

Kind Hearted Care Limited

Head /Home Office

Inspection report

61 Talbot Street
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Stockport
Cheshire
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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

Inspection site visit activity started on 17 July 2018 and ended on 06 August 2018. This was the first inspection of this service since it was registered with the Care Quality Commission (CQC). This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older people.

Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. The service was provided mostly to people living in the Stockport and East Cheshire area. At the time of our inspection 18 people were using the service.

People told us they felt safe. Care workers were trained in safeguarding and understood their responsibilities to report concerns. Processes were in place to ensure any concerns raised were dealt with appropriately.

Risks to people were assessed by two experienced members of the management team. People and their relatives were encouraged to contribute to the care planning process so they could achieve their goals in a safe way.

Checks were made on new care workers to ensure they were suitable before they were offered employment. Once care workers had been offered employment they underwent appropriate training and were shadowed by more experienced staff until the management were satisfied they were competent and knew the people they were supporting.

Where people needed support with their medicines, the risks associated with this were assessed and recorded. Any support given was well documented by care workers and regular reviews of medication support plans were undertaken to ensure people received their medicines as they had been prescribed.

Care workers felt very supported and commented that they saw the management team frequently. Care workers told us the training they undertook provided them with the skills they needed and could request further training if they felt it would help them support a person better. Care workers had regular formal supervisions but also had frequent informal support from the management team.

People were supported to maintain a healthy diet and extra efforts had been made during the warm weather around the time of our inspection to ensure people were well hydrated.

The service sought advice from other healthcare providers such as GPs or district nurses when people using the service needed them. The service supported people to attend appointments at hospital to ensure their wellbeing.

People's ability to make decisions for themselves was assessed and kept under review. Where people

sometimes lacked the ability to make decisions, efforts were made to help them make the choices they could and family members were involved in making the decisions they could not in line with the Mental Capacity Act.

People using the service told us the service was very caring and dependable. Relatives also told us they felt they could depend on the service to look after their relatives well.

People were encouraged to remain as independent as possible and do the things they could for themselves. People working in the service were aware of the needs of the people they supported and knew them well. The managers of the service chose to do care calls to ensure they also knew the people using the service and the care staff well.

People told us the managers of the service frequently asked them whether the service was meeting their needs and what could be improved. People's care records were updated whenever a person's needs changed.

The service had a process in place for investigating and responding to complaints. People told us they knew how to complain and would have no hesitation doing so. People said any minor grumbles they had were dealt with quickly and resolved by the managers of the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had a clear understanding of their responsibilities.

The managers of the service told us they kept the service to a size where they felt they knew the people using the service and the care workers well to ensure they were providing the best quality care they could.

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.

People and their relatives told us they felt safe. Procedures were in place to support care staff to raise any concerns.

Checks were made on staff before they were offered employment and the service ensured there were sufficient staff to support people safely.

Where people received support with their medicines this was well documented and regularly audited.

Is the service effective?

Good ●

The service was effective.

Care workers told us they regularly saw the management team and felt very supported by them. Care workers told us they had the training they needed.

People were encouraged and supported to have a healthy diet and keep well hydrated.

When people sometimes lacked the capacity to make big decisions, they were encouraged to make the decisions they could about their care.

Is the service caring?

Good ●

The service was caring.

People told us they regularly saw the same care workers and that the care workers knew them well. Where people preferred to see different care workers this was accommodated.

People were encouraged to be as independent as possible.

People's privacy and confidentiality was protected.

Is the service responsive?

Good ●

The service was responsive.

People's care was regularly reviewed by the managers of the service. The managers undertook care visits to ensure they understood the support was meeting people's needs.

The service used technology to organise their care visits and ensure people's needs were formally reviewed regularly.

The service was able to provide people with care and support as they neared the end of their life.

Is the service well-led?

The service was well-led.

The culture of the service was open and both people using the service and people working for the service felt they could raise concerns or suggestions for improvement.

The management team were aware of their regulatory responsibilities and notified other organisations of incidents and concerns in line with their responsibilities.

The management team felt strongly that they wanted to keep the service at a size where they knew everyone was getting the best care they could provide.

Good ●

Head /Home Office

Detailed findings

Background to this inspection

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

We gave the service 24 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection site visit activity started on 17 July 2018 and ended on 6 August 2018. The inspection team consisted of one adult social care inspector.

During the inspection we spoke to three people using the service and two relatives of people using the service. We also spoke to three care workers working for the service and the management team and office staff. We reviewed a sample of three people's medicine records, four care files, three staff recruitment records, staff training and development records, records relating to how the service was being managed such as records for safety audits and a sample of the services operational policies and procedures. We also saw feedback from people given directly to the service.

Prior to the inspection we considered information we held about the service, such as notifications in relation to safeguarding and incidents which the provider had told us about and contacted the local authority and the local Safeguarding team to seek their views about the service. The feedback we received was positive. We asked the provider to complete a Provider Information Return (PIR) before the inspection and this was completed within the required timescale.

Is the service safe?

Our findings

People using the service told us they felt safe. One person we spoke with told us; "Without a doubt [I feel safe], I can't say anything bad about them." A relative of a person using the service said; "Oh yes, [my relative] is safe with them, I'm not worried at all." The service had a safeguarding policy in place and staff we spoke to told us they knew how to report any concerns. We saw records demonstrating that the service had reported concerns to the Local Authority safeguarding team and had assisted them with investigations.

Risks to people were identified and assessed on an individual basis. An assessment of need document was completed with the person receiving support which was then used to identify which risk assessments the person needed, for example moving and handling, falls, medication or risk of choking. These risk assessments were completed and included in the person's care plan. We saw records showing the person receiving support had been involved in the discussion about the risks to them and their choices had been respected.

People using the service we spoke with told us their needs were regularly reviewed. We saw evidence in people's records that regular reviews had taken place and where people's needs had changed the records had been updated to reflect this. The management team told us they chose to do care calls so they could make sure people's care records reflected their needs. A relative of a person using the service told us; "The [management team] are always out and about we see them regularly."

The service had a thorough recruitment process in place. Records we looked at showed that checks were made on prospective staff before they were offered employment. These checks included obtaining information from the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks help to ensure only suitable applicants are offered work.

The registered manager told us that staff did not often leave the service and a lot of their recruitment was from care workers recommending working there to others. They said; "It's not about just getting a person, it's about whether they care. When we're interviewing we're thinking can I imagine you with this person or that person and will you work well with another care worker. We need to know they've got that caring nature and common sense."

People using the service told us the care workers were reliable. One person we spoke with told us; "If they are ever running late they will phone but you know they will turn up. They won't leave you."

People's care records included an assessment of what support they needed with their medicines. Where support was needed, medication administration records (MARs) were completed. We looked at a sample of MARs and found them to be clearly written and fully completed so it was clear that people had received their medicines as they had been prescribed.

The service had a system in place to double check people's prescriptions matched the information on the

MAR and care workers we spoke with told us they immediately alerted the office if anyone's prescription had changed.

Where people were prescribed medicines to be taken 'as required' (PRN), this was recorded on their MAR. Records we saw showed people were offered these medicines but it was recorded when people didn't need them.

People were protected from the risk of infection. Staff had undergone training in infection control and care workers we spoke with explained how they used personal protective equipment (PPE) such as disposable gloves and aprons to try to protect people. People using the service confirmed the care workers used PPE when needed. The management team explained that they delivered supplies of PPE to care staff and carried extra supplies when they were out doing care calls to ensure the care workers they were working with had a good supply.

When things had gone wrong the service had investigated why things had happened and implemented changes in processes. The registered manager explained that they had revised their assessment process as a result of concerns they had identified. A care worker told us; "[The management team] are very open and we can talk to them. If something happens then they say the most important thing is to learn from it rather than blame us."

Is the service effective?

Our findings

People's support needs were assessed initially by the management team and were kept under regular review. The registered manager told us; "We both go and assess people. We both want to get to know them to see how they like things done and see what care workers they will get on with."

People's care records included an assessment of need document which highlighted the person's view of their needs and what they wanted to achieve with support. Where the person wasn't able to express their view their partner or relatives did this on the person's behalf. After the person's needs were identified, a care plan was agreed detailing how the person would be supported to meet their goals.

A part of the person's assessment of need document identified any support the person needed to maintain their cultural or religious beliefs such as supporting them to attend a place of worship or receiving support in a particular way. Care workers underwent equality and diversity training and where additional training was identified to enable the care workers to support people effectively this was provided.

The service was proactive in encouraging care workers to complete training. The registered manager told us; "We are always looking for training the care workers might need. We also asked the care workers what additional training they thought would help them and so we got additional dementia and end of life courses for them."

The training was provided with a mixture of online and face to face training. The nominated individual explained; "We looked at a few and chose the one that was most in-depth. On some you can go back and change your answer just so you pass but on the one we chose you can't. You can't skip bits you think you know either." The registered manager added; "The occupational therapists are very helpful and work well with us. If we have anyone with moving and handling needs then the occupational therapists will come out and do a demonstration for the care workers so we know they can support that person safely."

Care workers we spoke with told us they were well supported and had the training they needed to support people safely. One care worker we spoke with told us; "The training is interesting. It tells us what we need to know. If we need anything else we just ask." Care worker records showed that the frequency of formal supervision they received was agreed on an individual basis. Care workers we spoke to confirmed they liked the flexibility around the formal supervisions and felt very supported. One care worker we spoke with told us; "It's been great, they are really supportive." Another care worker told us; "We see [the managers] all the time and if we haven't seen them for a few days they will message us to check we are ok." The registered manager explained; "Some care workers like a monthly supervision some prefer them less often. We [the management team] are always out and about and so we check staff are ok when we are working with them."

People receiving support at mealtimes told us they care workers made sure they had enough to eat and drink. One person we spoke with told us; "They come and help me with my lunch. They make what I like and how I like it. They always ask if I want a drink." A relative of someone receiving support told us; "[The registered manager] has been very good; [My relative] had a urinary tract infection and so needed to drink

plenty. She brought round different flavours of squash for [my relative] to drink and has brought round ice lollies when it has been hot."

Care workers and the management team worked well together and with other healthcare professionals to ensure people received effective support. A care worker we spoke with told us; "If we're worried about a person we can speak to [the management]. I've phoned [the manager] when I wasn't sure about someone." A relative of a person receiving care confirmed this. They told us; "One or two of the carers said they weren't happy with [my relative] using a stand aid. The manager got in touch with the occupational therapists and they came out to assess them."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making a particular decision 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 a particular decision, any made on their behalf must be in their best interests and as least restrictive as possible. The service was acting in accordance with the principles of the MCA.

People's care records detailed whether the person was able to make decisions about their care and support. Where they weren't always able to make decisions, their capacity was assessed by the local authority and their records updated to explain how they could be supported to make decisions. An example we saw read; "Ensure [the person] is involved in simple decision making. Ask [the person] simple questions for them to decide themselves like do they want a shower." People we spoke with told us the care workers always asked for their consent before doing anything and respected their wishes.

Is the service caring?

Our findings

People using the service told us they received care in a kind and respectful way. One person we spoke with told us; "They are right friendly, it's a really good arrangement." Another person told us; "They are 10/10 for effort and care. They are absolutely marvellous, great." A relative of a person using the service said; "They look like they really enjoy the job and that's reflected in the care my [relative] gets."

A relative of a person using the service told us they also received emotional support from the care workers. They told us; "Since [the care workers] have been coming in I've felt happy to go away. I spoke to the manager and they put extra calls in no problem. It's all gone perfectly."

People told us the care workers visiting them knew them well. One person we spoke with told us; "I see the same people week in, week out." Another person told us; "I see different [care workers] because I asked. I like to chat to different people but they all know me."

The registered manager told us they accompanied new care workers when they first visited people using the service to introduce them. They said; "Because [people using the service] have met us we will take new care workers in. It's not nice a stranger walking into your home." This was confirmed by people using the service. One person we spoke with said; "New [care workers] come with [the managers] two or three times until they are happy."

Care workers we spoke with told us their colleagues were very supportive and compassionate. One care worker we spoke with said; "We're like a family, we are always looking out for each other including the managers."

People's care records reminded care workers to encourage people to be as independent as possible. We saw an example of a person whose medical conditions meant their ability to manage things for themselves would vary from day to day. A relative of a person using the service told us; "[My relative] likes to walk when they can. They [the carers] encourage them to use the frame to walk up the hall when they are up to it"

Care workers we spoke with understood the importance of protecting people's dignity and confidentiality. The rotas were sent to them using a secure mobile phone application and were password protected to prevent confidential information being available to unauthorised people.

Is the service responsive?

Our findings

People using the service told us their care plans were kept under review and that they were involved in the review. One person we spoke with told us; "We see them regularly, checking how things are and how I am." A relative of a person using the service told us; "They are always coming to visit [my relative] and always ask us what we think." We saw examples where people's care records had been re-written when their needs had changed.

People told us they also had day to day choice in what support they received and were encouraged to make decisions. One person told us; "Sometimes I don't want anything and they don't make me. They will spot things that need doing and have a chat instead. I like a chat."

Care workers knew the interests and preferences of people using the service so where people were supported to take part in activities, they were activities that the person enjoyed. A relative of a person using the service told us; "[My relative] has social time so she goes out to the shops [with the care workers]. They stop at a café and have a drink. She likes doing it." The registered manager told us; "[The person] was stuck inside and wanted to be outside. We bought a swivel seat so we can take them out in the car. It has really perked them up and we have noticed a difference in them since. We got a lovely message from her [relative]."

The service used an electronic rostering system that sent the care worker rotas to their mobile phones using a secure application. The rostering system was used to record when people's care plans had been reviewed and also when care workers were due for a formal supervision or appraisal so that their rotas could be arranged accordingly. The service also used a group messaging application to keep in contact with the care workers.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Any support people needed to communicate was identified and recorded in their care records. This information was shared with other healthcare providers when people received support from them. An example of a care record we saw read; "[The person] struggles with their speech but understands everything that is said. Be patient if [the person] is trying to say something and don't rush them. Don't speak over them."

Although the service had a complaints procedure in place, at the time of our inspection no formal complaints had been received. People we spoke with confirmed they knew how to make a complaint and would feel happy doing so and felt the complaint would be dealt with appropriately. One person we spoke with told us; "They are very friendly. I've never had any problems but I can speak to them any time so I would do that." Another person said; "Definitely I would [complain]. I have their phone numbers if I needed anything. They are very helpful." The registered manager said; "If anyone isn't happy we will go and see them and talk about what it is. We tell people that they must speak up as otherwise we can't put it right."

At the time of our inspection no people were receiving care at the end of their life but the service had

previously provided this care. The registered manager explained; "We work with the district nurses and doctors and are guided by them to make people as comfortable as we can. It's really challenging and it does have an effect on everyone but it is so rewarding to know you've looked after that person and done your best for them when they are dying."

Is the service well-led?

Our findings

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager understood their responsibilities as a registered manager and notified other organisations of incidents and concerns in line with their responsibilities. They were supported closely by the nominated individual and the office manager.

Care staff we spoke with told us they were proud to work for the service. One care worker told us; "I'm very grateful to work here actually, it's such a rewarding job and everyone is so lovely." Another care worker said; "It's brilliant, I love it here. We are cared for as much as the people we look after."

The registered manager told us; "We want a very open culture. We have a lovely team. We make a point that every Saturday night at tea time we all stop at a chippy for a catch up to make sure the care workers are ok." A care worker we spoke with told us; "There is no us and them with the managers it's just one team. Anyone will help you."

Care workers we spoke with told us they felt the culture in the service encouraged people to speak up if there were concerns. One care worker said; "If I wasn't sure or needed help I would speak to the management. I wouldn't have a problem doing it because they are so approachable. Likewise we can speak to the other care workers if we have got any problems."

The registered manager told us; "We use WhatsApp to share information with the care workers so if there has been an issue or something has changed we can keep everyone updated quickly."

People using the service and their relatives told us they felt involved in the service and able to make suggestions. One relative we spoke with told us; "We see them all the time so if we have anything to suggest we can. They will listen. They are pretty good at things like that."

The registered manager told us; "We are out daily reviewing things and seeing how we can make things better. We always need to listen and see how we can turn any negatives into positives." Alongside this the service scheduled more formal reviews of people's care.

The managers of the service told us they kept the service to a size where they felt they knew the people using the service and the care workers well to ensure they were providing the best quality care they could.

The service worked well with other agencies. We saw records showing advice had been sought from other healthcare professionals such as district nurses or GPs when people's condition changed. Relatives of people using the service confirmed the advice from other healthcare professionals was followed by the care workers. The registered manager told us; "The occupational therapists are great and work well with us. We

have a good rapport with social services too and they will phone us if they have someone they think we can help. If we have availability we will meet them."