

Heart 2 Heart Staff Solutions LTD

Heart 2 Heart Staff Solutions

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 2 Heart Staff Solutions is a domiciliary care service. It is registered to provide personal care to people living in their own homes in the community. The service operates in Lincoln and Louth.

At the time of our inspection, five people were receiving a personal care service.

People's experience of using this service:

Staff were kind and caring in their approach to the people in their care. They understood people's individual needs and preferences and used this knowledge to provide them with flexible, responsive support.

Staff worked in a non-discriminatory way and promoted people's dignity, privacy and independence. The provider took care to involve people and their relatives in planning and reviewing their care and to deploy staffing resources in accordance with their individual requirements. People were provided with food and drink of their choice which met their nutritional needs.

Training and support systems were in place to provide staff with the knowledge and skills they required to meet people's needs effectively. End of life care was provided with sensitivity and compassion.

Staff worked collaboratively with local health and social care services to ensure people had access to support they required. Systems were in place to ensure effective infection prevention and control and people's medicines were managed safely.

Staff were aware of people's rights under the Mental Capacity Act 2005 and supported people to have maximum choice and control of their lives, in the least restrictive way possible and in their best interests. The registered manager said he would take action to review and update the policies and systems in the service to ensure they fully supported this practice.

People's individual risk assessments were reviewed and updated to take account of changes in their needs. Staff knew how to recognise and report any concerns to keep people safe from harm. Staff recruitment was safe.

The service was well-led. The registered manager provided open, supportive leadership and was respected by everyone connected to the service. A range of audits was in place to monitor the quality and safety of service provision.

There was organisational learning from significant events. There had been no formal complaints since the service was registered and any informal issues or concerns were managed effectively. The provider was committed to the continuous improvement of the service in the future.

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 28 March 2019 and this is the first inspection. The service had been fully operational for about six months preceding our inspection.

Why we inspected:

This was a planned inspection scheduled to take place within a year of the service's first registration.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

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 2 Heart Staff Solutions

Detailed findings

Background to this inspection

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

Inspection team:

Our inspection was conducted by one inspector.

Service and service type:

Heart 2 Heart Staff Solutions is a domiciliary care service, registered to provide personal care to people living in their own homes in the community.

The service had a manager registered with the Care Quality Commission (CQC). This means 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 the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 18 February 2020 and ended on 24 February 2020. We visited the office location on 20 and 25 February.

What we did before the inspection:

In planning our inspection, we reviewed information we had received about the service. This included any notifications (events which happened in the service that the provider is required to tell us about).

During the inspection:

We spoke with one person to ask about their experience of the care provided. We also spoke with four relatives, the registered manager and two members of the care team.

We reviewed a range of written records including two people's care plan, two staff recruitment files and information relating to the auditing and monitoring of service provision.

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 inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- In organising staffing resources, the provider took care to ensure staff started each call at the specified time and had sufficient time to meet people's needs without rushing. One person commented, "They are very organised [and] always on time." Another person's relative said, "It all runs very smoothly. Anything [name] needs, they do. They are much more reliable [than our previous care company]."
- One person told us they would like greater continuity of staffing. We raised this issue with the registered manager who told us he would take action to address this for everyone who used the service.
- We reviewed recent recruitment decisions and saw that the necessary checks had been carried out to ensure that the staff employed were suitable to work with the people who used the service.

Systems and processes to safeguard people from the risk of abuse

- The provider had a range of measures in place to help safeguard people from the risk of abuse. For instance, staff had received training in safeguarding procedures and were aware of how to report any concerns relating to people's welfare, including how to contact the local authority or CQC.
- Everyone we spoke with told us they felt entirely safe using the service. For example, one person said, "I am definitely completely safe."

Assessing risk, safety monitoring and management

- The provider maintained effective systems to ensure potential risks to people's safety and welfare were assessed and managed. For example, one person had been assessed as being at risk of choking and staff had been provided with guidance on how to prevent this. The registered manager reviewed and updated people's risk assessments on a regular basis.

Using medicines safely

- When people needed support to take their medicines, this was provided safely in line with their individual needs and preferences. Commenting approvingly on the provider's approach, one relative told us, "They are spot on. [Name] now has more medication, so they have started coming twice a day [to support her with that]."
- Staff received training in the safe handling of medicines and maintained a detailed record of any medicines they administered. The registered manager audited these records regularly to ensure they had been completed correctly.

Preventing and controlling infection

- The provider had implemented a range of measures to help prevent the risk of infection. For example, staff received training in food hygiene and hand-washing practice. Care staff were also provided with disposable

gloves and aprons for use when providing personal care.

Learning lessons when things go wrong

- The registered manager had an open and reflective leadership style and reviewed any incidents to help reduce future risks to people's safety and welfare. For example, in response to one issue the registered manager had made changes to communication systems within the service.

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 inspection for this newly registered service. This key question has been rated Good. This meant 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

- Effective systems were in place to assess and determine people's individual needs and preferences. These were set out in each person's care plan and were reviewed regularly by the registered manager.
- The provider used a variety of online and other information sources to ensure staff at all levels were aware of good practice guidance and legislative requirements. As a further means of promoting awareness and knowledge within the team, the registered manager said he would explore membership of local and national care providers' organisations.

Staff support: induction, training, skills and experience

- People told us staff had the right knowledge and skills to meet their needs effectively. For example, a relative said, "They seem to know what they're doing. They are familiar with [hoists and other] equipment which is excellent." Another person's relative told us, "Everything they do for [name], they do well."
- The provider maintained a programme of regular staff training. Commenting positively on the provider's approach, one staff member told us, "We have such a variety of training. I have been with other agencies, but here it's completely different. I don't think you can ever have enough [training]. The care industry is always changing."
- When necessary, new recruits undertook the national Care Certificate which sets out common induction standards for social care staff.
- Staff told us that they felt well supported by senior staff. For instance, one staff member said, "It's definitely the best company I have worked for. They make you feel as if nothing is a problem. [If I have a query] I can just ring up the manager or the people in the office. It's fantastic." Shortly before our inspection, the registered manager had scheduled a first round of one-to-one supervisions with his team. He told us he planned to provide this on a regular basis in the future.

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

- Staff understood people's food preferences and assisted them to enjoy food and drink of their choice. For example, one staff member told us, "[Name] loves pasta bake. I've made that a few times."
- Staff were also aware of potential risks relating to nutrition and hydration and took steps to address them. For instance, when necessary, staff completed 'food and fluid' charts to check people were eating and drinking enough to stay healthy.

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

- Staff worked proactively with district nurses and other health and social care professionals to ensure

people had prompt access to local services when required. Talking of their concern about the health of one person they supported, a staff member told us, "I have spoken to [her relative] and asked if we can get the GP involved." Commenting positively on the provider's approach in this area, a relative said, "[Name] has been in hospital quite a few times. The hospital will ring [the staff] up and they liaise with each other. That's very helpful to me."

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. 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 were satisfied that staff understood the importance of seeking consent before providing care or support.
- At the time of our inspection, there was no one using the service for whom the provider had had to make formal best interests decisions. However, the registered manager told us he would review and refresh the provider's policies and procedures in this area, in case they were required in the future.

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 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

- Describing his personal philosophy of care, the registered manager told us, "Care should be caring. The client should come first, whatever their needs. Any care we supply [should] be care I would be happy to receive personally."
- This commitment to supporting people with compassion in a person-centred way, was clearly understood by staff and reflected in their practice. For example, talking of one person she supported, a staff member said, "I sometimes pick up some milk for [name], if they are running low. That's not going the extra mile. It's doing what I'd do for anyone. They need me [and] I'm here." A relative said, "[Name] is very happy with them. [Name] says to me, 'Thank you for getting such good carers.'"

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

- People told us that the provider encouraged them to play an active part in planning and reviewing their care. For example, a relative said, "[The registered manager] is brilliant. He organised our first meeting at [the day centre] so [my relative] could take part. They do anything she needs. It's fantastic." Commenting approvingly on the provider's flexible, client-led approach to staffing, one person said, "They matched me up with [name]. I can't believe my luck! [But] she says I don't have to have her if I don't want to."
- There were no lay advocates involved in service at the time of our inspection. However, the registered manager told us he would help people obtain this type of support if it was ever necessary. Lay advocacy services are independent of the provider and the local authority and can support people to make and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence; respecting equality and diversity

- People told us staff were committed to promoting their independence for as long as possible. For example, one person said, "If I don't want to do something, I don't!" Describing their approach, one staff member said, "[Name] sits down a lot so I encourage them to have a little walk to the kitchen. To use their legs a bit [and] to encourage them not to rely on me too much. In the warmer weather, I'd like to help [name] get out to the shops."
- People also told us staff understood the importance of supporting them in ways which helped maintain their privacy and dignity. For example, one person said, "[My carer] is very respectful and gives me dignity." A staff member told us, "[When I am providing personal care] I talk through everything I am doing. If it was me, I would want someone to talk through it, to make me feel comfortable."
- The provider was aware of the need to maintain confidentiality in relation to people's personal information. People's care plans were stored securely and computers were password protected.
- Staff had access to equality and diversity policy guidance and were aware of the importance of supporting

people in a non-discriminatory way. The registered manager told us he had a diverse staff team and took great care to match people and staff sensitively, taking account of any personal and cultural issues.

Is the service responsive?

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 Good. This meant people's needs were met through good organisation and delivery.

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

- The registered manager told us he handled all new enquiries to the service and personally created each person's care plan. Describing his approach, he said, "I make an appointment for a home visit, checking that the client will be there. I always want to meet the client. We've got a holistic approach to developing a care plan [and] the assessment can take up to two hours." Commenting positively on the provider's approach in this area, a relative told us, "[Name] was involved in the first meeting [with the registered manager]. [Name] was there and happy."
- The care plans we reviewed set out the details of people's personal needs and wishes for staff to follow. For example, the 'things I like/dislike' section of one person's plan stated, 'I like Mexican foods and Manchester United. I dislike being talked about in front of me.' A staff member told us, "The care plans are helpful. You can start to get to know a person from their care plan."
- The registered manager reviewed each person's care plan on a regular basis, in consultation with the person and their family. A relative told us, "[The registered manager] came out last week to redo the care plan [at my request]."
- People told us staff had a good understanding of their individual preferences and provided them with responsive, personalised support. One person told us, "[My carer] says 'I am here for you.' She encourages me to do my art." A relative commented, "They are really helpful. Mum is getting the help she needs [and] it does her the power of good."

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 registered manager was unaware of the AIS but told us he would incorporate it into the provider's approach for the future. In the meantime, staff understood the importance of responding to people's individual communication needs and preferences. For example, the need to establish eye contact and speak clearly when supporting a person with hearing loss.

Improving care quality in response to complaints or concerns

- Most people told us they were highly satisfied with the care they received and had no reason to complain. For example, one person said, "Talk about being satisfied? I would give them a rating of Excellent!" No formal complaints had been received in the six months the service had been in operation.
- The registered manager told us he encouraged people to contact him directly with any informal queries or

concerns. Commenting positively on the registered manager's response to issues they had raised, one relative said, "Everything I have mentioned, they have taken on board." Another relative told us, "I can get hold of [the registered manager] if there are any problems. He answers the phone and sorts it."

End of life care and support

- Staff worked alongside specialist agencies to provide people with palliative and end of life care, whenever this was required. Describing the care provided to one person, the registered manager told us, "[Name]'s last wish was to die at home. Marie Curie were doing the palliative side. Our role was to make [name] feel comfortable [and] to support the family as well."

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 inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us they thought the service was well-led. For example, one person told us, "It's very well-managed. Heart 2 Heart is better than [my previous agency]. I can't reiterate it enough." A relative said, "I have recommended them to people already."
- Throughout our inspection, the registered manager maintained an admirably candid approach and was responsive to feedback about the service. Describing his leadership style, he told us, "I like to lead from the front, rather than push from behind. That's why I still work hands-on."
- The registered manager's open, accessible approach set the cultural tone and was respected and appreciated by everyone connected to the service. For example, one staff member told us, "I could go to him with any problems. He's a nice gentleman." Similarly, a person who used the service commented, "[The registered manager] is a lovely, lovely man. Because of an issue I had [when I first started using this service], he phones me every Wednesday to check I am okay."
- The provider promoted the welfare and happiness of the staff team in a variety of ways. For example, there was an 'employee of the month' scheme with the winner receiving a gift and a card. The registered manager told us that the directors had also paid for a Christmas party for the whole staff team. One staff member commented, "It's nice to feel appreciated."
- Reflecting this caring approach and the positive organisational culture it had created, staff told us they were pleased to work for the provider and enjoyed coming to work. For example, one member of staff said, "I 100% recommend it, for so many reasons! The ... bosses ... are definitely the best I have worked with. Everyone is on the same level, that's what's so lovely."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- As described elsewhere in this report, the provider took care to involve people and their relatives in planning and reviewing their care and to deploy staffing resources in accordance with their individual needs. One relative told us, "It's nice to have a company that knows what they are ... doing."
- The provider maintained a variety of systems to monitor the quality of the service. These included monthly care plan reviews and audits of personnel and medication records.
- The provider also conducted surveys of people, their relatives and staff to assess their satisfaction with the

service provided. We reviewed completed questionnaires and noted the responses were very positive. For example, following a one-off respite call, a relative had commented, '[The carer] arrived on time. She knew exactly what she was doing. And did exactly what we asked.' A staff member had commented, 'I am proud to work for Heart 2 Heart. Thank you for giving me my passion back.'

- The registered manager was committed to the ongoing improvement of the service in the future. For example, he told us he planned to open up staff training events to relatives, to help promote greater continuity of care. He was also in the process of setting up monthly staff meetings, to further strengthen lines of communication within the service.
- As detailed elsewhere in this report, the provider had established effective working relationships with a range of other professionals including GPs, hospital staff and palliative care specialists.
- The provider was aware of the need to notify CQC and other agencies of any untoward incidents or events within the service.