

White Heart Care Ltd

White Heart Care Services

Inspection report

21 Channings
215 Kingsway
Hove
BN3 4FT

Date of inspection visit:
14 November 2019
15 November 2019

Date of publication:
13 December 2019

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

White Heart Care Services is a care at home service and was providing personal care to eight people at the time of the inspection.

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

Staff received training during an induction period, and shadowed senior staff before working alone. Staff told us the registered manager was very supportive and they could ring him for help if they were unsure about anything. Staff took time when supporting people to eat and drink. People's care was assessed frequently by the registered manager and changes made after discussion with people and other healthcare professionals. People were supported to make their own decisions about their care.

People were kept safe while using the service by staff who were recruited in line with regulation. Risks for people were assessed and documented in their care plans, and copies of the care plans were kept in people's homes and in the office so staff had easy access to them. Medicines were administered safely in line with the service policy. Staff used protective equipment and kept people's homes clean to control the risk of infection.

Staff were kind and caring and feedback we received from people was positive. A person told us the care was, "Really, really good." And, "I have no complaints. This is better than the service I had before." The registered manager arranged for people's care to be provided by the minimum number of staff possible and people were very happy with the continuity of care this gave. People told us they appreciated having only one or two carers, so they could get to know each other well. People felt their privacy was respected and staff treated them in a dignified manner.

The registered manager had detailed care plan templates to ensure each person's care was fully assessed and recorded. People could speak to the registered manager at any time and change the details of their care if they wanted to. People told us they saw the registered manager often and felt confident to talk to him. People were supported by staff to go out to appointments or for leisure activities if they wished.

The registered manager put people's care needs at the centre of the service and ensured staff understood this was a key point of the service. The registered manager continually assessed the service. Audits were carried out to check the daily care records and to assess medicine administrations. The staff team worked together to ensure people had good care and told us they felt well supported by the registered manager. The service worked well with other care agencies and health and social care providers to improve care for

people. A social worker told us, "I couldn't rate White Heart Care highly enough if I'm honest."

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.

This service met the characteristics of Good. More information is in the 'Detailed Findings' below.

Why we inspected

This service was registered with us on 26/11/2018 and this is the first inspection. Newly registered services are assessed to check they are likely to be safe, effective, caring, responsive and well-led.

This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission (CQC) scheduling guidelines for adult social care services.

Follow up

We will continue to monitor information we receive about the service until we return to visit. If we receive any concerning information we may inspect sooner

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

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 safe.	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was well-led.	Good ●

White Heart Care Services

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

The inspection was carried out 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.

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.

Inspection activity started on 14 November 2019 and ended on 15 November 2019. We visited the office location on 14 November 2019.

What we did before the inspection

We reviewed information we had received about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used this information to plan our inspection.

During the inspection

We spoke to four members of staff including the registered manager and care staff. We spoke with a person who used the service and two relatives about their experience of the care provided.

We reviewed a range of records. This included three people's care records and medication 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 sought and received feedback from three health and social care professionals.

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 for 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

- There were systems and procedures in place for staff to follow to ensure people were protected from the risk of abuse.
- Safeguarding policies were clear and staff understood them, a staff member told us, "If I notice something is wrong I report it to the office."

Assessing risk, safety monitoring and management

- Risk assessments were carried out by the registered manager. People's care and their environment were assessed and risks recorded.
- Care plans had a full risk assessment section, with information on people's needs for moving, manual handling, medication, falls risks, and health and safety. Copies of the care plan and a shortened 'handy' version were available both in the office and in people's homes.
- More general risks were also assessed, and the service had policies in place to address suicide and other mental health risks for people living alone in the community.

Staffing and recruitment

- Staff were recruited safely and were experienced in care. Staff were interviewed for the role, and the interview questions and results were recorded in the recruitment files.
- Safe recruitment practices were in place to ensure staff were safe to work with people. Evidence of checks, for example with the Disclosure and Barring service, were recorded.
- The registered manager determined the staffing needs of a person at an initial assessment. Visits were by one or two staff members depending on people's needs and the length of the visit varied as required.
- The staffing rota was managed by the registered manager and he told us he would not take on a package of care for a person until he was sure he had sufficient staff to fulfil all the visits.

Using medicines safely

- Staff were trained to administer and record medicine administration. People were supported to take their medicines safely, and where people required reminding or prompting to take their medicines staff ensured people had taken their medicine appropriately.
- The service had a well planned medicines policy in place and we saw evidence that staff filled in the medicines administration charts correctly. A relative told us, "Staff manage her medicines. They are in a blister that we collect from the pharmacy each week. They give them to her, it's all fine." The registered manager told us if the medicines ran out the carer contacted the pharmacy to get an emergency supply.

Preventing and controlling infection

- People were protected from the risk of infection by staff that knew about hygiene and infection control. Staff washed their hands, tidied up after themselves and used personal protective equipment (PPE), for example, disposable gloves and aprons. A staff member told us, "We have everything. Things (PPE) are kept in people's properties, or we can pick up extra things in the office."
- Where people required cleaning in the home as well as personal care, this was documented in the care plan.

Learning lessons when things go wrong

- The service was new at the time of the inspection and had not had any formal complaints. The registered manager was keen to continually improve the service and took learning from previous posts he had held in care work, and suggestions from health and social care professionals to enhance the service.
- We received feedback from a social worker that one staff member had not known the full details of a care plan, this was raised with the registered manager in a phone call . The social worker told us, "My phone call with the manager was very positive and he was keen to implement the advice given."

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

- People's needs, including mental and social as well as physical needs were fully assessed and included in their care plan. The registered manager included information from other health and social care professionals that were familiar with people's care. For example, mental health teams and social workers who could inform staff how the person best responded to care.
- There was an equality and diversity policy in place, people and staff were protected from harassment due to any protected characteristics. People's cultural or religious needs or beliefs were included in the care plans.

Staff support: induction, training, skills and experience

- Staff had an induction training period and shadowed the registered manager or more senior staff who assessed their skills before they started working alone.
- A training matrix was used to ensure training was kept up to date, staff were reminded to update their training when necessary.
- Staff received ongoing training and the registered manager visited people frequently to ensure they were happy with the staff and care they received. A relative told us, "The manager comes every day to put my husband to bed so we see him every day" and "Staff all know what they are doing."
- Staff told us the registered manager was very supportive and they could contact him if they were unsure about anything.

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

- Staff assisted people to eat and drink when needed and told us they regularly asked people if they needed help even if they did not usually have meals cooked for them. A relative told us, "They cook her a hot meal for lunch and then a cold meal for the evening." And another relative said, "99% of the time I cook but one lady is a good cook and I will ask her what she cooks in her part of the world." A person told us, "My carer cooks for me, I can't cook. My carer cooks for me and he's fine. He helps me eat, I have an hour and a half call so I can eat without being rushed."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other agencies as necessary. The registered manager was keen to share information with other healthcare agencies to ensure people received effective care. For example, a person with mental health needs had been placed with the service by the local authority after they struggled to get on with a previous care service. The registered manager of White Heart Care Services liaised with the psychiatric team, the local authority and the person, to arrange care that best suited them.

Supporting people to live healthier lives, access healthcare services and support

- People were able to access healthcare services when required. Staff accompanied people out and were able to support them to attend GP appointments.
- Where people also had relatives or personal assistants that assisted with their care, staff at the service liaised with them to ensure best use of time and support for people.

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 were supported to make their own decisions around their care. Care plans included mental capacity information and were signed by people or their relatives.
- People were able to make decisions on their care for example they could choose which care staff supported them, a relative told us, "The registered manager came and introduced them to see how we got on." And a person said, "I have a man come every day. He knows me well. I tell him what I want."

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 were well treated. People told us they were very happy with the service and with the staff who cared for them. A person told us, "It's really, really good."
- People were well matched with the staff that cared for them. A relative told us, "Yes it's worked so well for us, we've had younger people before, but I prefer older carers."
- People felt staff were friendly and respectful. A person told us, "We chat to each other."

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

- People could express their views. People told us they were able to talk to the registered manager about anything. The registered manager was a frequent visitor at people's homes and they had many opportunities to speak to him. A person told us, "I am very happy with the service. (Registered manager) comes and asks if we have any concerns."
- Staff knew people and knew what they needed because care plans were personalised and written in collaboration with people and their families.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was protected during personal care, such as washing or dressing. Staff told us how they ensured privacy for people, a staff member said, "We always keep doors closed, curtains or blinds closed if there is no frosted glass."
- People were able to retain their independence wherever possible, and told us the staff were polite and friendly, maintaining people's dignity. A member of staff told us they had questions about consent that they ran through with people, they said "I always ask people. We have questions before we do things." And a relative said, "Staff are absolutely polite."

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 received personalised care. The registered manager carried out thorough assessments of people's needs and wishes before matching them with suitable care staff. A social worker told us, "The registered manager at White Heart Care undertook a thorough and ongoing assessment of my client, to the extent that he delivered the care personally for the first week or so in order to get to know them." They told us since White Heart Care had begun to care for the person, the whole family, "Feel relaxed and secure in the care that is being provided, as it is personalised and sensitive at all times."
- Changes to the plans could be discussed with the registered manager at any time. The plans included a profile of the person receiving care including information about their lives, family, and their likes and dislikes.

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.

- Staff were able to meet people's communication needs. People had access to printed information about their care and people that could not read the information had it explained to them by staff. A blind person had the service phone number stored in their phone for them by the registered manager so that they could contact the service easily.

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

- Staff supported people to develop and maintain relationships and take part in activities that they enjoyed. People that used the service did not all live alone, and where there were family in the home, staff liaised with them to ensure the best use of their time. Staff were able to take people for walks, or out to get ice cream for example.
- We saw care plans that described the activities people enjoyed, the times staff should take them out, how trips would be funded and any other information to ensure events went well.

Improving care quality in response to complaints or concerns

- The registered manager spoke to people using the service at least every week and was keen to ensure people were receiving appropriate care. The registered manager was willing to change care based on

suggestions from people or their relatives. We saw a clear complaints policy for the service. A relative told us, "We see the manager once a week at least. I could complain to him."

- People told us the registered manager was easy to talk to and they were confident to speak to him with any complaints. A relative told us, "I did change a carer, we had a young girl but she couldn't come twice a day."

End of life care and support

- Care plans contained detailed information relating to people's wishes at the end of their lives. The questions asked by the service were gently worded, tactful and respectful. Questions had been asked about funeral plans including religious beliefs and there were bereavement helpline numbers for relatives and friends to access support if they wished.

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

- The registered manager put people's care needs at the centre of the service and ensured this ideal was passed on to staff. Staff told us the registered manager was very supportive and always happy to help. People told us the registered manager was a very visible presence at the service and was well liked. A relative said, "Happy 100% the registered manager is fantastic."
- Staff were happy and proud to work for the service and told us so. A staff member said, "I think it's the best company in Brighton."
- The registered manager told us providing good outcomes was very important to the service and the service would not take on new packages of care for people until they could ensure there were sufficient staff to ensure people had continuity of care from one carer.
- Health and social care workers were positive about the service. A social worker told us, "I truly feel that the registered manager and his team are doing important and transformative work with clients who have significant mental health needs."

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 the need to act on the duty of candour as required.
- Policies were in place to guide staff, and families and people using the service were kept informed of any incidents or accidents.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their duty to assess and maintain a quality service. Audits were carried out to check the daily care records, and monthly audits were carried out to assess medicine administrations.
- Staff were clear about their roles and understood the importance of carrying them out well, the manager ensured they had guidance to follow. Staff told us that if they were unsure about any aspect of care they would talk to the registered manager who was always available and happy to support them. A staff member said, "I'm very, very happy. (Registered manager) is very helpful. I was worried but (registered manager) has helped me."

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

- Staff were encouraged to take an active role in the service and the registered manager discussed changes with staff. A staff member said, "The registered manager is full of ideas because of his experience of eight years."
- Staff were aware of the service's policy on whistleblowing, their responsibilities, and how they were protected. A staff member told us, "If I'm with another carer and they do something not right, I would report to the office."
- People who used the service and their relatives were also happy with the service and we saw feedback sent to the registered manager. An email from a relative said, "the carers are lovely and kind and make people feel happy and comfortable."

Continuous learning and improving care

- While the service had not received any formal complaints, the registered manager told us they continually assessed care and changed things where they could improve people's experience. For example a person with swallowing difficulties needed longer calls at meal times to ensure unrushed support and the service provided this after talking to the person.
- Where a person was seen to be struggling to manage their own medicines the registered manager spoke to them about White Heart Care Services staff taking on the role, and the care plan was changed.

Working in partnership with others

- The registered manager worked with the local authority to arrange care for people appropriately.
- Staff at the service worked with local pharmacies, social workers and community nurses. A social worker told us, "As a result of [care from White Heart Care services] my client is the happiest, calmest and most well in terms of their mental health that I have experienced since I started working with them."