

Heartview Care Services Ltd

Heartview Care Services

Inspection report

43a
Chertsey Road
Woking
GU21 5AJ

Tel: 01483382818
Website: www.heartviewcare.co.uk

Date of inspection visit:
12 January 2023

Date of publication:
02 February 2023

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

Heartview Care Services provides personal care and support to people living in their own homes, including people living with dementia, physical disability and ongoing healthcare conditions.

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.

The service was supporting 21 people at the time of our inspection, 15 of whom received personal care.

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

People told us staff were kind and caring and knew their needs well. People said they got on well with the staff who supported them and looked forward to their visits. Staff respected people's decisions and choices about their care.

People knew how to complain and felt able to raise concerns if they were dissatisfied. 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.

Risk assessments had been carried out to identify and manage any risks involved in people's care. Staff attended safeguarding training and had taken appropriate action if they suspected people were at risk of abuse. The provider carried out pre-employment checks to ensure staff were suitable for the work they did. People were protected from the risk of infection because staff followed good practice in infection prevention and control (IPC). Staff managed people's medicines safely. Staff had the training they needed to carry out their roles and to provide people's care in a safe way.

People's needs were assessed before the service provided their care. Care plans were developed from these assessments, which contained guidance for staff about how people's care should be provided. Staff monitored people's health and took appropriate action if people became unwell. People were supported to eat meals of their choice and to maintain adequate nutrition and hydration.

People had opportunities to give feedback about their care and told us their views were listened to. Staff said they received good support from the management team and could speak up if they had concerns or suggestions for improvements. Quality monitoring systems helped the management team maintain an effective oversight of the service and to ensure people received safe, consistent care. The management team worked well with other professionals involved in people's care and support.

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

Rating at last inspection

This service was registered with us on 3 March 2020 and this is the first inspection. Although registered in March 2020, the service did not begin providing care to people until April 2022.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Heartview Care Services

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Inspection team

One inspector carried out the inspection.

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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations

At the time of our inspection there was not a registered manager in post. The registered manager had recently resigned and a new manager had been appointed, who was in their first week of induction at the time of our inspection. The new manager told us they would apply for registration with CQC.

Notice of inspection

We gave a short notice period of the inspection because we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 12 January 2023 and ended on 19 January 2023.

What we did before inspection

We reviewed information we had received about the service since its registration and sought feedback from

the local authority which commissioned care. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with the newly-appointed manager and the deputy manager about how the service was run. We spoke with 2 people who used the service and 5 relatives to hear their feedback about the care the agency provided. We received feedback from a professional who had worked with the service and from 6 staff about the training, support and information they received.

We reviewed risk assessments and care plans for 3 people, policies, complaints records, quality audits and spot checks. We also checked recruitment records for 2 staff, records of induction, training and supervision, accident and incident records, meeting minutes, and the provider's business continuity plan.

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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People said they felt safe with staff and relatives were confident staff provided their family members' care in a safe way. One relative told us, "They handle [family member] carefully. They are never rough." Relatives said staff used any equipment involved in their family members' care safely. One relative told us, "They use a hoist. I have seen them do it. They know how to use it. They have got expertise."
- Assessments had been carried out to identify and manage any risks to people in areas including moving and handling, skin integrity and medicines. If risks were identified, guidance was provided for staff about how to minimise them.
- Accidents and incidents were recorded and reviewed to identify actions which could be taken to reduce the risk of further incidents. The agency had a business contingency plan to ensure people would continue to receive their care in the event of an emergency.
- There was evidence of learning from mistakes or adverse events. For example, on one occasion, a care worker had forgotten to reset the code on a key safe when leaving a person's home. There was no impact from this error and the person did not come to harm. However, the management team spoke with all staff to remind them of the importance of leaving people's homes secure following care visits.

Systems and processes to safeguard people from the risk of abuse

- Staff attended safeguarding training and knew how to report any concerns they had about abuse. Staff were confident the management team would take appropriate action if they raised concerns. One member of staff told us, "I reported safeguarding about one of the service users to my senior, and she brought the matter to management. Social services were involved and the issue was resolved in the best interests of the service user."
- There was evidence that staff and the management team had taken action to protect people when they were at risk of abuse or neglect. For example, staff had reported their concerns to the management team when a person was at risk of domestic abuse. The management team alerted the local authority, who followed up the concerns and informed the police. The management team had also contacted the local authority regarding a person who was at risk of self-neglect and attended multiagency meetings to establish how best to support and protect the person.

Staffing and recruitment

- The agency had enough staff with appropriate skills to ensure people received a safe and reliable service. People using the service and relatives told us staff were usually on time for their visits and that they received a phone call if staff were delayed. One person said, "They are reliable. They are only late if they get stuck in traffic. They let me know if they going to be late." A relative told us, "Their timekeeping is usually pretty good. If they are running late, they will give me a call."

- The provider made checks on prospective staff to ensure they were suitable for their roles. This included obtaining proof of identity, references and a Disclosure and Barring Service (DBS) certificate. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Using medicines safely

- Medicines were managed safely. Staff attended training in medicines management and their competency was assessed before they were authorised to administer medicines. Staff practice was also assessed during spot checks and medicines administration records were audited regularly.
- If staff supported people with medicines, a support plan was put in place detailing the reason for the medicine, dosage and any potential side effects. Protocols were in place for any medicines prescribed 'as and when required.'

Preventing and controlling infection

- People told us staff helped them keep their homes clean and hygienic. Staff received training in infection prevention and control (IPC) and people confirmed staff wore personal protective equipment (PPE) when they carried out their visits.

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 of this newly registered service. This key question has been rated good. good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were confident staff had the training they needed to provide their care and relatives told us staff had relevant skills and experience. One relative said, "They know their job, and they do it well." Relatives told us new staff shadowed existing staff to understand how their family members' care should be provided. One relative said, "If there is a new carer, the usual 2 will demonstrate what needs to be done and how it needs to be done."
- Staff had an induction when they joined the agency, which included working alongside colleagues to get to know people and their preferences about their care. Staff said the induction and training they received had equipped them to carry out their roles. One member of staff told us, "I had an induction before I started work and it prepared me well." Another member of staff said, "I went through all the training needed for this job and to meet people's needs."
- Staff met with their line managers for supervision, which enabled them to discuss any support or further training they needed. One member of staff told us, "Supervision is for me to raise any concerns about work and to receive feedback." Another member of staff said, "They check on my progress and help if I have any gaps that I need more knowledge on."

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

- Relatives told us staff were observant of any changes in their family members' healthcare needs. They said staff let them know about any concerns so they could seek medical advice. One relative told us, "They noticed a red area on [family member's] skin. They said it has not broken the skin but it was there. They said we have got the community nurse's number and said it would be advisable to give them a ring." Another relative said, "If they notice anything, they will call me so I can get it looked at."
- People's healthcare needs, including the support they needed to maintain good oral health, were considered at their assessments and detailed in their care plans.

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

- People's needs had been assessed before they used the service to ensure staff had the relevant skills and training to provide their care safely and effectively. Assessments addressed areas including mobility, communication, continence and skin integrity. People confirmed their preferences about their care were sought and recorded during their assessments.

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.

- People's care was provided in accordance with the MCA. People told us staff asked for their consent before providing their care on a day-to-day basis. Relatives said staff respected their family members' decisions about their care.
- The deputy manager told us they had contacted the local authority when an assessment was needed to establish whether one person had capacity to make decisions about their care. The local authority carried out an assessment which determined the person had capacity to make decisions. There were procedures in place to ensure decisions were made in people's best interests if they were unable to give informed consent.

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

- Staff supported people to make choices about the meals they ate. Most people said they had stocks of ready meals which staff prepared for them but the deputy manager said some people wanted meals prepared "from scratch." One person had a 1-hour call for staff to cook them a meal.
- People's needs in relation to nutrition and hydration were discussed at their assessments and recorded in their care plans. Relatives said staff ensured their family members ate enough to maintain adequate nutrition. A relative whose family member had a poor appetite told us, "They support her to eat. They encourage her. They do it at her pace."

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 of 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 told us staff were kind and relatives confirmed staff demonstrated a caring approach to their family members. One relative said, "All the girls who come here are lovely. They are all very kind. We have been really happy with them." Another relative told us, "They are very good with [family member]. They are very caring and very kind to her. They try and jolly her up."
- People said they saw consistent staff, which was important to them. One person told us, "I have one young lady pretty much all the time." Relatives said the consistency of staffing had improved over time. One relative told us, "The staffing did not used to be consistent but that has improved."
- People said they got on well with their care workers and enjoyed their company. One person told us, "If they have any time at the end [of the visit], they will sit and chat to me. It is the sort of contact I need." A relative said, "It is nice for [family member] to see someone to have a chat with. It gives her someone to talk to."
- Relatives told us their family members had established positive relationships with the staff who visited them. One relative said, "[Family member] gets on really well with them. She has a laugh with them." Another relative told us, "We have a good rapport with them. We have a laugh and a joke."

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 told us staff listened to their views and respected their choices about their care. They said staff maintained their dignity when providing care and relatives confirmed staff treated their family members with respect. One relative told us, "They are very respectful. They are polite to [family member] and me."
- The deputy manager told us how staff ensured people's privacy was respected when they provided their care. The deputy manager said, "Close the curtains. Prepare everything you need before you give the personal care. Cover them with towels. They can do one part of the body at a time."
- The deputy manager told us people were encouraged to manage aspects of their own care. The deputy manager said, "We ask whether they want us to do it for them or whether they want to do it for themselves." A member of staff told us, "I support people to be as independent as possible by allowing them to do what they are able to do for themselves."

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 of 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 told us staff understood their preferences about their care and relatives said staff knew how their family members liked things done. One person told us, "I have got my own way of doing things. They are very good once I tell them what I want." A relative said, "They take [family member's] needs into consideration. They make an effort to do things how she likes them done." People told us the service responded to any requests they made for changes where possible.
- Each person had a support plan which had been developed from their initial assessment. Support plans contained information about people's needs and details of how they preferred their care to be provided.
- Staff told us care plans provided the information they needed to provide people's support. They said the management team kept them up to date about any changes to people's needs. One member of staff told us, "I get enough information about people's need before I start to support them." Another member of staff said, "We get information about people's needs from our management before we start supporting them, and we are told about any changes."

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.

- People's communication needs were recorded in their initial assessments and reflected in their support plans. The deputy manager told us how staff communicated with people in ways that met their individual needs. For example, one person had a hearing impairment and the deputy manager said staff used a white board to communicate with the person, including what care they were about to provide so the person could consent to this. The deputy manager told us, "They need to give her time to read and process, then do the task."
- Another person receiving care did not use English as their first language. The deputy manager said the person's relative translated for them when necessary but that staff used simple words and short sentences when communicating with the person on a day-to-day basis. The deputy manager told us having consistent staffing helped ensure staff also understood the body language the person used to communicate.

End of life care and support

- People were able to record their wishes about their care towards the end of their lives at assessment. The deputy manager said palliative care nurses visited one person who used the service and that staff followed any guidance put in place by end of life care professionals.

- Staff received online training in the provision of end of life care, and the deputy manager told us the provider planned to deliver this training face-to-face in future.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to complain and said they would feel comfortable raising concerns if necessary. One person told us, "If they were not up to scratch, I would get in touch with them and say so."
- People who had complained in the past said they were satisfied with how their complaint had been dealt with. One person told us they had complained when a male member of staff visited them when they had specified they wanted female staff. The person said, "They have always sent women since then; it has not been a problem at all."
- The service had a complaints procedure which set out how complaints would be managed. Records demonstrated that any complaints received had been managed in line with this procedure.

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 of 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.

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 management team comprised a manager, a deputy manager, and a care coordinator. The previous registered manager had recently resigned and a new manager was in the first week of their induction. The new manager planned to apply for registration with CQC.
- Staff used a digital records system via an app on their phones. This gave staff access to people's risk assessments, care plans and medicines administration records, and the management team could update this information immediately if people's needs changed. Staff also used the app to log in and out of their visits, which meant the management team was alerted if a member of staff did not arrive for a visit at the scheduled time.
- There were systems in place to monitor the quality and safety of the service. Key areas of the service, such as medicines, daily care notes and visit times, were audited regularly and spot checks were carried out to ensure staff were providing good quality care.
- The management team had developed an improvement plan for the service, which identified actions that would be taken to improve the service. These included audits of any safeguarding issues and CQC notifications, care plan reviews, and accidents and near misses.
- The manager and deputy manager were aware of their responsibilities under the duty of candour and the need to notify CQC about any significant events.

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

- People told us the management team provided any information they asked for and did their best to accommodate any changes they requested. One person said, "If I have any questions, I ask [deputy manager]; she is very nice." Another person told us, "I know if I did have any problems, I could always give them a ring."
- Relatives said the management team kept them up to date about their family members' health and wellbeing. One relative told us the service worked in tandem with them to provide their family member's care. The relative said, "We work in partnership to look after [family member]."
- Staff told us they received good support from the management team. They said advice and guidance was available when they needed it. One member of staff told us, "The management team supports care staff well. They are always there for us."
- Staff said they felt able to speak up if they had concerns or suggestions for improvements. They told us

their views were listened to by the management team. One member of staff said, "I am able to speak up and management resolves any issues fairly for everyone. They do listen; they consider our suggestions." Another member of staff told us, "I can speak up if I have concerns. My manager would respond to the issue in a proper manner."

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

- People had opportunities to give feedback about the care they received at spot checks and care plan reviews. When people started using the service, the management team carried a quality check after 2 weeks and reviewed care plans to ensure they were appropriate for people's needs.
- The service improvement plan had identified that sending satisfaction surveys to people would improve opportunities for people to give feedback about the care they received. The deputy manager told us satisfaction surveys would be sent to people in the near future.
- Team meetings were held periodically, which staff told us were used to maintain effective communication amongst the staff group and to ensure people received consistent, good quality care. One member of staff told us, "Team meetings are used to discuss challenges, staff's wellbeing, service users' wellbeing, areas which need improvement, and the compliments for staff coming from people we work with." Another member of staff said team meetings provided opportunities, "To discuss concerns and ways of improving our service to the clients."

Working in partnership with others; Continuous learning and improving care

- The management team worked effectively with other agencies and professionals, including healthcare professionals and the local authority which commissioned care with the service. The professional who sent us feedback told us they had no concerns about how the service worked with them. They said their organisation had asked the provider to make improvements to the information they submitted as part of their contract in August 2022, and that the provider had made the improvements requested. The professional told us, "A meeting was held with the provider, brokerage, commissioning team and quality, and the matter was resolved. There are no purchasing restrictions in place and no known quality or safeguarding concerns."