

Heart and Hands South Limited

# Heart and hands South

## Inspection report

Unit 39, Mitchell Point  
Ensign Way, Hamble  
Southampton  
SO31 4RF

Tel: 02380173535

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Heart and Hands South is a domiciliary care agency. It provides personal care to people living in their own homes.

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

Relatives gave us positive feedback about the care provided by the staff.

People had risk assessments in place which identified individual risks to them, for example, from their mobility and the home environment. However, risk assessments did not identify all risks and therefore did not show what action staff should take to mitigate those risks. Personal information and records held for people and staff were not stored securely. There was a lack of guidance for staff to support people with medicines which were only needed sometimes. The provider did not have an effective system in place to ensure new staff were safe to work with people who received care. The quality assurance system had not identified the concerns we found during this inspection.

The provider and registered manager took care to only offer new people a service if they had enough staff to meet their needs. Staff had received training in safeguarding. We were assured staff were using personal protective equipment effectively. The registered manager notified the Care Quality Commission (CQC) of any specific incidents or accidents. The registered manager sought the views of people using the service. The service had formed relationships with other professionals involved in people's health and social care

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

### Rating at last inspection

This service was registered with us on 5 April 2019 and this is the first inspection.

### Why we inspected

The service has not been inspected since it was registered. We therefore undertook a focussed inspection to look at the safe and well-led outcomes for people.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will 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?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Heart and hands South

## 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 undertaken by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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 provider one hour's 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.

#### What we did before the inspection

We reviewed information we had received about the service since registration. 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.

#### During the inspection

We spoke with the registered manager and the provider.

We reviewed a range of records. These included, three staff recruitment files, staff rotas and policies and

procedures.

After the inspection

We spoke with three relatives of people who received care and support. We spoke with two staff and received written feedback from a third staff member.

We continued to seek clarification from the provider to validate evidence found. The registered manager provided us with further documents we requested, including medicines records and risk assessments.

# 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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- People had risk assessments in place which identified individual risks, for example, around mobility and the home environment. However, risk assessments did not identify all risks and therefore did not show what action staff should take to mitigate those risks. For example, for one person the risk assessment did not identify the associated risks from them smoking or the use of prescribed creams which were a fire risk.
- For another person, their medication record said staff could leave their medicines out for them to take later and was to be based on risk assessment. Staff recorded they had left the medicines out to be taken later but the registered manager confirmed this had not been risk assessed.

The failure to identify all potential risks was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Personal information and records held for people and staff were not stored securely. The registered manager advised us the office door was locked when no-one was there but the keys to the filing cabinets were missing. Therefore, the provider was unable to lock the filing cabinets to keep people's confidential information secure.

Not ensuring that personal information was stored securely was a breach of Regulation 17 (Good governance) of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

- Staff supported people to take their medicines and kept records of what had been administered. However, some people were prescribed medicines, 'when required' (PRN), some of which were controlled drugs. There was a lack of written guidance to inform staff as to how these should be taken. PRN medicines can be prescribed, for example, for pain relief. We saw for one person a controlled drug was written on the Medication Administration Record (MAR) as, "Up to 5ml to be given twice daily and only when absolutely necessary." The medicines care plan stated this was to be "witnessed by senior carer" and stated only that the medicine was for "pain". Records did not show how much staff administered on each occasion, or how they made the decision that it was "absolutely necessary" and the administration was not always witnessed by the senior.
- For another person, the MAR stated "10-20ml" of liquid medicine should be given for pain relief but there was no guidance for staff to assist them in how much to give. Staff did not record the amount given.
- The lack of guidance for staff meant people may not receive their medicines in a consistent, safe or effective way.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff completed records when they supported people with their medicines and there were no gaps. However, the MARs were handwritten by the registered manager or the first staff member to visit the person's home after medicines were supplied or changed. There was not a system in place to cross check the accuracy of the forms. Current good practice guidance recommends printed MARs should be used where possible. This reduces the risk of staff writing dosage information incorrectly.
- Staff had received training in medicines administration and the training was completed every year to ensure staff were competent. A staff member told us how they ensured they had the right dose, medicine, time, route and person before giving medicines. They said they would feel able to report any errors. Another staff member told us, people received their medicines in a time specific way if needed, for example, every four hours.

#### Staffing and recruitment

- The provider did not have an effective system in place to ensure staff were safe to work with people who received care.
- New staff did not have a Disclosure and Barring Service (DBS) check in place before they started working with people. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. This meant people could be at risk from being supported by unsuitable staff.
- Two references from previous employers were on staff files. However, one staff member did not have a reference from their most recent employer who was a care provider. The provider had not sought confirmation from other previous care employers as to why the staff member had left their employment or their conduct whilst there. A second staff file showed the dates of employment on the reference did not tally with the dates provided on the staff's application form.
- Employment histories did not always show the date and month a staff member worked for a previous employer, which meant the employment history was incomplete as only the year was shown.

The failure to ensure staff were safe to work with people was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and registered manager took care to only offer new people a service if they had the staff to meet their needs.
- Relatives told us staff arrived on time and staff confirmed they had enough time to travel between different people's homes.

#### Systems and processes to safeguard people from the risk of abuse

- The registered manager had a safeguarding policy in place, however, they did not have a copy of the local authority safeguarding policy and procedures to ensure they followed local guidance. The registered manager was not aware of the local guidance which meant any safeguarding issues identified may not be addressed in accordance with the local authority guidance.
- Staff had received training in safeguarding and were aware of the different types of abuse. They said they would report any concerns to the registered manager. They would also feel comfortable to use whistleblowing procedures to report their concerns.

#### Preventing and controlling infection

- We were assured that staff were using personal protective equipment effectively and safely. Staff wore

masks in people's homes and gloves and aprons when supporting people with personal care.

- Covid-19 testing for staff working in this type of service has recently become available. The registered manager told us they had attended an on-line training course about Covid-19 testing and had ordered the first batch of tests. We later asked the registered manager how the testing was progressing and they said they were receiving and recording the results of the tests.
- We were assured the provider's infection prevention and control policy was up to date.
- Relatives confirmed staff always wore face masks when they went into people's houses.

Learning lessons when things go wrong

- The registered manager was open to learning if things were to go wrong. For example, if errors had been found in record keeping, they spoke with the staff concerned and reviewed the relevant policies and procedures.



# 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 requires improvement. This meant the service management and leadership was inconsistent. Leaders did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

- The registered manager had a system of quality assurance in place. For example, they undertook spot checks of staff and reviewed records written about people. The registered manager identified areas for improvement, for example, how records were written, and changed the format of the records so they were easier to use.
- However, the quality assurance system had not identified the concerns we found during this inspection. Details of our concerns can be found in the Safe section of the report.
- The registered manager had not formed links with quality forums run by either the local authority or privately to enable them to keep up to date with good practice. They were aware of national organisations which produce good practice guidance and looked at their websites. The registered manager knew where to find up to date guidance around Covid-19, such as government websites.

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

- People were pleased with the care and support they received from staff. Relatives praised the company and comments included, "We've had no problems with staff not turning up, we've had no complaints" and "We have had no issues at all, [staff] have all been brilliant."
- Staff told us they were happy working at the service. Comments included, "[The culture of the service] is a lot nicer, it is one of the better ones because it is smaller and it is managed a lot better" and "The company is a very nice environment to work in and I have no concerns at all. The ethos of the company is the best and so are our clients."

### 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 told us they understood that if things were to go wrong, the duty of candour meant that they would "own up, be open and transparent and apologise".

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

- There was a leadership structure which included the registered manager and senior staff.
- Staff told us they were able to approach the registered manager if they needed to discuss any concerns or issues. Comments included, "[The registered manager] has always been helpful" and "[The registered manager] is very able."

- One relative told us they found the office staff and the registered manager "really helpful, pro-active and responsive".
- The registered manager notified us of any specific incidents or accidents.

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

- The registered manager sought the views of people using the service. This was done through regular reviews of people's care and telephone contact.
- The registered manager told us an annual satisfaction survey was in place although the last one had been completed before they had been recruited. There had not been any actions or learning identified from the previous survey.

Working in partnership with others

- The service formed relationships with other professionals involved in people's health and social care. For example, staff reported to the occupational therapist (OT) that one person felt discomfort when using a piece of equipment. They continued to liaise with the OT and new equipment was put in place which met their needs.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b> The provider failed to identify all potential risks to people's safety. Regulation 12 (2)(b)</p> <p>The provider failed to ensure there were systems in place to ensure people received their medicines in a safe and consistent way. Regulation 12 (2)(g)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b> The provider failed to ensure that personal information was stored securely. Regulation 17 (2)</p>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p><b>How the regulation was not being met:</b> The provider failed to ensure there was an effective recruitment procedure in place to ensure staff were of good character. Regulation 19 (1)(2)</p>