

Heart to Heart Care NW Limited

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Inspection report

Unit 6
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Heart to Heart NW Ltd is a domiciliary care agency that provides support and personal care to adults in their own homes. At the time of our inspection 112 people received support from the service. Not everyone who used the service received personal care. The Care Quality Commission 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

Effective quality assurance and governance measures had not been fully embedded at the service. We were not always assured that quality performance or risk management measures were assessing the quality and safety of care people received.

Safety monitoring and management of risk had improved. The majority of care records contained relevant and up to date care needs and risk management information. However, we identified that additional oversight and assurance measures need to be implemented as a way of ensuring that all areas of risk were appropriately recorded and monitored.

Improved medicine management processes had been implemented. Care records contained essential information for staff to follow, improved medication administration processes had been implemented, PRN (as and when needed) medicines and topical cream processes had been strengthened and there was a greater level of oversight in relation to compliance.

Infection prevention and control (IPC) measures and arrangements had improved. Staff were engaged in COVID-19 testing regimes, staff had completed IPC training, PPE was readily available, and people had relevant COVID-19 risk assessments in place.

People were protected from abuse and avoidable harm; systems and processes were in place to ensure safeguarding incidents were recorded and reported, staff knew how to escalate any safeguarding concerns and there was a greater level of oversight in relation to call monitoring and completion of daily tasks.

The introduction of an 'electronic call monitoring' (ECM) system meant that there was greater oversight in relation to staffing levels and call times. The provider ensured that call times were analysed in conjunction with the packages of care that needed to be delivered. We did receive some feedback to suggest that staff continued to run late from time to time.

Recruitment procedures and pre-employment recruitment checks need to be strengthened. We have made a recommendation regarding recruitment practices.

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

Rating at last inspection and update

The last rating for this service was 'inadequate' (published 29 November 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. Although improvements had been identified during this inspection, the provider was still in breach of regulation 17 (Good Governance).

This service has been in special measures since November 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as 'inadequate' overall or in any of the key questions. Therefore, this service is no longer in special measures.

Why we inspected

We undertook this focused inspection to check whether the breaches of regulations and warning notice we previously served in relation to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, had been met.

The focused inspection reviewed the key questions of safe, and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

The overall rating for the service has improved to 'requires improvement'. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Heart to Heart Care NW Ltd on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We have identified a breach in relation to 'good governance'.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for 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 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?

The service was not always safe.

Details are in our safe 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 ●

Heart to Heart Care NW Limited

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 looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspection team

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

Service and service type

Heart to Heart Care NW Ltd 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; we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 3 March 2022 and ended on 8 March 2022. We visited the office location on 3 March 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We also sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with the five people who were receiving support, five relatives about their experiences of care their loved ones received, the registered manager, deputy manager, and six members of staff.

We reviewed a range of records including six people's care records, multiple medication administration records, and four staff personnel files in relation to recruitment. We also reviewed a variety of records relating to the management and governance of the service, including policies and procedures.

After the inspection

Due to the impact of the COVID-19 pandemic we limited the amount of time we spent on site. A variety of records and documentation was sent to us electronically, these were reviewed remotely following the inspection visit. We looked at policies and procedures, quality monitoring and staff training records.

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated 'inadequate'. At this inspection this key question has improved to 'requires improvement'. This meant that safety measures had improved. However, further improvements were required; improvements need to be embedded and sustained over a longer period to achieve a rating of 'good'.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Safety monitoring and risk management measures had improved. However, some risk assessments did not always contain all the relevant control measures staff needed to provide the most effective level of care. For instance, medical health and mental health support needs were missing from risk assessments we reviewed.
- Daily records indicated that staff followed the guidance and advice that had been provided by external healthcare professionals. For instance, people received the required nutritional, pressure care and moving and handling support. One relative told us, "[Relative] has palliative care, [they] have an air mattress and they turn [reposition relative]."
- Staff monitored and assessed people's support needs and areas of risk on a daily basis, any concerns were immediately addressed. Relatives told us, "They [staff] always report if they've noticed anything I might be worried about" and "They [staff] write it down and they phone the company if anything happens or they notice anything."
- Environmental risk assessments were completed; staff were familiar with internal and external health and safety risks that needed to be managed.

Preventing and controlling infection

At our last inspection the provider failed to assess, monitor and mitigate the risk of infections such as COVID-19. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improved IPC arrangements and policies were in place; these had been effectively cascaded to all staff.
- All staff had received the necessary IPC training and knew what IPC measures needed to be complied with.
- All staff were engaged in LFD testing and COVID-19 screening procedures as a measures of mitigating risk.
- Care records contained COVID-19 risk assessments; staff were provided with essential information and guidance that needed to be followed.

Using medicines safely

At our last inspection the provider had failed to ensure safe medication practices and arrangements were in place. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improved medicine administration procedures and policies were in place.
- Following the last inspection, additional staff training was immediately arranged, and additional medication work booklets were introduced.
- Medication administration records (MARs) indicated that people received effective support with their medicines as instructed and PRN (as and when needed) medicines and topical cream protocols had improved.
- Medication care plans contained relevant information in relation to medicine management. For instance, who was responsible for ordering medicines, storage of medicines and the level of support people required.
- Improved compliance audits had commenced, two medication champions had been deployed across the different regions and additional spot checks on MARs and staff performance had been implemented.

Staffing and recruitment

- Appropriate staffing levels were in place. However, recruitment procedures needed to be improved.
- Pre-employment recruitment checks were completed. However, we did highlight that some measures needed strengthening. For instance, references were obtained but did not always provide relevant information required.

We have made a recommendation regarding strengthening recruitment and vetting procedures.

- People received support from staff who were familiar with their support needs. However, we received mixed feedback about punctuality of staff. One relative told us, "Yes, there's enough staff, there's always two girls come four times a day." Two people told us, "The carer is often late and changes the time" and "They [staff] have just started ringing if they are going to be late."
- A new electronic monitoring system meant that there was a greater level of oversight in relation to call times and improvements had been noted. However, further oversight was still required.
- Staff told us that there were adequate staffing levels to provide the care people needed. The additional 'travel time' between calls was a significant improvement.

At our last inspection the provider failed to ensure people were adequately protected from the risk of abuse and neglect. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 13.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong.

- Improved systems and processes meant that people were safeguarded from abuse and protected from harm.
- All staff had completed comprehensive safeguarding training and policies and procedures had been reviewed and updated.
- Staff explained how they would escalate their concerns and who they would report their concerns to.
- Improved accident and incident reporting procedures had been embedded and staff were aware of their roles and responsibilities as a measure of keeping people safe.
- People and relatives told us that safe care was provided. One relative told us, "Yes we feel very safe, I think it's their caring nature, I'm very pleased with everything". One person told us, "They [staff] they make me feel like I'm a friend."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated 'inadequate'. At this inspection this key question has improved to 'requires improvement.' This meant the service management and leadership had improved. However, further improvements were required; improvements need to be embedded and sustained over a longer period to achieve a rating of 'good'.

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

At our last inspection the provider failed to ensure there were effective governance and quality assurance measures in place. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Although improvements had been identified, risk management processes, quality performance reviews and regulatory compliance was not always consistently achieved.
- Measures to assess and monitor the quality and safety of care were not always effective. For instance, monthly care reviews and newly implemented spot checks had not identified areas of risk that needed to be assessed and managed in a number of records we reviewed.
- New risk assessment documentation had not been implemented across all care records. We were not always assured that all areas of risk had been recorded or that risk assessment records contained the relevant information.
- The provider implemented new processes and systems to improve the provision of care. However, we were not always assured that feedback about the provision of care was responded to. For instance, there was no evidence to suggest that the feedback in relation to duration of calls and continuity of care was addressed / responded to.
- A continued breach of regulation meant that the provider was not always clear about their regulatory responsibilities and was unable to demonstrate their compliance with CQC's fundamental standards.

We found no evidence that people had been harmed however, systems and processes need to be further strengthened as a measure of assuring the delivery of high-quality care. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- An improved culture and ethos to deliver person-centred care meant that a greater provision of care was provided.
- Quality assurance questionnaires confirmed that 88.6% of people would recommend the service. Relative's told us, "It's an excellent service" and "I would recommend them all, the ladies [staff] are really nice."
- Staff and people confirmed that improvements had been made following the last CQC inspection but further improvements were still needed. One person told us, "They have improved since you [CQC] were last in there, but there's more room for improvement."

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

- Improved processes ensured that feedback about the provision of care was captured. However, it was not always evident how feedback was managed.
- Quarterly feedback questionnaires had been implemented and telephone and face to face consultations were taking place. An improved level of engagement meant that the provider received a response rate of 98%. One relative told us, "The management [side of the company] come out regularly and see that I'm happy with how everything is going."
- The majority of staff told us they felt supported and valued. However, we did receive feedback to suggest that some office staff were not always approachable or listened to the concerns raised by care 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; Working in partnership with others.

- The provider was compliant with duty of candour responsibilities; improved systems ensured that open and honest lines of communication were maintained and collaborative partnership work had been embedded.
- Accident and incidents were effectively managed; staff were aware of the reporting procedures and the importance of complying with policies and procedures.
- The provider worked in partnership with external healthcare professionals and services. Notifiable incidents were reported to both CQC and local authority accordingly.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance and overall governance measures had not been effectively embedded at the service.