

Open Heart Care Ltd

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Inspection report

Crown House
North Circular Road
London
NW10 7PN

Tel: 02086164744
Website: www.openheartcare.org

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 26 September 2017. The provider was given two working days' notice because the location provides a domiciliary care service and we wanted to make sure someone would be available to speak with us. This was the first inspection of the service since it registered with the Care Quality Commission in January 2017.

Open Heart Care Ltd provides personal care to people in their own homes. They also offer a range of other services including outreach services, companionship cleaning and shopping. At the time of inspection there were 23 people using the service, 17 of whom were receiving personal care. The majority of people were funded by Harrow social services or by direct payments.

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

Auditing and monitoring processes were in place and work was ongoing to ensure these were effective and identified any areas for improvement.

People and relatives were happy with the care and support provided and felt included in discussions about the care people wanted. They felt they were listened to and that the care people received was person centred and met their needs. Staff took time to meet people's care and support needs in an unhurried and personalised way. People and relatives said staff were kind and caring, treating people with dignity and respect.

Procedures for safeguarding and whistleblowing were in place and staff recognised different types of abuse and knew the reporting process to follow if they had any concerns. Complaints procedures were available and people and relatives were encouraged to express any matters so that they could be addressed.

Risks were identified and assessed and care plans put in place for the action to take to minimise them. People were assessed and involved with their care records, which were individualised and reflected people's needs and wishes. Staff understood the care each person needed and felt they had the information they needed to provide good care and support to people. Care was taken when matching care workers with people and staff understood people's religious and cultural needs and respected them.

Recruitment procedures were being followed to ensure only suitable staff were employed by the service. There were enough staff employed to meet people's needs and to provide cover for planned and unplanned absences.

Staff understood how to manage people's medicines safely so they received them as prescribed. Infection control procedures were being followed by staff and protective personal equipment was provided to staff by the service.

Staff received comprehensive training to provide them with the skills and knowledge to care for people effectively. They were encouraged to undertake recognised qualifications in health and social care and to progress in their careers.

People's mental capacity was assessed and staff respected people's rights to make choices about the care and support they received. Staff recognised if a person's capacity deteriorated and knew to report any concerns.

Staff assisted people with meal preparation and listened to what people said they wanted to eat, so their wishes were respected. The service supported people with contacting healthcare professionals. Staff had undertaken first aid training and knew the action to take if someone was unwell and required medical help, including calling the emergency services.

People, relatives and staff felt supported by the registered manager and the office staff and were able to contact them at any time to seek advice. The registered manager strived to provide a good quality service and listened and responded to people's needs and wishes so that, where necessary, care and support could be adapted to better meet these.

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.

Procedures for safeguarding and whistleblowing were in place and staff recognised different types of abuse and knew the reporting process to follow if they had any concerns. Risks were identified and assessed and care plans put in place for the action to take to minimise them.

Recruitment procedures were being followed to ensure only suitable staff were employed by the service. Staff understood how to manage people's medicines safely so they received them as prescribed. Infection control procedures were in place and being followed.

Is the service effective?

Good 

The service was effective.

Staff received comprehensive training to provide them with the skills and knowledge to care for people effectively. People's mental capacity was assessed and staff respected people's rights to make choices about the care and support they received.

Staff assisted people with meal preparation and listened to what people said they wanted to eat, so their wishes were respected. The service supported people with contacting healthcare professionals.

Is the service caring?

Good 

The service was caring.

People and relatives said staff were kind and caring, treating people with dignity and respect. People and relatives were happy with the care and support provided by the service and felt included in discussions about the care people wanted.

Staff understood people's care and support needs and took time to meet them in an unhurried and personalised way.

Is the service responsive?

Good 

The service was responsive.

People were assessed and involved with their care records, which were individualised and reflected people's needs and wishes. Staff responded appropriately to meet people's care and support needs.

Care was taken when matching care workers with people and staff understood people's religious and cultural needs and respected them.

Complaints procedures were available and people and relatives were encouraged to express any matters so that they could be addressed.

Is the service well-led?

Good ●

The service was well led.

Auditing and monitoring processes were in place and work was ongoing to ensure these were effective and identified any areas for improvement.

People, relatives and staff felt supported by the registered manager and the office staff and were able to contact them at any time to seek advice. The registered manager strived to provide a good, person centred service to people who used it.

Open Heart Care Ltd

Detailed findings

Background to this inspection

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

The inspection took place on 26 September 2017. The service was given two working days' notice of the inspection because the location provides a domiciliary care service and we wanted to make sure someone would be available to speak with us.

The inspection visit was carried out by one inspector and an expert-by-experience carried out telephone calls as part of the inspection to obtain feedback from people using the service and relatives of people using the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we checked the information that we held about the service, including any notifications sent to us. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During the inspection we viewed a variety of records including recruitment and training details for five staff, care records for four people using the service and medicine administration records for three people. We also viewed staff allocations and timesheets, policies and procedures, audit and monitoring records, the business continuity plan and other documentation relevant to the inspection.

We spoke with the director of the company who was also the registered manager, the care coordinator, the human resources officer and five care workers. We obtained feedback from two people using the service and six relatives of people using the service.

Is the service safe?

Our findings

People and relatives confirmed they felt the care workers provided care and support safely. One person said, "I feel very safe and happy" and a second commented, "I feel the care is excellent and safe all the time." Relatives told us, "This is a very safe service, I am happy", "They keep [relative] safe, I don't worry when they are together" and "They look after [relatives] so well, I feel safe when they are looked after."

Staff said they had received training in safeguarding and could tell us the different types of abuse that could occur. We gave staff scenarios and they were clear about identifying and reporting any safeguarding concerns. They understood whistleblowing procedures and said they would report any concerns to the registered manager and if nothing was done they knew to contact outside organisations including the local authority, Care Quality Commission and, if appropriate, the police. There had been one safeguarding incident and this had been appropriately reported and was being investigated. Policies and procedures for safeguarding and whistleblowing were in place and a poster with contact information for the Harrow safeguarding team was displayed in the office. The registered manager said all staff received the Harrow safeguarding team business card, which also had the contact information included. Contact information for Ealing social services was also available.

Staff confirmed pre-employment checks had been carried out as part of the recruitment process. Staff files had completed application forms. The form only requested a five year employment history when the regulations require that a full employment history for applicants is obtained. Where there had been any gaps in employment this had been explained except for one care worker and this information was gained during the inspection. The registered manager amended the application form template to ask applicants for a full employment history, in line with regulatory requirements, at the time of inspection. Following our visit they confirmed that a full employment history and explanations for any gaps in employment had been requested and provided by all staff working for the service and no concerns had been identified. Two references had been taken up for each member of staff and these included the last employer. Disclosure and Barring Service (DBS) checks had been done, health questionnaires were completed and proof of identity documents including a recent photograph, proof of address and the person's right to work in the UK were available. Staff were issued with identity (ID) badges to wear when attending people's homes so people knew who they were and to verify they were from the service.

The service had enough staff to meet the needs of the people using the service and to provide cover for any absences. People and relatives confirmed there were sufficient numbers of staff and timekeeping was good. One person told us, "They arrive and leave when they should. They were 15 minutes late just once and the carer called to let me know and stayed 15 minutes longer. The office called to check I was happy with this." A second person said, "There are always enough of them. They are never late but I'm sure I would get a call from the carer or managers." Comments from relatives included, "We get our full amount of time. That is very good. This agency make sure of that and check with me", "The office lets you know about holidays or sickness in plenty of time and matches someone else to you. They have a photocard so we know they are from the agency" and "The carer is fantastic and always on time. [Care worker] was on holiday and they called to tell us about a week before and said they had matched someone else to us for a weekend. They

asked if this is okay and my opinion. I was happy. The new carer had ID."

Staff said they shadowed the regular care worker if they were going to cover for planned absences. Each care worker had their work allocated for the week and received the information in advance. They also completed timesheets and these were checked against the rotas. There had not been any missed calls and staff said they worked in a specific geographical area enabling acceptable travel times and that they could get to people on time. At the time of the inspection the service had recruited staff who had not yet started working with people and therefore they had spare capacity and were able to cover any absences including short notice ones. The provider said that as the care hours increased they would continue to recruit more care workers to ensure absences could always be covered.

Risks were identified and assessed so action could be taken to minimise them. One person said, "They talked about what I need and wrote it down. The carer reads it and I tell them how I feel. They review it regularly with GP and manager and me." A relative told us, "The manager reviews with me and the carer and we all talk about any changes that protect better, this is good and safe." There were two risk assessment documents available to use, depending on people's mobility. The level one risk assessment was thorough and covered the environment and any risks to each individual such as falls and trips, pressure sores, medication and lifestyle risks including smoking/addictions, pets in the home and challenging behaviour. Where moving and handling needs were identified, an additional risk assessment was carried out. This included moving and handling equipment in use such as hoists and wheelchairs and how this was to be used to support the person's care needs.

There was also a 'keeping safe' risk assessment for the care worker in the person's home. This was used to identify any additional training that was relevant to the person's needs. Where people required a hoist for transfers staff confirmed two staff always attended to ensure the transfers were done safely. Staff said that if they noticed any changes in risk, for example, if a person's mobility deteriorated, they would contact the registered manager who would update the risk assessment and review the care being provided to ensure it was still appropriate to meet the person's needs. Incident forms were available and staff knew to complete one if an accident occurred. The registered manager said there had not been any accidents to date.

People knew about their medicines and comments included, "It is all written down so I know and my carer knows what I've had and when" and "I know what I have and why and at the same time each day." Staff told us people's medicines were supplied in blister packs and that they only prompted or assisted people with their medicines if they were unable to take the medicines out of the containers for themselves. We saw that medicine administration record (MAR) charts had been completed for four people. We also noted that audits of the MARs had been carried out but had not always identified where a medicine had not been signed for. We discussed this with the registered manager and they said they would review the MARs for people who use the service to ensure staff signed these as required. Staff undertook training in medicines awareness and they were confident to administer medicines and complete medicine records if they were required to do so.

Staff said the registered manager supplied them with personal protective equipment including disposable gloves, aprons, shoe covers and where necessary, sleeve covers. They said they were also given hand sanitiser. Staff knew the importance of maintaining good hygiene and infection control practices to keep people safe. Staff told us that increased confusion could be due to a urine infection and were able to describe the symptoms and said they would report any concerns so the person could receive the treatment they needed.

Is the service effective?

Our findings

People said the care workers knew how to care for people effectively. Their comments included, "They are good and trained well. They do know what they are doing to help the best. I am well supported" and "The carer is good and discreet and has qualifications that are good." "Staff are great and the carers really do care and are well trained. We are well supported." Relatives were also happy with the competency of the staff. One told us, "I feel they are adequately trained and so they do a very good job." Another said, "The support is very good. Carers are well trained and the agency train them how to be very good."

All staff had completed an induction course and had also received training in topics including health and safety, first aid, food safety, safeguarding, equality and diversity, person centred care, dementia care, medication awareness and moving and handling, both theory and practical. All the care workers undertook a level three recognised qualification in health and social care and it was clear from speaking with staff that they wanted to increase their knowledge and skills. Staff said when they started work they shadowed an experienced care worker for three days prior to working alone. Staff were able to tell us about the care they provided for people and how they used the training they received when caring for people. For example, one care worker described the different types of diabetes and the symptoms of someone having a low blood sugar. The staff said they completed all their training before going out to provide care.

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. We checked whether the service was working within the principles of the MCA.

People confirmed they were able to make decisions for themselves. One person said, "I tell them how I like things done and what I can do myself and they respect that. They support me to live how I want to. I still make my own decisions." A relative told us, "They talk to [relative] and me and we came up with a plan to help us all. It is well organised and my [relative] has a say in how she is cared for." Mental capacity assessments had been completed for everyone using the service and consent forms were in place and had been signed by the person to agree to the plan of care for them. The provider said they did not have any people who lacked capacity. Staff had received MCA and Deprivation of Liberties training and were clear about people's right to make decisions for themselves. They said if they had any concerns that a person's mental cognition had deteriorated they would report this. Staff recognised the importance of gaining people's consent to care. One said, "I greet the person, show my ID and gain their consent."

People were helped with their meals. One person said, "I get choices of the food and I like it. They help me with cutting food and sometimes help me to eat as I can't always do it." Staff said they would heat up meals or make something simple and also made snacks and drinks for people to meet their dietary needs and wishes. A relative told us, "They make sure she eats as she used to forget and she always has things she

likes." Staff said if someone was reluctant to eat or if they noticed they were losing weight then this would be reported to the office and to their relative so that they could be monitored and see their GP if needed. Staff understood the importance of providing meals and snacks for people regardless of their own religious or cultural views. For example, staff who did not eat pork because of their religion were happy that they would prepare meals with pork products for people, for example, a ham sandwich.

People were happy that the care workers helped them maintain good health. Their comments included, "I am definitely looked after and kept healthy. They will give me advice and call the GP for me when I choose" and "[Care workers] are very good and help me to decide or tell me I need a doctor. They will call them if I need one. They do a very good job at keeping me well and looked after." A relative said, "They make calls to the GP and support [relatives] in making decisions." GP contact details were included in the care records, so this information was available. Staff said if anyone was unwell and needed to see their GP then this was usually arranged by their family but the office staff could also do this if necessary. Staff had received first aid training and were able to explain the care they would give and action to take if they found someone unwell or in a collapsed state, including calling the emergency services, then the office and the person's relatives or friends.

Is the service caring?

Our findings

People received their care and support in a caring way. One person said, "They are nice and very respectful of me." Comments from relatives included, "They seem very kind and care about [relative] and how she lives. I feel she is treated so well", "They are very respectful of choices and independence", "The carer is very kind and we like him a lot. He is respectful of my home too" and "[Care worker] respects our family and that [relatives] are treated like people and not just patients. It is very comfortable."

We asked staff what was most important to them when providing people with care and support. Their responses included, "The client always comes first. It's someone's life you are dealing with", "To be compassionate and understanding", "Preserving privacy and dignity", "I have got feelings, I would help how I help my mother. You are dealing with a human being. They are giving you trust and you have to keep that", "Quality over quantity", "Privacy is very important, you don't want to make people feel uncomfortable. You let them do things for themselves, be independent" and "To put myself in their shoes." The registered manager told us, "It's about putting the right care worker with the right person and making sure they are receiving tailored care."

People and their relatives confirmed they had been involved in making decisions about the care people wanted. People said, "I choose to not have things done sometimes like hair washing and that is fine. They do listen to what I think about things" and "I know exactly what I need help with and they do this for me well. I can ask or feel I can tell them if I am needing more help or not happy. We do chatting" Comments from relatives included, "It's all very well met, I feel we are all supported and kept informed" and "The agency and carer work with me to give the best care. It is very organised and we chat regularly to say if we are happy." Staff were very clear about providing person centred care and had received training in this topic. Care records identified what people liked to be called, their likes and dislikes for food and drink, waking and retiring times and their daily routines, so staff had this information.

Staff treated people with dignity and respect. People told us, "I am respected all the time and in every way" and "They respect me and my home and if I want or need privacy they do that. I get help with washing and they turn their back when I get undressed." Relatives also felt staff showed respect. One relative told us, "This is very good. My home still feels like my home and my private space" and another said, "It is very good. The carer respects [my relative] and his age and things he likes. The carer also respects my home, only goes where he needs to in my home to help [my relative]."

Staff said they understood people's religious and cultural needs and respected these. One person told us, "The carer listens to my thoughts and beliefs and gives me time to decide how I would like things." Another said, "They do not come at my preferred prayer times." Relatives were happy with the respect shown for their religious and cultural needs and one told us, "They understand and respect our culture and views of support we like and how to do it."

We asked staff how they felt about caring for people who were of a different gender or who were gay or lesbian. All the staff were very clear about equal rights and looking after everyone. Comments included, "We

are accepting of all" and "Everyone is equal, you cannot discriminate on any grounds." Staff said they were asked if they were happy to care for people of the opposite gender and this was also something that people using the service were asked about for their care workers, with both sectors being able to state their preferences.

Is the service responsive?

Our findings

People and relatives said the care people received was tailored to each person. One person said, "Yes they think about what I need every time." Comments from relatives included, "It is done well, exactly what [relative] needs and I get all good support", "It is great and just what we need and [relative] is able to be independent when he wants to be" and "My [relatives] needs are both different but both managed very well and I am happy with this."

The service received an email referral from social services for each new person to the service and then carried out their own assessment. We saw that the assessment was person-centred and included each area of need and what assistance the person required. These were signed by the person and by the assessor, to confirm those involved with the assessment. For each person there was an 'All About Me' document that had been completed by people or their next of kin and covered an extensive range of information about their life history, interests and hobbies, values beliefs and faith, routines for all areas of their lives and any preferences. This provided a clear picture of the person and how they wanted to be cared for and supported. Staff told us they found these documents very helpful to learn about the person as an individual and to provide topics for conversation and to help them better understand each person's 'unique' needs.

There was a support plan in two of the care records viewed and this set out the tasks to be carried out at each visit and the length of each visit. Staff confirmed the documents we saw were contained in the care records in all the people's homes, so they had all the information they required about each person. One care worker said, "The client has the last word on what sort of services he/she likes." Another told us, "I enjoy this job, care workers are always on time, clients appreciate us and want us back." Care workers said they reported any changes, for example, if a person's care was taking longer and more time needed to be allocated for it. One said, "We report things so they can be picked up early." The registered manager said he would ensure copies of the support plans in people's homes were also in the care records held in the office, for ease of reference.

People and relatives confirmed the care plans were kept under review. One person said, "My reviews are often as I have been in hospital and we talk with a manager or GP too." Comments from relatives included, "The support we receive is definitely personalised and exactly what [relative] needs. We have maybe two monthly or three monthly full reviews and I review with [my relative] and his carer on each visit and with the agency regularly" and "Reviews are regular and the carer speaks with me. The managers call and we meet at the house and discuss and review (care provided) with [my relatives] listening." Where the staff had assessed a person and identified moving and handling needs, the registered manager had informed social services who arranged for an occupational therapist assessment and the person received the equipment they required.

Staff supported people to go out into the community, for appointments or to attend activities such as day centres. People said, "They bring me things like papers or shopping and they help me to arrange to go to appointments and go with me in the transport" and "They make tea for my friend when she visits me each week and they buy a cake." A relative told us, "They encourage me to go to places like the day centre."

People and relatives knew how to raise any issues and said they were listened to. One person said, "The carer, they listen or the agency managers. They will chat on the phone or come to see you. They are very nice people." Comments from relatives included, "I haven't complained but ask the managers questions on the phone and they answer it whenever you call. I know there is always someone to talk to and they do home visits to see if everyone is happy", "I have had questions when we started that were answered and dealt with very quickly regarding regular carers being sent. This was rectified" and "There are three managers to call and this is day or night. I needed emergency care one evening extra and they sent someone straight away I was so reassured and pleased." The service had a complaints procedure and copies were given to each person in their own homes. Staff said they would tell people to contact the office if they had any concerns.

Is the service well-led?

Our findings

People were happy with the quality of the service they received and we found that the auditing and monitoring processes were generally effective. The daily records we viewed were well completed and provided a good picture of the person and the care and support they had received at each visit. However, for one person the records were quite brief and there were times when entries had not been made for each scheduled visit. The registered manager explained that on certain days the person had requested to have all their care time at one visit to fit in with their daily lives, which the service had been able to provide. They said they would reflect this in the care plan and would review the auditing process to ensure it was robust.

Processes were in place for recording and monitoring accidents and incidents, however there had not been any such events up to the time of our inspection. Spot checks were carried out in people's homes to assess and monitor staff and the care and support they provided to people. Staff meetings had last taken place in August 2017 to keep the staff informed of any changes and to find out their opinions.

The service had been awarded the International Standard Organisation (ISO) 9001 certificate in August 2017. ISO 9001 is a quality management system standard and organisations use the standard to demonstrate the ability to consistently provide products and services that meet customer and regulatory requirements.

People using the service were contacted each month to get their feedback about the service they received. The service had carried out surveys in August and September 2017 and people had expressed satisfaction about the care and support they received. People and relatives confirmed they were contacted for their opinions. One person told us, "I feel I am able to suggest things and be listened to by carers and managers." Relatives said, "They say they welcome feedback and I do feel they listen and take things on board", "I make suggestions for the care and to make it easier and everyone listens. I told them the carer is excellent and should be rewarded and they told her this. She was very happy", "I am asked to give feedback and I did fill out a form of what I think of the service" and "I have given a feedback over the phone and they said they would record it and see what they need to do better in. I think they do everything well anyway."

People and relatives were happy with the service. People said, "It is very good and I don't have any complaints" and "They are kind and look after me well and the managers are very good." Comments from relatives included, "Highly recommended, they have helped us so much" and "They have been fantastic and helped me have some kind of life with my children as well as [relatives] getting the best care. They are great." People and relatives said the registered manager and their team were supportive. One person said, "The manager who comes to see me or calls is very nice and has a chat about how I am before chatting about the carer." A relative said, "There are 3 managers and they are available day or night, very good at advice."

The care workers were satisfied with the support they received from the registered manager and the office staff. Their comments included, "I feel right at home with the team I am working with. I feel rewarded for my achievements" "[Registered manager] Any time he always answers his phone, he is very supportive" "They are supportive, welcoming, try to develop people. It's a good place to work, I really like it" "They try to balance work and home life." Staff said they were encouraged to be ambitious and were provided with the

training to further their knowledge and skills, "The sky is the limit" one told us.

The registered manager had completed Qualifications and Credit Framework (QCF) level five diploma in health and social care and had also completed the QCF assessors' qualification, so he was able to assess staff undertaking the level three QCF in health and social care. The registered manager said, "I believe with good training a good quality service can be delivered. Every day is a lesson." He was proactive in contacting staff and people using the service to check they were happy and confident, he said, "It's not about waiting for them to call, it's about calling them and checking." A member of the office staff said, "At Open Heart Care we all work as a team – it is about working together."

The service had received a monitoring visit from the Harrow monitoring team and we saw the registered manager had taken action to address the recommendations made in their report. Policies and procedures were in place and referenced relevant legislation and good practice guidance. These had been put in place in 2017 and the registered manager said they were reviewed to reflect any changes, so the information was up to date. The service had a development plan that set out the areas for growth in the next 12 months and identified the importance of maintaining client satisfaction levels with the service as it expands.