

# Hearts At Home Care Limited

# Fordingbridge

## Inspection report

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Date of inspection visit:

19 November 2019

26 November 2019

29 November 2019

Date of publication:

08 January 2020

## 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

Hearts at Home Care, Fordingbridge is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of this inspection 35 people were receiving care and support from 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

At the last inspection we identified a breach in regulations with regard to the safe recruitment of staff and also issues with record keeping, governance and auditing and policies and procedures. The service implemented an action plan to address these issues and is no longer in breach of regulations.

People and relatives told us the service provided staff who were caring and supportive. People received care that was responsive to their individual needs. Staff had a good understanding of how people preferred to have their care and support provided.

People had access to healthcare services and were involved in decisions about their care. Partnerships with other agencies and health professionals enabled effective outcomes for people. Staff supported people to take medicines safely.

Risks to people were assessed and regularly reviewed. Staff understood the actions needed to minimise the risk of avoidable harm including the prevention of avoidable infection. Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice.

People felt listened to and consulted when planning and agreeing what care and support they needed. People and relatives told us they could confidently raise any concerns, and these were addressed appropriately.

There were sufficient numbers of trained, experienced staff to meet people's needs. Safe recruitment practices had been introduced; appropriate checks were completed to ensure only suitable staff were employed. Staff received induction and on-going training and support that enabled them to carry out their roles positively and effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People and where appropriate their relatives were involved in decisions about their care.

Governance systems and oversight of the service had been reviewed and improved. Issues were identified, and actions taken to address any shortfalls.

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

The last rating for this service was requires improvement (published 09 December 2018).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

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.

# Fordingbridge

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was with older people.

#### Service and service type

Hearts at Home Care Fordingbridge is a domiciliary care agency. It provides personal care to people living in their own homes.

The service did not have a manager registered with the Care Quality Commission. Registration as a manager with CQC means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The previous registered manager had cancelled their registration and one of the directors of the provider company was in the process of registering as the manager. They had previously been a registered manager and had been in post from when the previous manager cancelled their registration.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection visit. We needed to be sure people were informed we would be contacting them by telephone, and we needed a manager to be available to facilitate this inspection.

Inspection activity started on 19 November 2019 and ended on 29 November 2019. We visited the office location on 19 November 2019 and 26 November 2019.

### What we did before the inspection

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 reviewed other information we held about the service; this included incidents they had notified us about. We also contacted the local authority safeguarding and commissioning teams to obtain their views about the service. We used all of this information to help us plan the inspection.

### During the inspection

During the inspection we spoke with six people and four relatives or friends. We also spoke with the directors of the company, the manager and three staff.

We reviewed a range of records including five care plans and medicines records, five staff files, staff rotas and training records and other information about the management of the service. This included quality assurance records and audits, complaints and accidents and incidents.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. This included seeking staff opinions via email and contacting health professionals and commissioners to ask for their view of the service. We received feedback from seven staff and three health professionals.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to robustly assess the risks relating to have robust recruitment processes. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Recruitment practices were safe. The relevant checks had been completed before staff worked with people in their homes.
- People were supported by enough staff to meet their needs. Staffing arrangements provided the flexibility to meet people's changing needs whilst ensuring consistent care. A relative told us, "Great efforts were made to ensure that [person's name] had regular carers that knew him and were thus best able to manage his needs."
- People described the staff as reliable and confirmed they stayed for the agreed length of the visit and only left earlier if asked to do so. One person told us, "They make me feel safe when they are here. They just seem to instil confidence in me. They are on time, bar a few minutes sometimes, but I have a number to call if I need to. Everything is always left in place for me when they leave so I know where it all is."
- Rotas showed the suitable times for travelling between visits was scheduled for staff. The manager confirmed staff could request additional travel time if there was a recurring issue with the amount of planned travel time. Similarly, if visits regularly took less or more time, reviews would be completed to reassess the agreed plan of care.
- Some staff told us they felt there were issues with the time allocated for travelling between calls. Other staff felt the rotas were not as well organised as they could be. The manager advised that they were aware of these issues and were trying to recruit more office staff to support the coordination of visits and rotas.

### Using medicines safely

- People received their medicines when they were needed and in ways that suited them. There were systems in place to ensure this was done safely.
- Some people had medicines prescribed they could take as and when they were needed. There were no instructions for staff about when such a medicine could be administered and the total amount that could be taken in one day. The manager advised all of the people they cared for were able to request these medicines and acknowledged that this information would be required for people who could not do this.
- Written information was not always sufficiently detailed and body maps were not always used to ensure

staff had guidance about where and when topical medicines should be applied. The manager advised that this had already been identified and the new computer system that was being introduced at the time of the inspection would address this.

- People had their medicines administered by staff who had completed safe management of medicines training and had their competencies checked regularly. One person told us, "They give me my medicine and they cream my legs for me. They wear gloves when they cream my legs and I think they write up about the medicine."

Systems and processes to safeguard people from the risk of abuse

- Staff fully understood their role in protecting people from abuse and had received appropriate training on safeguarding adults.
- The manager had a good knowledge of safeguarding and understood how to raise concerns with the local authority if this became necessary.

Assessing risk, safety monitoring and management

- Staff understood the actions they needed to take to minimise the risk of avoidable harm. A member of staff told us, "They [the registered provider/directors] have always trained and guided us to deliver safe care. I think we do provide safe and person-centred care to all our service users."
- People told us they felt safe and well cared for. One relative told us, "Yes, they make him feel safe, they just seem to know what to do."
- Assessments were carried out to identify any risks to people and to the staff supporting them. This included environmental risks in people's homes and any risks in relation to people's care and support needs.
- Individual risk assessments detailed the action staff should take to minimise the chance of harm occurring to people or staff. One person told us, "They would not stop me from doing anything but they might tell me to be careful and guide me with some advice."
- There was a contingency plan in place in case of events that effected the service running safely, such as staff sickness, problems with the office or adverse weather.

Preventing and controlling infection

- People were protected from the risk of infection because staff were trained in infection control. Everyone we spoke with said the staff put their training into practice.
- Staff told us they were supplied with personal protective equipment for use to prevent the spread of infections.

Learning lessons when things go wrong

- Accidents and incidents were reviewed and analysed by the manager so any trends could be identified, and learning could be facilitated.
- Accidents and incidents were seen as an opportunity to reflect on practice and continually improve outcomes for people.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 care needs and choices were assessed before the service started to provide any care or support and were then regularly reviewed.
- Assessments had been completed in line with current legislation, standards and good practice guidance and the information was used to create person-centred care and support plans.
- Assessments included gathering information about people's cultural, religious and lifestyle choices and any equipment that was needed such as key safes, storage of medicines and telephone emergency alarm systems.

Staff support: induction, training, skills and experience

- People told us their needs were met by staff with the right skills, experience and attitude for their roles. A health professional told us, "I was impressed by the training facilities and the emphasis on good quality training for the staff."
- Staff told us they received training that was effective and felt sufficiently skilled to carry out their roles. A member of staff said, "I find the training very thorough, particularly when I first started with the company."
- Staff were knowledgeable about their roles and how to provide the correct support to meet people's needs.
- Staff completed a comprehensive induction which included shadowing experienced staff on visits. They did not work unsupervised until they and the management team were confident they could do so safely. An ongoing programme for updates and refresher training was in place.
- Staff said they felt well supported by their manager and told us they had regular supervision meetings which allowed them to discuss their performance, concerns or training and development needs.

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

- People were supported by staff who understood their food and drink needs and preferences. One person told us, "They sometimes help me with food and always wash their hands and wear gloves for that."
- Care plans reflected the support the person needed to eat and drink.

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

- Collaborative working with other agencies, such as GPs and district nurses, had ensured effective care and improved people's quality of life. A health professional told us, "The team offer good continuity of carers where possible to the clients in their care and do refer back for a specialist opinion if there are changes in a clients' care and support needs."

- Staff spoke knowledgeably about people's health needs and records showed they had been proactive in seeking guidance and support from health professionals. A member of staff told us about a person they had helped: the person had been receiving 24-hour care in a care home and was unable to walk. A package of care was put in place to enable the person to move home with social worker support and reablement. The person was able to walk again and no longer requires support from the service.

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

- People were supported to access healthcare services when they needed this. This included support from GP's, community nurses, opticians and chiropodists. A health professional told us, "I find them approachable and responsive and keen to work jointly for the good of their clients and families."
- Records showed instructions from healthcare professionals were carried out. A healthcare professional told us, "The leadership team are very caring and strive behind the scenes to ensure their clients are given safe, appropriate and responsive care."

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 plans recorded if they had a representative with the legal authority to make decisions on their behalf should they lack capacity. Proof of this authority was requested by the service and held on file.
- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- People told us they were encouraged to make decisions for themselves and felt involved in making choices wherever possible. One person told us, "They are all kind to me and treat me with respect and ask my consent before they do things." A relative said, "They are all very kind and caring and show him respect by always asking his consent before they do anything for him."
- People had signed their care records to show that they consented to the care and support they were being provided with.
- Training records confirmed that staff had undertaken training in relation to the MCA.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 staff spoke highly about how caring and supportive the service was. A relative told us, "They help me in some ways as well as him. They are absolutely marvellous."
- Staff understood and respected people's lifestyle choices. When we discussed with staff the people they supported, they demonstrated an open, non-judgemental attitude that respected people's diversity. One person said, "They are all kind to me and ask me how I like things done. They do all that is required of them."

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

- Everyone we spoke with felt included in how their care and support was planned and delivered. They confirmed they had opportunities to have their opinions heard.
- If people needed independent support with making decisions, the manager had information available about advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People confirmed that staff were respectful of their privacy, dignity and independence. One person told us about a situation where they had been uncomfortable with the staff that were allocated to provide personal care. They had refused this, and the service had agreed to provide alternative staff. Another person said, "99% of them are lady carers but sometimes in the evenings a man comes. The men are great, but I would not be happy about a man coming to shower me. I think the service is aware of this."
- People were supported to be as independent as possible. Care plans reflected what people were able to do for themselves and how to encourage them to do this. A member of staff told us, "I enjoy being given the space to go above and beyond with people to improve their quality of life."
- People's personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 said staff provided them with the care and support they required; they told us they felt well cared for and were consulted about what they needed. A member of staff told us, "We are all trained and supported to give service users full call times and make the care about them, not us." A relative told us, "I was involved in his care plan and they do exactly what it says."
- The staff team were knowledgeable about people's personal history, which enabled them to have meaningful conversations. Staff confirmed care plans and other records contained good detail to enable them to meet people's care needs. Some staff reported they had experienced some issues with accessing information as it was now held electronically. The manager was aware of this: they had sourced an improved electronic system, provided dedicated mobile phones for staff and arranged additional training.
- Care plans were personalised and detailed clearly how the person wanted their needs and preferences met. Each person's plan was regularly reviewed and updated to reflect their changing needs. One person told us, "I have a care plan and I was involved in it. They check it regularly and follow the instructions from it."

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 assessed and detailed in their care plans. This documented the person's preferred method of communication, any impairments that could affect communication, and guided staff on the best ways to communicate with them.
- People's preferred methods of communication were shared with health and social care professionals when required, for example when people required admission to hospital.
- The manager confirmed they could provide large scale print of any documents if required for people with sight difficulties and could change documents to suit most needs.

Improving care quality in response to complaints or concerns

- People were given information about the service and how to complain when they first started to receive support from the service.
- People told us they knew how complain if they needed to and felt confident they would be listened to.
- The complaints procedure explained how to make a complaint and set out how people could expect any concerns or complaints to be dealt with.

- Complaints were acknowledged, investigated and resolved in line with this policy. One person told us, "I would know how to raise any complaints if I needed to, but I haven't had to. I am sure that if there was a problem they would soon sort it out for me." Another person told us they had previously made complaints and felt the service had not always responded to them. This was discussed with the manager who agreed to address the person's concerns.

#### End of life care and support

- The service was not supporting anyone with end of life care needs at the time of our inspection.
- People had been given the opportunity to discuss their end of life wishes and these were documented where they had chosen to do so.
- Some people were living with life limiting conditions and had chosen to create detailed care plans with the support of the staff from the service. These were very detailed and had tackled some sensitive areas in a professional way. This had enabled people to make very clear and specific decisions about what they did and did not want to happen in their final days.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

This key question was previously rated as requires improvement because we identified issues with record keeping, governance and auditing and policies and procedures. Enough improvement had been made at this inspection.

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

- People, relatives and staff expressed confidence that the service was well run. One person told us, "I know the manager and I feel I can discuss things with her if I need to."
- A member of staff told us, "The company is not perfect and has got things wrong in the past, but they have never failed to be supportive, encouraging and understanding when it comes to staff or kind, caring, understanding and professional when it comes to service users. The management team have always had their hearts in the right place."
- The manager and staff were clear about their roles and responsibilities and felt well supported by the registered provider. People and staff said there was a clear management structure in place and they were always responsive to any issues raised. A member of staff told us, "[Directors/manager] have the drive and passion to make this business successful; they see their faults and recognise that sometimes things have to change and make positive moves to action them."
- A number of people, relatives and staff raised issues about the delivery of rotas. Many said they did not receive them, or they arrived late, and staff said they had difficulty accessing them on the electronic system. The manager was already aware of this and advised the new electronic system which was being introduced during the inspection should address these issues.
- The registered provider continually monitored the quality of the service provided to people. Systems to do this had improved since the last inspection. Surveys were sent to people as well as discussions with people during reviews and unannounced spot checks on staff. This meant they were continually checking to ensure people received the best possible care and support.
- Records of staff meetings, quality assurance and audits showed that when issues were identified, these were shared appropriately, and action was taken to address any shortfalls.
- Spot checks were carried out to ensure staff were following their training and meeting people's needs.
- Legal requirements, such as displaying the rating from the last inspection and notifying CQC of significant incidents, were met.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. 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 manager and staff were motivated to provide the best possible person-centred care and support for people. A member of staff told us, "I have been very open and honest with the management about things that need looking into and they have been very open at listening and making plans to rectify them."
- People and relatives told us the manager was approachable and they would have no hesitation in raising concerns or making suggestions. Staff also said they could approach anyone in the management team.
- A member of staff told us, "The company's mission statement is to put genuine, professional care at the heart of what we do. That statement is what made me want to work here and nothing about this has changed in the four years I have been here. Have we always been perfect? No of course not; we've made mistakes, but we have always learnt from them and have striven to improve how we do things."
- Some staff told us there were issues with the scheduling of visits to people, the time it took to travel between calls and communication between the office and the staff out providing care. The manager was already aware of these issues and had a plan in place to address this which included recruiting additional staff, changing the way communications were managed and focussing more staff time on the scheduling and planning of visits to people.
- The manager promoted the ethos of openness and learning from mistakes. This reflected the requirements of the duty of candour.

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

- People were encouraged to express their views and suggestions about the service via face to face meetings with staff, surveys and reviews of their care. This information was used to improve the service and to highlight good practice or care.
- Quality assurance surveys were sent out to people annually. The most recent survey had been completed in October 2019. An analysis of responses and a report showed high rates of satisfaction. Some people had written extra comments and the report addressed these and included actions plans where necessary.
- Staff said they felt comfortable to put forward any ideas they may have to improve the care, support or wellbeing for people and were confident these would be acted upon.

Continuous learning and improving care. Working in partnership with others

- There was a process of continual improvement and quality assurance in place. There was a variety of audits completed to ensure the quality of the provision was maintained.
- There was evidence of learning from incidents. Investigations took place and appropriate changes were implemented.
- The service had established good working relationships with health and social care professionals. This enabled the service to ensure the best possible outcomes for the people they supported.