a rating as there was insufficient information to enable us to make a judgement.

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

- The provider had systems in place to assess people's care needs, however they did not work with other care professionals such as the local authority to review people's care needs.

Staff support: induction, training, skills and experience

- Staff received an induction and were required to complete the Care Certificate (this is a nationally recognised qualification in care).
- Staff had received supervision and competency checks, however this was not completed on a regular basis.

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

- Staff told us they had urgently been required to support one person with their nutritional and hydration needs, however the person's care plan had not been updated to reflect this.
- One person's representative told us they had seen improvements with the person's nutritional support since the care agency had been involved.

Staff working with other agencies to provide consistent, effective, timely care

- Evidence was not available to show that staff worked with other agencies.
- Improvements were required to ensure staff worked effectively with other agencies, for example, a Speech and Language Therapist (SALT) and hospital staff, and their advice and guidance was recorded in people's care plans.

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

- Staff were able to recognise when people's health had deteriorated and ensured appropriate medical advice was sought.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA

- People had been asked for their consent to care.
- People had mental capacity assessments, however they were incomplete as they were not decision specific and did not include any best interest decisions.

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.

This is the first time we have inspected the service and we have not been able to give a rating as there was insufficient information to enable us to make a judgement.

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

- Staff knew the person well and understood how they liked to receive their care.
- One person's representative told us that they believed staff treated the person well.

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

- People, and their representatives were asked for their views when deciding what care they would like to receive.

Respecting and promoting people's privacy, dignity and independence

- Staff told us they maintained people's privacy by ensuring doors or curtains were kept closed whilst people were supported with their personal care.

Is the service responsive?

Our findings

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

This is the first time we have inspected the service and we have not been able to give a rating as there was insufficient information to enable us to make a judgement.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans in place, however information was duplicated and people's current care needs were not always clearly recorded or updated.
- People's daily records did not always show that staff followed up on previous concerns or potential issues. For example, if one member of staff had identified changes to the condition of people's skin, the next member of staff did not always record if this had improved or if further action was required.

Meeting people's communication needs

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.

- The provider did not have any evidence to show they followed the Accessible Information Standards.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place, however at the time of inspection, no complaints had been received.

End of life care and support

- The provider was not providing end of life support at the time of inspection.
- The provider had briefly discussed the person's end of life wishes, however this had not been recorded in their care plan.

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.

This is the first time we have inspected the service and we have not been able to give a rating as there was insufficient information to enable us to make a judgement.

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

- The registered manager had a limited understanding of the regulatory requirements, particularly regarding events that require notifying to the Care Quality Commission (CQC). They were committed to researching and better understanding their responsibilities.
- There were no systems in place to audit or review the quality of care people received, however the registered manager recognised the service was in its infancy and this was an area they needed to improve.

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

- The registered manager personally delivered care and worked with people to understand their needs. They encouraged people to be involved with their care and were accessible and open to people's suggestions and requests. However, no quality assurance system was used for people, or those involved in their care, to provide feedback on their experience of using the service.

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

- The provider had a lack of understanding regarding the duty of candour, however no incidents had occurred which would require action or investigation in this regard.

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

- There was limited evidence to demonstrate the provider had considered people's equality characteristics or explored people's wishes in this area.

Continuous learning and improving care

- The registered manager was committed to working towards improving care for people. They welcomed feedback and were open to the inspection process.

Working in partnership with others

- The registered manager worked with others, for example, hospital staff, to help understand how people's care needs may have changed. However, this had not always been recorded appropriately.