

Heartfelt Care Yeovil and Sherborne Limited

Heartfelt Care

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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Heartfelt Care is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection they were providing a personal care service to 15 people.

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

Not all risks to people had been assessed. People had care plans in place, these did not include detailed information to guide staff on how to provide care and support. Staff however knew people well.

Medicines were not always managed safely. There was no formal system for reporting and recording incidents and accidents. We found some shortfalls in the recruitment of staff.

Staff had not always received refresher training to equip them to support people, understand their individual needs and mitigate associated risks.

The provider had not operated effective systems and processes to assess, monitor and improve the quality and safety of the services.

We found no evidence that people were harmed but these shortfalls put them at increased risk. We discussed these concerns with the provider who was responsive to feedback and started making changes to how the care was monitored and organised to improve it for people.

There were enough staff available to meet people's needs. People felt safe, staff knew how to recognise and report abuse. People were supported in line with the principles of the Mental Capacity Act 2005.

People were well treated and supported. Staff understood people's needs and preferences well and people received consistent care. Staff respected and promoted people's privacy and dignity and supported them to be as independent as possible. People and relatives told us staff were kind and caring.

People and their relatives felt listened to and commented positively about the management of the service. Staff felt supported and received supervision.

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 02 December 2021 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Enforcement and recommendation

We have identified breaches in relation to safe care and treatment, person centred care and good governance. Please see the action we have told the provider to take at the end of this report.

We made a recommendation about staff training.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Heartfelt Care

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience made telephone calls to people and their relatives. 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The provider was in the process of applying for the registered manager position.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was 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 on 17 January 2023 and ended on 27 January 2023. We visited the location's

office on 24 January 2023.

What we did before the inspection

We reviewed information we held about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who use the service and 2 relatives about the service. We spoke with 6 staff members including the provider. We received feedback from 2 professionals who work with the service. We reviewed a range of records. We looked at 3 staff files in relation to recruitment. We looked at 3 people's care records. We reviewed a range of policies and training data.



Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

Using medicines safely

- Medicines were not always managed safely.
- People's care plans did not detail how they took their medicines and the level of staff support required.
- Medication administration records (MAR's) were not regularly audited. We found a number of gaps on people's MARs. Although the provider told us this was reported and followed up by staff, there was no record of this being completed. Therefore, we could not be assured the gaps noted weren't as a result of the person not receiving their medication.
- People's MAR's were handwritten, the entries were not signed and countersigned to check their accuracy.
- Where people had 'as required' (PRN) medicines, there was a lack of guidance for staff on when and how to administer these.
- Although staff told us they had received a check of their competency to administer medicines, there was no formal record of this.

We found no evidence that people had been harmed, however systems were either not in place or robust enough to demonstrate medicines were safely managed. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were not thoroughly assessed and mitigated. Where risks were identified detailed plans were not in place to guide staff on how to reduce the risk. For example, one person was at risk of choking, whilst there was guidance from a professional in the persons care plan, the service had not completed their own risk assessment relating to this.
- Another person had bedrails in place. These had not been assessed for risks for example, entrapment. Falls risk assessments did not give clear guidance for staff to prevent the likelihood of the person falling.
- The service did not have a system to document and review accidents and incidents. Incidents were reported verbally to the office, however no formal record or review of these was carried out to enable learning to be identified and to prevent the risk of a further occurrence.

- People's care plans did not include risk assessments or information identifying the measures in place to reduce the spread of infection.

We found no evidence that people had been harmed, however the provider had failed to robustly assess and manage risks to people. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff knew people well and they were able to describe the risks to people and the action they took to mitigate these.
- An overview of the risk relating to the environment in people's homes had been completed.
- The provider told us they were in the process of completing a bed rails risk assessment. They also confirmed they would review their risk assessment process to ensure all risks were fully assessed and planned for.
- The service had a business continuity plan which identified the actions that should be taken in the event of an adverse event.

Preventing and controlling infection

- People confirmed staff were using appropriate personal protective equipment (PPE) when supporting them. One person told us, "They wear PPE and masks and wash their hands, they are all careful I am pleased to say."
- Staff received training in infection prevention control, 5 staff required refresher training. Staff confirmed they had access to enough PPE.

Staffing and recruitment

- There were systems in place to ensure the safe recruitment of staff. The provider had a recruitment policy in place, we found one instance where they had not followed their recruitment policy. This involved a care worker shadowing staff as part of their induction without having a Disclosure and Barring Service (DBS) check or employment references in place. Although the provider told us they had ensured people's safety by ensuring the staff member was supervised at all times, they had not formally risk assessed this. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We also found one staff members employment history contained gaps in their employment. The gaps had not been explored and / or documented by the provider to ensure full employment history.
- There were enough staff available to cover people's visits and keep people safe.
- People and their relatives told us staff arrived for their visits on time, and if they were delayed for any reason the service let them know. One person told us, "The carers will always keep me informed if they are going to be a bit late, they are very good."
- The provider told us they prided themselves in not having any missed visits. They told us, "We don't have missed visits, we let people know if carers are going to be late. The team are brilliant, and all help out and do extra, we know it's really important to get it right."
- Staff confirmed there were enough staff, and this had improved.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- The provider was aware of their responsibility to report safeguarding to the local authority. One recent safeguarding concern had not been reported to the Care Quality Commission (CQC), the provider confirmed they would complete this.
- People and their relatives told us they felt safe with the staff supporting them. One person told us, "I

always feel safe." A relative commented, "Absolutely, they do make me feel [Name of relative] is safe, they take so much care for them."

- Staff knew how to identify abuse and were aware of how to report it. One staff member told us, "I would contact one of the managers and I am 100% happy they would take action. When you let them know something, they do follow it up. If no one was taking action I would tell safeguarding. I am aware of the whistleblowing policy, I have not had to use it, but I would."

- Staff told us they thought people were safe. Staff received safeguarding training; 4 staff were out of date with their refresher training, the provider confirmed these dates were in the process of being arranged.



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 inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff did not always receive training to meet the needs of the people they supported.
- There was a training programme in place. There were gaps in training for subjects such as dysphagia, oral health, diabetes and catheter care. Some staff also required refresher training in subjects such as safeguarding, moving and handling and safe handling of medicines.
- The provider told us spot checks were completed on staff to check their competencies. However, there were no records demonstrating this.

We recommend the provider ensures staff receive up to date training based on current best practice, in relation to people's needs.

- The provider told us they already had a plan in place to address the training shortfalls. They had also introduced spot checks on staff, and these had started to be recorded.
- Staff received an induction when they started working for the service. The induction included two weeks training and shadowing more experienced staff.
- The provider told us they had recently started using a new training provider which linked its training to the Care Certificate standards. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff were supported by the provider to gain nationally recognised qualifications. The provider confirmed they had supported 7 staff to achieve qualifications in the past year.
- Staff were positive about the training they received. One staff member told us, "The induction 100% prepared me, I was a bit nervous when I started. There is very good communication and training, staff explained things. I was shadowing and staff were really helpful, I gradually got into it and it felt natural because of the support. Everyone is so helpful and available on the phone."
- Relatives and people told us they were confident with staff skills and knowledge. One person told us,

"Absolutely, it's so reassuring and we are really pleased, they are great at doubling up with new staff, so they get to know the system and what is needed, they are well trained."

- Staff told us they received one to one supervision with their line manager and they found this supportive. This was an opportunity to receive feedback and discuss their role. The provider had been focusing on staff supervision to ensure all staff received this regularly.

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

- The provider did not always complete assessments of people's needs prior to them receiving a service. They relied on local authority assessments to determine if they could meet people's needs and they formed the basis of care plans.

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

- People received personal care from the provider and their health needs were met by other professional agencies.
- The provider told us that both they and family members liaised between agencies when healthcare support was required. Staff supported people with their appointments where required.

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

- Staff supported some people with nutritional needs.
- Care plans lacked information relating to how people liked to be supported with their meals. For example, one person's care plan stated, "Needs full support" but did not detail what this meant.
- Care plans included basic information about people's nutritional and dietary needs and preferences.

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 MCA 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.

- The service was working within the principles of the MCA. The service checked with people if they were happy with the support and care provided. We saw evidence in care plans of staff checking with people if they consented to their care. People also confirmed staff sought their consent before supporting them. One person told us, "They are always respectful and ask." A relative commented, "Yes they will always tell [Name of relative] what they are going to do and ask if that is ok, they always ask for consent."
- Where the service thought someone lacked capacity to make a decision, they had recently completed a mental capacity assessment with the persons family and GP.
- Where people had capacity to make their own decisions and chose to make unwise decisions staff respected this. Staff told us they explained the risks to people but respected their wishes. One staff member told us, "[Name of person] can decide, we can only tell them what may happen, they are able to make their

own decisions, they have full capacity."



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 inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People told us staff were caring and they treated them with dignity and respect. One person told us, "They are lovely and caring." Another person commented, "They are so respectful and kind caring people."
- Relative's also told us staff were kind, considerate and very caring. One relative told us, "They are so caring and thoughtful and make a huge effort. They are respectful and really want to do things right." Another commented, "I have never met such lovely staff."
- Staff explained how they respected and promoted people's privacy and dignity and supported people to be as independent as possible. One staff member told us, "I treat them like my family, dignity in care is paramount for me. It's taught through the senior team, we are all very caring people, staff all know there is a standard. We train staff as if it is their family member and how we would want them to be treated."
- We reviewed compliments received by the service by people and relatives. One compliment stated, "Thanks for taking such good care of [Name of relative]. I've been very impressed over the past years, how you all genuinely care for them. The little extra things you all do to make their quality of life better. These things make such a difference to them." A professional told us, "They seem to go above and beyond when they can, and I have observed in person that [Name of person] has good rapport with carers. [Name of person] has verbalised they are happy with the service."
- People's faiths or religious beliefs were recorded in their care plans.

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

- People were supported by a small team of staff who knew them well and had developed good relationships.
- People were involved in the day to day decision making process. People confirmed staff always asked their views before providing support.
- Staff recognised the importance of people being involved and consenting to care. One staff member told us, "We check people are happy with the support, we are always checking with people, is this ok?"



Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- The information within care plans was limited which meant there was a risk that staff did not have sufficient information to ensure people's needs and preferences were met.
- Care plans did not cover the full range of people's needs or provide guidance for staff to ensure effective safe support. For example, one person's care plan states they were living with diabetes with no further detail regarding the support required in relation to this.
- Another person was supported with catheter care. The care plan provided limited information around how staff supported the person with this.
- Care plans lacked specific details regarding what people could do for themselves and the support they required.
- People's care plans lacked some information regarding their life history, likes and dislikes.

Care plans did not always provide care workers with the necessary information to provide person centred care to people who used the service. This was a breach Regulation 9 (Person centred care) of the HSCA 2008 (Regulated Activities) Regulations 2014.

- The impact on people using the service was minimal as it was a small service and people had the same care workers who knew people's needs. Some people also lived with their families who were able to give input regarding care provision. There was a risk new staff, or in the case of staff shortages agency staff, would not know how to support people appropriately.
- We discussed this with the provider who told us they would review care plans to ensure people's needs were detailed in their care plans.
- People confirmed they were aware of their care plans and their care needs were discussed regularly with them. One person told us, "I am kept well informed and the manager is so good everything is written down."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the

Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans lacked information regarding their communication needs. For example, one person's care plan stated they were blind, their care plan did not detail how information should be presented to them. Staff told us another person's communication could be difficult for unfamiliar staff to understand. Whilst staff gave detailed explanations of the best ways to communicate with this person, their care plan did not include these details.

This was a breach Regulation 9 (Person centred care) of the HSCA 2008 (Regulated Activities) Regulations 2014.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships and reduce the risk of social isolation. Care plans identified relatives who were important to the person.
- People had consistent staff which helped the staff to understand about the people they were caring for and helped them to build relationships. One person told us, "I have 2 regular staff, but they are all good."
- Staff told us how they had supported people to access the local community, such as shops and garden centres.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. The provider advised that the service had not received any recent formal complaints.
- People who used the service and their relatives told us they felt able to raise concerns, and when they did these were responded to. One relative told us about one time when they had a concern, "I phoned [Name of provider] straight away and told them my concern and [Name of provider] acted on it immediately." Another relative commented, "I have had no complaints, but any issues I would just speak with [Name of provider] or the team leaders everyone is so approachable and really want to help, there are no problems at all." One person told us, "I know who to speak to but there are no problems."
- The provider had regular contact with people and their relatives and was able to address issues before they escalated.

End of life care and support

- At the time of the inspection the provider was not providing anyone with end of life care.
- Care plans we reviewed did not include any information on people's end of life care wishes. We discussed this with the provider. They confirmed they would consider how they could include this information as part of people's care plan.



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 inspection for this newly registered service. This key question has been rated 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; Continuous learning and improving care

- The service did not have effective systems in place to monitor quality and safety. The provider had not fully established formal quality assurance systems or processes to enable them to assess, monitor and drive improvement in the quality and safety of people's care. During our inspection we highlighted a number of concerns and shortfalls with the provider.
- Audits and checks of medicines were not being formally completed. This meant the provider could not be assured that people were receiving their medicines safely. For example, gaps in medication administration records (MAR's) were not formally explored to ensure people had received their medicines.
- There was not a robust system in place to ensure oversight of the quality of people's records to ensure they contained detailed information and guidance.
- There was no formal system in place for recording, reviewing and analysing incidents, to ensure lessons were learnt and measures implemented to prevent any reoccurrence.

We found no evidence that people had been harmed however, systems and processes were not operated effectively to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had recently taken over the management of the service. They recognised there were areas that needed to be improved and throughout the inspection they demonstrated a desire to improve the service. The provider acknowledged there were areas of learning in relation to regulatory requirements and they were in the process of addressing this.
- We identified one recent incident where CQC had not been notified in line with regulatory requirements. The provider confirmed they would submit this.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider told us they had been working on improving the culture of the service. They told us, "It's taken a long time to change the culture. I am very proud of the team and the work we do."
- There was a positive culture within the service. The provider and care staff spoke positively and passionately about their work, the team morale and the people they supported. One staff member told us, "I believe we are a good team; new staff have come in and we are close, it's much better now we all work together. We support each other. There is a nice atmosphere."
- People and relatives spoke positively about the provider and care staff, they told us they felt involved in their care and communication within the service was good. Comments included, "I see or speak to [Name of provider] who is so good and so helpful they tend to ask me how things are going and if I need any changes, they really are so approachable" and "I chat to the [Provider] and they are very good, it's a really nice team."
- Staff commented positively about the provider. One staff member told us, "[Name of provider] is really supportive, any issues we can go to the office and speak to them."
- Staff confirmed communication was good within the service. Senior staff told us weekly meetings were held to discuss and share any relevant information. The provider was not formally recording the minutes for these meetings and confirmed they would complete this moving forward. The provider also confirmed they were planning on holding regular team meetings for staff.

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 told us they were open and transparent when things went wrong, in line with their duty of candour. The provider demonstrated an open and transparent approach throughout our inspection.
- There was an open culture at the service, and the provider demonstrated a good knowledge of people's needs and the needs of the staffing team. Staff were encouraged to report all accidents, incidents and near misses.

Working in partnership with others

- There was evidence of partnership working with other professionals such as GPs, local authorities and the district nursing team to ensure people's needs could be met.
- We received positive feedback from professionals regarding the service. One professional told us, "They are providing excellent care for [Name of person]. I think the communication has been good when any concerns arise. They seem quick to respond and get back when I have asked for updates."

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 provider had failed to carry out thorough assessments of people's care needs. Care plans did not provide care workers with all the necessary information relating to people who used the service.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured risks were fully assessed and mitigated and medicines were not always managed safely.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not operated effectively to assess, monitor and improve the quality and safety of the service.</p>