

Caringhearts Support Services Ltd

# Caringhearts Support Services Ltd

## Inspection report

Image Court  
328 Molesey Road  
Walton-on-thames  
KT12 3LT

Date of inspection visit:  
14 April 2022  
03 May 2022

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18 May 2022

### 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

Caringhearts is domiciliary care agency providing personal care to people in their homes. At the time of our inspection there were four people using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were kept safe by staff who were knowledgeable in their individual risks. Staff supported people well with their medicines, and followed infection control procedures. People always had staff to meet their needs and staff had been recruited safely.

People were supported to maintain a balanced diet. Full assessments were completed and regularly reviewed to ensure people received effective care. Staff received a good level of training and were supported by the registered manager through their induction period.

People were supported by kind and caring staff. Staff respected people's privacy and encouraged people's independence.

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.

Staff supported people with their communication needs and to avoid isolation. People were supported to maintain relationships important to them and staff supported people at the end of their lives.

Staff felt supported by the registered manager. Relatives told us how they felt comfortable to raise any concerns or complaints and confirmed they were asked regularly for feedback. Quality audits were completed to ensure a good quality of care was maintained.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 28 January 2021 and this is the first inspection.

### Why we inspected

We undertook this inspection to provide a formal rating as this location had not been inspected since 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.

# Caringhearts Support Services Ltd

## **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

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 houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### 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 14 April 2022 and ended on 3 May 2022. We visited the location's office on 14 April 2022.

### What we did before the inspection

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

### During the inspection

The registered manager was the only member of staff working in the office on the day of inspection. They were also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with the registered manager and reviewed two care plans, a number of records relating to medicines, policies and procedures and various quality assurance documents. We also reviewed training compliance and the business continuity plan. After the inspection we spoke with one person and two relatives about their experience of the care. We also spoke with an additional member of staff.

# 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

- People and relatives told us they felt safe. One person said, "I have always felt safe with the carers. They are very good and know my risks."
- Staff knew how to identify different types of abuse and when to report any concerns. One staff member said, "I have never needed to but I know how to report it correctly."
- There was a safeguarding policy in place to provide staff with guidance. Staff also received regular safeguarding training to ensure they were up to date with all reporting pathways.

Assessing risk, safety monitoring and management

- People were kept safe from the risk of harm. People had detailed risk assessments in their care plans. An example of this was seen with a mouth care risk assessment which offered advice for staff on how to manage the risk of mouth related illnesses.
- Although staff were working in people's homes, risks and safety monitoring of people's homes had also been completed. This included fire risk assessments.
- The registered manager was knowledgeable in people's individual risks and explained how she regularly reviewed risks. An example of this was seen with one person who had recently been discharged from hospital and their needs had changed. A full review had been completed of their care plan and all risks.

Staffing and recruitment

- There were only four members of staff working for the service as it was a small company. Staff that were spoken with explained that they were never short staffed. One staff member said, "I always get covered whenever I need it."
- People and relatives told us there were always enough staff to meet their needs. One person said, "The staff are always on time and never rushed." One relative said, "I was so impressed with how quickly they can cover staff. There has never been any issues."
- The registered manager followed safe recruitment processes. This included reviewing references and checks with the Disclosure and Barring Service (DBS). These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People and relatives told us staff supported people with their medicines when they needed them. One relative said, "Staff are so good with [person's] medicines. They always make sure that the repeat prescription is ordered in plenty of time and arrange collection. It just puts our mind at ease that it is all

taken care of."

- Staff recorded medicines on Medicine Administration Records (MARs). All MAR charts that were checked had been completed correctly. The registered manager also completed regular MAR chart audits as part of their wider medicine audit and this showed that no concerns had been found. This meant that the registered manager had oversight of all medicine administration and would be able to identify any errors in a timely way.
- Staff received medicine administration training and the registered manager ensured regular competencies in this area were checked. The registered manager would attend the individual homes and assess the staff members in person. This ensured any training issues were identified quickly.

Preventing and controlling infection; Learning lessons when things go wrong

- People were protected from the spread of infection. People told us that staff used Personal Protective Equipment (PPE) when necessary. This reduced the chance of the spread of COVID-19.
- People and relatives told us that staff always wore PPE. One person said, "Yes, they are very vigilant in making sure they wear their masks and then gloves and aprons when needed."
- PPE was delivered to all personal addresses and there was a 'rolling' order to ensure PPE was readily available whenever needed at each person's one.

# 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 registered manager completed thorough assessments prior to commencing a package of care. This was to ensure they could meet the person's needs. One relative said, "[Registered manager] made sure they did due care and due diligence, asking all the relevant questions, but managed to step in quickly when the other company didn't work out."
- People and relatives told us they were involved in the assessment process. One person said, "[Registered manager] was very good, they asked lots of questions and made sure they knew all the important stuff, but other more detailed things as well."
- Care plans detailed people's individual needs and how staff could support them. This was alongside recognised guidance such as The National Institute for Health and Care Excellence (NICE) in relation to medicines.

Staff support: induction, training, skills and experience

- Staff told us they felt supported in their role. One staff member said, "The induction was brilliant. I've worked for bigger agencies where there was no contact or communication. [Registered manager] was great, they made sure they were with me showing me everything until I felt confident."
- Staff received regular training. This was recorded on a training matrix to ensure the registered manager had oversight of when refresher training was due.
- There was training relevant to people's individual needs. For example staff had received training in dementia care.

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

- People and relatives told us that staff supported them to maintain a balanced diet. One person said, "Yes, they help me with my food, I appreciate that a lot. It is also very nice." One relative said, "I order the food, [carer] prepares all food, she does this very well."
- People's care plans detailed people's preferences in relation to food and drink. This also gave staff advice on how to encourage people to drink more if they are offered their preferences.
- The registered manager was aware of their responsibilities with following advice in relation to where people had been referred to the Speech And Language Therapist (SALT) team. This ensured staff would be aware of what textured diet a person needed and to support them effectively.

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

- People and relatives told us staff supported them to access healthcare services and other agencies when

they needed them. One relative said, "[Staff member] is brilliant. They update me but will always book an appointment with the GP or make a referral if they notice any changes or have any concerns."

- Care plans detailed various advice and guidance from health professionals. This included notes from previous hospital stays so staff could follow guidance on a person's changing needs.
- People had hospital passports in their care files. This had all essential information about a person and could be taken to hospital to ensure all pertinent information was shared amongst professionals.

#### 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager was knowledgeable in their role and responsibilities relating to the MCA. We saw evidence of consent forms in care plans we reviewed.
- Where people were living with dementia consent had been ascertained and the service was acting in line with the law.

# 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

- People and relatives told us that staff were kind and caring. One person said, "The staff are really very nice. They are very caring." One relative said, "I can't fault them (staff), they are very considerate to [person's] feelings and that's all I can ask for really."
- Staff told us how they were passionate about providing good support. One staff member said, "Our priority has to be to be kind to the people we are looking after. We have to respect that everyone is different in their own way and support people with their individual needs."
- Staff received equality and diversity training as part of their regular training programme. This ensured staff were reminded of the standard expected of them.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and relatives told us they felt comfortable to express their views. One person said, "I will tell them how I want to be supported and they always listen." One relative said, "I am very involved, and if I have any questions [staff member] immediately updates me."
- Staff knew people well and supported them in line with their choices. One staff member said, "What is important to people we support is that you're on time, your communication is good and respect how they want things done in their home."
- We reviewed daily notes and we saw thoughtful updates added by care staff. One entry stated, "I gave [person] a wake up call and reminded him that it was his birthday."
- People were supported to be as independent as possible. Care plans detailed how people should be supported in a dignified way in line with their preferences. One care plan stated, "Routine is very important to [person]; care staff should avoid rushing [person] and offer them the opportunity to decide what they would like to do first."
- Staff told us how they respected people's privacy at all times. One staff member said, "Before I enter anybody's home I always knock loudly, if the person cannot answer the door, I let myself in and then announce that I am there and wait for an answer. After all we are in their home."

# 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

- People and relatives told us that staff knew them and their preferences well. One person said, "I think the staff know me very well, they seem keen to learn more about me all of the time." One relative said, "[Staff member] is very good with [person] and knows them very well. This helps as they know how to support him and what [person] prefers."
- Care plans showed personalised detail added for staff to be aware of. This included what people preferred to eat and how they enjoyed spending their time.
- Staff told us how they adapted their approach to meet people's individual needs. One staff member said, "Some people have set routines, others have completely different styles of living. We need to acknowledge that it's their home. I remember one of the people I first worked for, they needed and valued companionship and this was very important to them, so I would always make sure to take the time to sit and have a chat with them."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People and relatives told us that staff were considerate when supporting people with various communication needs. One person said, "Staff are very good at taking their time with me if I can't hear them. Communication has never been an issue."
- Care plans detailed individual communication needs for people. For example, if a person had a hearing impairment there would be advice for staff on how to best communicate with them.

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

- People and relatives told us staff supported them and they did not feel isolated. One person said, "I like it that I know I have someone here to help me do the things I like, and keep me company."
- Staff told us how they encouraged people to continue activities they enjoyed. One staff member said, "It's important to give a person variety and encourage the activities they enjoy. Whether it is a short walk or drive or favourite film."
- Care files detailed people's preferences. One person was described as enjoying spending time with friends

and watching their favourite television shows. This was detailed in daily notes as a regular occurrence.

#### Improving care quality in response to complaints or concerns

- People told us they felt comfortable to raise a complaint if they needed to. One person said, "There's a phone number in my care plan for me to call. I'd have no problem making contact, I've just never had the need for it."
- Relatives told us they felt confident any complaints would be dealt with quickly. One relative said, "I know I could speak to [staff member] or [registered manager] about anything and I have total faith they would take action immediately."
- There was a complaints policy in place for the registered manager and staff to follow in the occasion a complaint was made. However, no complaints had been made since registration.

#### End of life care and support

- The registered manager was knowledgeable in what steps to take to effectively support someone at the end of their life. This included their knowledge in involving the local hospice to ensure the most thoughtful care could be provided.
- People had end of life care plans in place. These had thoughtful details included such as what would make people most comfortable if they entered this stage of their life.

# 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

- The registered manager promoted a person-centred culture within the service. They said, "It's important to recognise we are the closest thing some people have to a family and we should respect that and treat people with kindness."
- People and relatives told us that the care was person-centred. One person said, "Staff know me well and know a lot about my history, they always seem interested."
- People and relatives felt involved with the decisions regarding their care and the service they received. We saw feedback had been sought and all of the answers that had been provided were "very good." Questions included, "How kind and caring are your support staff? Do care staff help you to do the things you want to do? Do you know what to do if you are unhappy about your care and support?"
- Staff felt very supported by the registered manager and confirmed they would be confident to suggest any improvements and they would be listened to. One staff member said, "[Registered manager] is a very supportive manager. They are relatable and relates to how you work as a support worker. It's really, really good, you have really positive conversations with them and can make suggestions whenever and you know they will listen."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 completed various quality assurance audits to ensure they had full oversight of the quality of care being provided. This included feedback surveys to ensure all people and relatives, where appropriate, had the opportunity to give their opinions on the care.
- Staff were clear about their roles and told us the registered manager supported them to provide a good level of care. One member of staff said, "[Registered manager] is always on the end of the phone but she is always making sure I don't have any questions and I'm clear about my responsibilities."
- The registered manager had a duty of candour policy and had an open and transparent working relationship with all of her clients and families.
- The registered manager had not had to notify CQC of any relevant incidents. However, they were knowledgeable of when they would be required to notify us of an incident.

Continuous learning and improving care; Working in partnership with others

- The registered manager was keen to continue to drive improvement in the service. They reviewed any incidents or accidents to identify any ways they could learn from them to introduce preventative measures.
- There was a system in place for the registered manager to act on any feedback or concerns in a timely way and learn from these to ensure changes would be implemented.
- The registered manager was successfully working with other health and social care professionals to ensure people received a good level of care. This included regular contact with hospital teams when people were in hospital for extended stays.