

Care Hearted Limited

Care Hearted West Midlands

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Care Hearted West Midlands is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection 35 people received personal care.

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

The providers systems to monitor the quality and safety of the service required improvement. Whilst we acknowledged some improvements had been made since July 2021 issues that we found during this inspection had not been identified and addressed. That demonstrated effective governance systems were not in place. The management team welcomed the inspection and were open and honest about the challenges they had faced.

Whilst people told us they received their medicines when they needed them the provider was unable to demonstrate the management of medicines was consistently safe. Action was being taken to address this. Staff had completed training in safe medicines management and their competency to administer medicines safely had been assessed by their managers.

People's needs were assessed before they started using the service. However, assessments needed to be further developed to ensure protected characteristics under the Equality Act 2010 were fully considered. Information contained within people's care records varied and the providers approach to care planning and involving people in their care was inconsistent. The nominated individual acknowledged these areas needed development. Action was being taken to make improvements.

People felt safe with their care workers and safeguarding procedures protected people from harm. Managers and staff understood their responsibilities to keep people safe. Staff knew how to manage risks associated with people's care, but risk management plans did not always contain the information staff needed to help them provide safe care.

Staff were recruited safely. The provider was actively trying to recruit new staff including a manager. Enough staff were available to provide the care and support people needed and people told us the times staff arrived to provide their care had recently improved. People's confidence in the leadership of the service had increased but it was not evident how feedback gathered from people had been used to drive forward improvement. People knew how to complain but more needed to be done to demonstrate lessons had been learnt to improve quality when complaints had been received.

Risks associated with COVID-19 had not always been assessed in line with the providers policy and national

guidance. People told us staff followed safe infection and prevention and control practice in their homes. Staff had completed training in this area to protect people from the risks of infection.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People received their care from a small number of consistent staff who they knew and trusted. People and relatives had confidence in the ability of the staff to provide effective care. Staff had completed an induction when they had started work at the service. Staff training records were updated after our visit to accurately reflect the training staff had completed.

Whilst staff knew what people liked to eat and people spoke positively about the way staff prepared their meals more information needed to be added to care records to ensure meals were prepared in line with people's wishes. The service worked with other professionals to improve outcomes for people.

People and their relatives told us staff were kind and caring and staff knew the people they cared for well. People were respected, and staff explained how they maintained people's privacy and dignity. Staff felt supported, enjoyed their jobs and understood what the management team expected of them.

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

Rating at last inspection

This service was registered with us on 06 November 2020 and this is the first inspection.

Why we inspected

This was a planned inspection of this newly registered service. The inspection was prompted in part due to the information we had gathered during our monitoring of the service in July 2021.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service/We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified one breach of the regulations in relation to good governance and have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive 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 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 and local authority 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 effective?

The service was not always effective

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our responsive 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 ●

Care Hearted West Midlands

Detailed findings

Background to this inspection

The 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 was planned to check whether the provider was 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.

Inspection team

The inspection was carried out by two inspectors and an assistant inspector.

Service and service type

Care Hearted West Midlands 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 in line with the requirements of the provider's registration. When registered, this means they are legally responsible for how the service is run and for the quality and safety of the care provided with the Care Quality Commission.

Notice of inspection

This inspection was announced. We gave the nominated individual short notice of the inspection. This was because we needed to be sure that they would be available to support the inspection. Inspection activity started on 07 October 2021 and ended on 25 October 2021. Two inspectors visited the office location on 07 October 2021.

What we did before the inspection

We reviewed the 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. We also gathered feedback from the local authority who fund the care provided. We used all of this information to plan our inspection.

During the inspection

During our visit we spoke with the human resources director, the quality assurance manager, the administrator and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included five people's care records, three staff recruitment records, and records of the checks the managers completed to assure themselves people received a safe and good quality service.

After the inspection

We spoke with the nominated individual and received information from them to validate the evidence we found. An assistant inspector spoke with two people and three people's relatives on the telephone about their experience of the care provided. An inspector gathered telephone feedback from two staff members to find out what it was like to work at the service.

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.

Using medicines safely

- The management of medicines required improvement. One person was prescribed cream to be applied to their skin twice a day. Medicine administration records (MAR) showed the cream had only been applied once a day during September 2021.
- MARs had not always been completed to confirm staff had administered people's medicines as prescribed. The nominated individual explained this was because the electronic recording system was, "Temperamental and did not always record." To address this shortfall paper MAR records had been put into place. However, those records were not reviewed or checked by managers. That meant the provider could not assure themselves people had received their medicines when they needed them. In addition, medicine errors could not be identified and opportunities to drive forward improvement could have been missed.
- Guidance to inform staff when 'as required' medicines needed to be given was not in place. That meant people could have been given too much or not enough of their medicines.
- Following our inspection, the nominated individual informed us of the actions taken to address the shortfalls we brought to their attention, and the actions planned to drive forward improvement in this area.
- Staff told us they had received training in safe medicines management and their competency to administer medicines safely had been assessed by their managers. One staff member said, "We do have medicines checks and if we make a mistake we are checked more regularly."
- Despite our findings people confirmed they received their medicines when they needed them. One person said, "They [staff] do my medication because I have very little eyesight. The medication is 'pin sharp'. I do not like doing it myself as I scattered the pills all over my bedroom." Relatives supported this viewpoint. One told us, "Staff wait patiently for [person] to take the tablets. They always double check [person] has taken what they need."

Assessing risk, safety monitoring and management

- Risk management required improvement. Risk management plans did not always contain the information staff needed to provide safe care. For example, one person had diabetes and high blood pressure. Risk assessments did not inform staff of the symptoms associated with those health conditions or the actions staff needed to take such as, seeking urgent medical assistance if the person became unwell. Following our inspection visit action was taken to address this shortfall to improve safety.
- Despite recording omissions discussion with staff confirmed they knew how to manage risks associated with people's care including diabetes.
- Staff understood what they needed to do in the event of an emergency. For example, in August 2021 staff had sought emergency medical assistance for a person who had fallen.

Preventing and controlling infection

- The individual characteristics of staff including staff from Black, Asian and Ethnic Minority groups (BAME) had not been assessed to ensure staff were kept as safe as possible at work during COVID-19 the pandemic in line with the providers policy and national guidance. Action was being taken to address this shortfall.
- People told us staff wore personal protective equipment (PPE) and followed safe infection prevention practice in their homes. One person said, "On arrival staff put on their apron and gloves on, they are already wearing masks. When they have finished, they throw the apron and gloves away and wash their hands."
- Staff completed COVID-19 testing in line with national guidance and told us they had completed infection control training which helped them to protect people from the risks of infection.

Staffing and recruitment

- The nominated individual was open and honest about the challenges they faced to recruit suitable staff including a manager. They said, "We have still got the challenge of recruiting, it's very tough. We are trying to be creative." They went on to explain they had implemented a range of initiatives including, a 'refer a friend scheme' in an attempt to overcome the challenges.
- Despite the recruitment challenges staff told us there was enough of them to provide safe care. One team leader said, "We always have enough time, if we didn't, I would tell the office and they would schedule more."
- Whilst people confirmed staff provided their care at the times they expected them the providers system to monitor care delivery was ineffective because staff were not always able to log into the system to record the care they had provided. Action was being taken to address this.
- A relative told us call times had recently improved. They said, "It was a bit chaotic with timings over the summer, staff did turn up but not always on time. I think they [staff] had too many people to look after."
- Staff were recruited safely. The provider followed safe recruitment procedures to make sure staff were suitable to work with people who used the service.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with their care workers. One person said, "I do feel safe. They give me the same staff member every day. I feel safe." A relative commented, "Very safe, they are looking after them [person] the way that I would."
- Safeguarding procedures protected people from harm. The nominated individual understood their responsibilities to keep people safe. They had shared important information with us (CQC) and the local authority, when required.
- Staff understood their responsibilities to protect people and keep them safe. One team leader said, "If I was worried about someone, I wouldn't confront the abuser. Instead I would make sure the person was safe, call the office and tell them. I would call the police if I needed to." They added, "We have good safeguarding policies to follow and we [staff] have all completed safeguarding training."

Learning lessons when things go wrong

- Our inspection findings demonstrated the management team had learnt some lessons since we had completed a direct monitoring activity (DMA) of the service in July 2021. (A DMA is part of our approach to monitor and gain assurance of the quality of the service.) However, further improvement was needed. For example, a system was not in place to ensure lessons were learnt from complaints.
- Staff reported accidents and incidents but at the time of our inspection the provider did not have an effective system in place to monitor, manage and reflect on incidents to prevent reoccurrence.

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 as requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- The management team demonstrated some understanding of the requirements of the MCA. However, mental capacity assessments had not been completed when required to determine if people could make their own decisions to ensure their rights were upheld. Action was taken to address this.
- People and relatives confirmed staff sought consent before providing any assistance.
- Staff had completed MCA training and demonstrated knowledge in this area. One staff member said, "It is important to let people make their own decisions, if you think they don't understand you try to explain in different ways. If I thought, they didn't have capacity I would tell my manager. They could do an assessment and then we would be told how to support them in their best interest."

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

- Assessments of people's needs were completed before they started using the service.
- The nominated individual acknowledged the assessments needed to be further developed to ensure protected characteristics under the Equality Act 2010 including people's cultural needs were fully considered.

Staff support: induction, training, skills and experience

- People and their relatives felt staff had the skills they needed to provide effective care. One person said, "They (staff) seem to know what they are doing."
- Staff told us they had completed an induction and had worked alongside more experienced staff before they worked unsupervised. The providers staff induction reflected nationally recognised induction standards.

- Staff spoke positively about their training. One said, "We have lots of training, I have the care certificate and the training helps me to know how to look after people."
- Training records we viewed were not up to date and one staff member was not listed on the providers training matrix. Prompt action was taken to address this shortfall after our visit.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People spoke positively about the way staff prepared their meals.
- Care records documented if people needed assistance from staff to prepare or eat their meals, but no further information was available for staff to follow to complete this task. Despite this, staff knew what people liked to eat and drink and confidently described how they supported and encouraged people to eat in line with their wishes.
- Staff and managers provided examples of how they worked with other professionals, such as occupational therapists and district nurses. For example, staff had followed instructions from an occupational therapist to support one person to complete exercises which had improved their level of mobility and overall wellbeing.

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

- People and their relatives told us staff were kind and caring. One person said, "All the carers care about me." A relative said, "They (staff) kneel down in front of [person], hold their hand and say hello. It was their birthday last week and one of them brought a big balloon. I thought that was lovely."
- Staff knew the people they cared for well. A staff member commented, "We go to the same people, we have time to chat, we know our clients and they know us."
- Staff enjoyed their jobs and confirmed they would be happy for someone they loved to receive care and support from the service.
- Our discussions with staff assured us they understood the importance of promoting equality and treating people equally. One staff member said, "Everyone is treated fairly here."
- Staff explained how they ensured people were supported to make choices. One staff member said, "I know my people, but I always ask them what they want, even small things like if they want tea or coffee. They might always ask for tea but one day they might want a coffee for a change."

Respecting and promoting people's privacy, dignity and independence

- People felt respected. One person said, "My carer calls me Sir. I am treated with respect."
- Staff explained how they upheld people's right to privacy and maintained their dignity. One staff member said, "I treat them [people] like I would like to be treated, if they need help going to the toilet then I help them and make sure they feel comfortable with how I'm helping them. I wait outside the toilet door and until they call me to go back in."
- People's independence was promoted. One staff member said, "It's important we don't take independence away from people, it might be quicker for me to do up buttons on a shirt but that's infantilising them. If a person can do their own buttons, they do it."
- People's personal information was managed securely in line with legislation.

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 requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and Preferences

- The amount of information contained within people's care records varied. Some care records focussed on the tasks staff needed to complete. Other's contained detailed information including, people's likes, dislikes, preferred routines and life histories.
- The nominated individual acknowledged care records was an area for development and gave assurance further information would be added to care records to help staff provide responsive care. Information we received following our visit confirmed this work was in progress.
- The approach to care planning and involving people in their care was not consistent. Whilst it was evident some people had been involved in the planning and review of their care others had not. After our visit we received information that demonstrated how improvement was being made which included care reviews involving people starting to take place.
- Despite omissions in care records people received their care from a small number of consistent staff who they knew and trusted. Staff rotas confirmed this.

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, and preferences were not always assessed or documented to help staff communicate with people well. This was important as one person did not use speech. Staff told us they understood what the person's body language and gestures meant.
- Some information such as the complaints policy was available in different formats and languages on request.

Improving care quality in response to complaints or concerns

- People had been provided with a copy of the providers complaint procedure and knew how to complain.
- Complaints had been managed in line with the providers procedure. However, more needed to be done to demonstrate lessons had been learnt. For example, five complaints had been received about late calls in the 12 months prior to our visit. This indicated opportunities to identify where quality could have been improved had been missed.

End of life care and support

- At the time of our inspection the service did not support anyone who was at the end stage of their life. The nominated individual told us end of life care and support in line with peoples wishes could be provided if it was needed.

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 and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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 providers systems to monitor the quality and safety of the service did not ensure all aspects of the service were checked, for example the management and administration of medicines. This placed people at risk.
- The provider had failed to operate effective governance systems. For example, audits of care records and risk management plans had not identified the shortfalls we found.
- Mental capacity assessments had not been completed when required. That meant the provider was unable to assure themselves people's rights were always upheld.
- The provider's policies and procedures were not always being followed. Some risks associated with COVID-19 had not been assessed. This meant the provider had not ensured the safety of people and staff during the pandemic
- The providers approach to care planning did not ensure people had consistent opportunities to be involved in planning and reviewing their care.
- Oversight of the service need to be improved to demonstrate lessons had been learned. For example, complaint data indicated opportunities for service improvement that had been missed.
- Whilst people told us their care workers arrived when expected them the provider was unable to assure themselves people had received the care they needed on time and for the correct duration. This was because the electronic system in use to monitor this was not effective. Staff were not always able to log in and out of calls. Action was being taken to address this.

The provider had failed to ensure systems and processes were established and operated effectively at all times to monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team consisted of the nominated individual, a human resources manager and a quality assurance manager. The nominated individual was actively trying to recruit a registered manager, as required by the regulations, to strengthen the management team.
- When we shared our inspection findings with the management team, they gave immediate assurance corrective actions would be taken. Following our visit, we received a variety of information to confirm action had been taken and further action was planned to drive forward necessary improvement.

- The management team were open and honest about the challenges they had faced such as recruiting staff and the lessons they had learned since registering with us (CQC). They nominated individual said, "We have now managed to normalise the service. We made some initial mistakes by taking on too much work at the start. We over stretched ourselves and we have learned a big lesson." The human resources director told us, "We want to learn and get things right. We are rebuilding."
- We acknowledged that some improvements had been made since we had completed a direct monitoring activity of the service in July 2021. However, further improvement and more time was needed to demonstrate the changes made were embedded and sustained.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives had opportunities to provide feedback about the service through regular quality surveys. Survey responses received in August 2021 showed people had both positive and negative experiences of the service. It was not evident how that feedback had been used to drive improvements.
- People and their relatives told us their confidence in the leadership of the service had increased in the few months prior to our inspection.
- The provider had received some compliments in the six months prior to our inspection. Compliments we reviewed confirmed those people and their relatives were happy with the care they had received.
- Staff felt supported and understood what the management team expected of them. One staff member said, "We have staff meetings and get updates about what is going on. Managers are really good, really approachable."

Working in partnership with others

- The management team worked with other organisations including social workers and commissioners to benefit people.
- The management team welcomed our inspection and took action in response to our feedback. The nominated individual said, "We will take all of your guidance on board, we will continue to make changes, give us time."

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure systems and processes were established and operated effectively at all times to monitor and improve the quality and safety of the service.</p>