

Deep Heart Care Ltd

Northampton

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

'Northampton', also known as Deep Heart Care is a domiciliary care agency providing personal care to people living in their own homes. 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. At the time of the inspection two people were receiving personal care.

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

People's needs had been assessed prior to receiving care, however some care files lacked the information required or contained incorrect information. Risk assessments had been completed, but some lacked the information required, however staff knew people well and understood their needs.

People were supported by staff who treated them with kindness and respect. Staff knew how to identify and raise any safeguarding concerns. People told us staff were caring, kind and compassionate and that they felt safe with staff.

The provider had not always followed safe staff recruitment procedures in relation to references. Staff had Disclosure and Barring Service checks completed before they started working for the company. Staff received training and support to ensure they could do their roles.

Staff supported people to access healthcare when required.

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.

Systems and processes were in place to investigate any concerns or complaints raised, however there had been no complaints made at the time of inspection.

Basic audits were completed; however, they had failed to identify some of issues raised on inspection.

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

Rating at last inspection

The last rating for this service was 'inspected but not rated' due to the provider supporting only one person for less than six months. (published 25 July 2019)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 ●

Northampton

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by one inspector.

Service and service type

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

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 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with two members of staff including the registered manager.

We reviewed a range of records. This included two people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

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 as 'Inspected but not rated'. At this inspection this key question has been rated as 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.

Assessing risk, safety monitoring and management

- Risk assessments had been completed for mobility, falls, equipment and the environment. However, we found that some risk assessments contained incorrect information and a potential risk to a person's emotional wellbeing had not been assessed.
- One person who had an allergy to a particular medicine did not have this information consistently recorded within their care file.
- Staff understood people's risks and how to support them in reducing any potential risks.

Staffing and recruitment

- The provider had not always followed safe staff recruitment procedures. Two staff files showed that references had not been verified and did not match the information documented on their application forms. However, the registered manager had personal knowledge of the staff members.
- Staffs Disclosure and Barring Service (DBS) status had been checked. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.
- People told us that staff always turn up on time and they know who is coming.

Systems and processes to safeguard people from the risk of abuse

- At the last inspection we raised that safeguarding policies required updating to include contact details of the local authority, at this inspection we found that the policy still hadn't been updated with the relevant information.
- Staff knew how to identify and report any safeguarding concerns.
- The registered manager understood their responsibility to report and investigate any safeguarding concerns.

Using medicines safely

- At the time of inspection the service was not supporting anyone with medicines.
- Staff had been trained in medicines administration.

Preventing and controlling infection

- Staff had received training in infection control and food hygiene.
- Staff told us, they had access to personal protective equipment (PPE) as required.

Learning lessons when things go wrong

- There were systems in place regarding recording and reporting incidents, accidents and falls. The registered manager told us they would review all reports and share any learning with staff. There had not been any incidents, accidents or falls at the time of inspection.

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.

At the last inspection this key question was rated as 'Inspected but not rated.' At this inspection 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.

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

- People's needs were assessed before any care was provided. However, not all the information had been transferred in the care plan. For example, one person's pre-assessment had information relating to a medical condition this had not been identified within their care plan. This meant they could be at risk of receiving incorrect treatment.
- Information regarding personal preferences and choices were documented within their care files. For example, likes and dislikes and times to get up and go to bed.
- Staff told us the care plans had enough detail and gave them the information they needed to complete care tasks.

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

- One person had the wrong information recorded within their care plan regarding their allergies. However, the person was able to communicate their allergies to staff and healthcare professionals. The registered manager agreed to rectify this immediately.
- People told us that if required staff would help them get healthcare. One person said, "[staff name] will call our GP if we needed it. "A staff member said, "If I think someone is unwell, I would ask them, then call their doctor, if needed I would take them to the appointment."
- At the time of inspection no-one had needed referring to a healthcare professional. The registered manager explained that they would support referrals to Speech and language therapists, occupational therapist, the falls team or anyone else if people required this support.
- People had hospital passports completed. These documents help ensure people received co-ordinated and person-centred care, in case of an admission into hospital.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA.

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

- Mental capacity assessments had been completed and within people's files the outcome was documented. However, we did not see any evidence of best interest meetings or decisions being completed if someone lacked capacity.
- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Care plans were developed with people and we saw that people had agreed with the content and had signed to receive care and treatment.

Staff support: induction, training, skills and experience

- Staff received training from an online provider in line with the providers policies and procedures.
- Staff told us, and records showed that they received regular supervision from the registered manager.
- Staff told us they felt supported by the registered manager who was available for support and guidance when required.

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

- Staff received training in food hygiene.
- People told us that staff asked what they wanted to eat and prepared the food to their liking. One person said, "[Staff name] helps prepare our food, they always do it well and just the way we need it."

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.

At the last inspection this key question was rated as 'Inspected but not rated.' At this inspection this key question has been rated as 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

- People told us staff were kind, caring and respectful.
- Staff interacted with people in a compassionate manner and relationships between staff and people appeared respectful. A person told us, "[Staff name] has such a good sense of humour, we have a laugh, but they also sit and chat with us."
- Staff knew people well and understood how they liked to receive their care and support.

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

- People had been asked their preferred times of calls and gender of staff completing personal care tasks, this information had been logged and the service met these requirements.
- People or their representatives had signed their care plans and risk assessments.
- No one currently required the support of an advocate. An advocate is someone that helps people to speak up about their care. However, the registered manager would support people to access advocacy services should they need to.

Respecting and promoting people's privacy, dignity and independence

- People were positive about the staff and said they were treated with dignity. One person told us, "Staff will do anything for us, they help when needed but leave us to do it if we are able."
- People's right to privacy and confidentiality was respected.
- A staff member told us what they do to promote people's privacy, dignity and independence, "I close the door and blinds, cover [the person] with a towel and make sure no one can see, ask if it is ok to start, tell them what I am doing, but let them do what they are able to themselves."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as 'Inspected but not rated.' At this inspection 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

- Some sections of people's care plans contained incorrect information. For example, in one person's care plan it stated they used a Zimmer frame and, in another part, stated they could mobilise without aids.
- Care plans detailed the way people wanted their care given. For example, details of the level of assistance required for each task.
- People told us they received good quality care that met their needs. One person said, "When we needed it they (provider) organised for staff to stay overnight."
- The registered manager had asked people and documented information regarding their religion or culture that could impact on how they wanted their care given.

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.

- We saw no evidence of the provider following the AIS, however the registered manager agreed to explore options for documents to be available in an accessible format when needed.

End of life care and support

- At the time of our inspection no one using the service required end of life support.
- People did not have any end of life plans in place, however staff knew people.
- The registered manager agreed to put end of life plans in place and ensure all staff received training.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place, however at the time of inspection, no formal complaints had been received.
- People and staff told us that although they hadn't needed to complain they knew how to and felt the registered manager would listen to their concerns and deal with any issues appropriately

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 as 'Inspected but not rated.' At this inspection 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

- Policies and procedures did not contain all of the information required to ensure staff understood their responsibilities.
- Audits on care plans and risk assessment were completed by the registered manager, who also wrote them. Audits had not identified the issues in the recording of information within people care files.
- The registered manager understood their legal responsibility to notify the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.

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 registered manager delivered care to people and asked them for feedback on the service they received, however feedback had not been recorded and there were no quality assurance systems in place.
- Staff meetings were held, and we saw evidence of suggestions and information sharing within the meetings.
- People were protected against discrimination. There was a policy which covered equality and diversity, which staff understood and adhered to.

Continuous learning and improving care. Working in partnership with others

- The registered manager welcomed feedback and was open to the inspection process. However, they had not rectified some of the concerns raised at the previous inspection.
- We saw no evidence of partnership working. The registered manager agreed to explore external services that may be beneficial to learning.

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 registered manager understood, and said they would act on, their duty of candour responsibility, however no incidents had occurred which would require action or investigation in this regard.

