

Logos Heart Care Ltd

Logos Heart Care

Inspection report

10 Boundary House
Cricket Field Road
Uxbridge
UB8 1QG

Tel: 01895917811

Website: www.logosheartcare.co.uk/about.html

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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

Logos Heart Care is a domiciliary care agency which provides care and support for people in their home. At the time of the inspection the service were providing support for one person who was receiving the regulated activity of personal care.

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

The provider had a robust recruitment process which enabled them to ensure new care workers had the appropriate skills for the role. There were policies in place for the investigation of incidents and accidents, safeguarding and complaints to identify if any lessons could be learned to improve the care provided. The relative confirmed they felt their family member was safe when they received care.

The provider had identified a range of training as mandatory so they could meet the support needs of the person which had been completed by the care worker. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Support needs were assessed before the care visits started to ensure the provider could meet the person's need.

Care was provided in a person-centred manner and the care plan provided details on how the person wanted their support provided. The care plan identified the person's cultural and religious preferences. The relative felt the care worker supported their family member in a kind and caring manner as well as ensuring their dignity and privacy was respected. Communication support needs were identified in the care plan and met.

The provider had a range of processes to monitor the quality of the care provided. The care worker felt they were supported by the manager. The relative confirmed they and the family member were happy with the care provided.

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 23 April 2021 and this is the first inspection.

Why we inspected

The inspection was conducted based on the date of registration.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Logos Heart 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.

Service and service type

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

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 owner of the service was the manager for the service, and they were in the process of applying to become the registered manager.

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 5 July 2023 and ended on 10 July 2023. We visited the location's office on 7 July 2023.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with the relative of a person using the service and we contacted the care worker via email. We spoke with the manager during the inspection. We looked at a range of records which included the care record for 1 person, the recruitment records for 1 care worker and a range of records including those used for monitoring the quality of the service, such as audits, minutes of meetings and policies.

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

Systems and processes to safeguard people from the risk of abuse

- The provider had a procedure relating to how any concerns raised about the care provided were reported and investigated. The manager demonstrated a clear understanding of what action was required if a safeguarding concern was identified.
- At the time of the inspection there had been no safeguarding concerns raised so we were unable to review any records or investigations.

Assessing risk, safety monitoring and management

- The provider assessed and identified possible risks in relation to people's health and wellbeing. Risk management plans had been developed including for falls with guidance on how to support the person when they moved around their home. There was also a risk management plan providing guidance on how to monitor the persons skin to prevent any issues.
- The relative we spoke with told us they felt their family member was safe when they received support with their care. They said, "The care worker is so good. They are lovely."

Staffing and recruitment

- The provider had a robust procedure for the recruitment of care workers which enabled them to identify if the new staff member had the experience and knowledge for the role.
- We reviewed the recruitment records for 1 care worker which 2 references, checks on the applicants right to work in the United Kingdom and a Disclosure and Barring Service check for any criminal record. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The relative confirmed the care worker stayed for the full time of the visit, they said, "Yes, the care worker stays for the full time and sometimes stays longer to help as required."
- The manager explained that at the moment they are supporting only one person there are no issues with travel time between visits, but they are aware of the importance of ensuring care workers have enough travel time as the number of people they support increases.

Using medicines safely

- The provider had a procedure for the administration and management of medicines. At the time of the inspection the provider was not supporting people with the administration of their medicines, so we were unable to review any records demonstrating how support was provided.
- The care worker confirmed they had completed training on the administration of medicines, and this was supported by the training records we reviewed.
- The manager confirmed that if they started to provide support for a person which included the

administration of medicines the care workers would complete refresher training.

Preventing and controlling infection

- The provider had developed an infection control procedure. The manager confirmed personal protective equipment (PPE) was provided to the care worker and the person being supported had agreed for a supply to be left in their home.
- The care worker told us they had completed infection control training and they had access to PPE, they said, "Yes, I get plenty of PPE (Gloves, masks and aprons) and am able to obtain these easily when required." The training records we reviewed confirmed the care worker had completed infection control training with this provider.
- The relative confirmed the care worker wore appropriate PPE when they provided support for their family member. They told us, "The care worker wears a mask, apron and gloves."

Learning lessons when things go wrong

- The provider had developed a procedure for the reporting and investigation of accidents and incidents. The manager demonstrated an understanding of the importance of identifying where lessons could be learned following an accident and incident to reduce possible future risks.
- At the time of the inspection there had been no incidents and accidents reported so we were unable to review any additional records or investigations.

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

- The provider undertook an assessment of the person's support needs, wellbeing and wishes in relation to their care. The person's care plan and risk assessments were regularly reviewed, and the people and their relatives were involved in this process.

Staff support: induction, training, skills and experience

- Care workers were provided with a range of training to meet the support needs of people. The relative told us they felt the care worker had the appropriate training to provide support and they said, "Yes they do everything perfectly."
- The manager explained that the care worker had completed a range of training including health and safety, food hygiene, the role of the care worker, person centred care, communication and first aid. The training records confirmed this training had been completed.
- We saw the care worker had completed the care certificate with a different employer. 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.
- Regular supervision meetings were held with the care worker and the care worker told us they felt they had the correct training and support for their role and to meet the person's needs.

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

- The care plan indicated if the person required support with eating and drinking. At the time of the inspection the person was not receiving support with preparing or eating meals. This was confirmed by the relative we spoke with who explained family member's helped prepare meals.

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

- The person's care plan included information on any health conditions they were living with. The care worker was provided with information as to how these conditions could impact care being provided and how they could support the person.
- The manager explained that the person's family were responsible for arranging their medical appointments. This was confirmed by the person's relative.
- The manager told us that the care worker had received training in relation to what to do in the case of a medical emergency including when to inform the family and contact the appropriate support service.

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.

- Care was being provided in line with the principles of the MCA. At the time of the inspection the person who was being supported had the mental capacity to consent to their care and make decisions about the support they received.
- The care worker demonstrated a detailed understanding of how the MCA could impact on how they provided support, and they obtained the person's consent before care was provided. The care worker told us, "We need to support Service Users to make their own decisions at every opportunity by using all available means to enhance their capacity for each specific decision. understanding the importance of supporting people to make their own informed decisions through informed choice."
- Training records showed that the care worker had completed training in understanding dementia and mental capacity.

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; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- The person was treated well, and their support needs were met. The relative said the care worker was respectful and treated their family member in a kind and caring way. They said, "My [family member] feels very comfortable with the care worker. They are very kind and caring. The care worker is very polite and my family member's language."
- The care plan identified the person religious and cultural preferences which included their preferred language.
- The provider supported the person and their relatives to be involved in making decisions about their care and how they want to be supported. The relative we spoke with confirmed his family member was involved in developing their care plan and ensuring the support meets their needs. They said, "My [family member] told the manager what they wanted and did not want."

Respecting and promoting people's privacy, dignity and independence

- Care was provided in such a way to ensure the person's privacy and dignity was respected. The care worker demonstrated a good understanding of the importance of ensuring, when they provided support, the person's privacy and dignity was maintained. The care worker told us, "I make sure the service user is valued and respected and I make sure that their feelings, wishes, rights, freedom, views and beliefs are always considered. For example, I make sure no one enters a service user's personal space, their rooms, or any other circumstance that might cause them to feel uncomfortable. I close doors and curtains when giving personal care."
- The care worker supported the person to be as independent as possible. The relative told us, "Yes, the care worker encourages [family member] all the time. The care worker does whatever my [family member] asks them to do". The care worker said, "I understand the likes and dislikes and the normal routine of the service user. I treat service users in a caring and compassionate way while ensuring choice and privacy are maintained. Supporting service users to maintain independence wherever possible."

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

- Care plans were personalised with information on the person's care needs and provided information on the person's wishes in relation to their care.
- The care plan we reviewed included detailed information what support the person required and how the care worker should provide that care. The care plan also identified which aspects of care the person's family provided support with.
- The care worker completed a record of the care they provided at each visit. The information included the arrival and departure time of the care worker and reflected the care identified in the care plan.

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.

- The person's communication needs were identified and were met. The care plan included information on any impairments in relation to their hearing or sight and, if required, how the care worker could provide appropriate support.
- The manager explained they had identified a care worker who spoke the person's preferred language to ensure their communication needs could be met. The relative we spoke with confirmed, "The care worker speaks my [family member's] language so it is easy for them to communicate."

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

- The care plan included information on who and what was important to the person. This included information on their family, how they supported the person receiving care and their personal background.
- At the time of the inspection the care worker was not providing support to access activities outside the person's home.

Improving care quality in response to complaints or concerns

- The provider had a process in place to respond to complaints.
- The relative told us they knew how to raise any concerns, but they had not had any concerns about the support their family member received. They said, "There is information in the folder on how to make a

complaint and the manager is in regular contact."

- The provider had not received any complaints at the time of this inspection.

End of life care and support

- The provider understood the importance of ensuring a person's end of life wishes were identified and met at the appropriate time. The manager explained they had experience of implementing the Gold Standards Framework for end-of-life care at another service. The framework enables providers to ensure care workers receive appropriate training to support people in their final years of life so they could live well before they die.
- End of life care training was part of the mandatory training identified by the provider.
- At the time of the inspection the provider was not providing support with end-of-life care.

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

- Care was provided in a person-centred manner. The relative we spoke with confirmed the manager met with their family member to discuss their support needs and they agreed the care plan before the support started.
- The person and their relatives were happy with the care which was being provided. The relative said, "My [family member] is very happy and so is the rest of the family. The manager is top notch. The company is very professional in the way it provides care."
- The relative confirmed the manager was in regular contact to monitor the care being provided. They said, "The manager comes to see us once or twice a month. She also regularly calls."
- The cultural background, personal history and religious preferences of the person were identified in the care plan. The manager explained that the care worker who was supporting the person spoke their preferred language which enabled better communication.
- The care worker told us they felt supported by the manager and they said, "Yes, I feel extremely supported by the manager and could contact them at any time. She will contact me to find out how I am getting on and anything that I need that she can help. She is approachable any time if needed."

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

- The manager had a good understanding of the responsibilities and legal requirements related to their role. They explained they had worked in a number of different roles for other home care providers and had a wide range of experience of providing this type of service.
- At the time of the inspection there was no registered manager for the location. The director of the company, who was also the manager for the service, confirmed they had recently been interviewed by the CQC in relation to their application to become the registered manager.
- The manager showed a good understanding of the duty of candour and how it impacts the way how they provide care. They told us, "It is all about everyone, the duty to be transparent and open toward the client's care. So, if something goes wrong, we should not be hiding it, we need to be transparent to safeguard the individual and protect the individual."
- The care worker said they felt the service was fair and open, "Yes, the organisation is fair and open. A positive culture is seen; the organisation makes sure the service user gets a good and high quality of life, and

meeting the needs of the service user is most important for the organisation. The manager is approachable, very supportive, and available to listen to me at any time. During monthly meetings, there is always discussion on being open, honest, and transparent if something goes wrong."

- The provider had a range of policies and procedures that were regularly updated to reflect any changes in legislation or best practice.

Continuous learning and improving care

- The provider had developed a range of effective checks to monitor the quality of the care being provided. There were regular reviews of the person's care plan and risk assessments to ensure they reflected the person's current support needs.
- The records of the care documented at each visit which were completed by the care worker, were reviewed by the manager to ensure the support provided was as described in the care plan.
- The arrival and departure times of the care worker were monitored by the manager to ensure the visits occurred as agreed with the person.
- The manager carried out monthly spot checks on the support being provided by the care worker. These checks included seeing if the care worker arrived on time and stayed for the planned visit time, wore PPE correctly and if the person was supported with making choices about their care.
- A monthly review of the care provided was completed by the manager which included getting feedback from the person being supported and their relatives. The feedback we saw from the monthly reviews was good and there were positive comments about how the care worker maintains the person's privacy and dignity.
- The manager met with the care worker each month to discuss any issues and to review the processes to ensure they were being followed for example using PPE correctly.

Working in partnership with others

- The manager explained that, due to the size of the service, they had not started to develop working relationships with other health and social care organisations.
- As the number of people being supported increased, the manager said they would identify external organisations that they could work in partnership with to benefit the people they were providing care for.