

Pure Heart Homecare Ltd

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Inspection report

130 Wisbech Road
Outwell
Wisbech
PE14 8PF

Tel: 01945773861

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Pure Heart Homecare Ltd is a domiciliary care agency which provides personal care and support to people in their own houses and flats in the community. It provides a service to older and younger adults, some of whom are living with dementia or have a disability. Not everyone using Pure Heart Homecare Ltd receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection the service was providing personal care to 24 people.

There was a registered manager in post. 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.

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

People's experience of using this service:

The provider had systems in place to monitor the quality and safety of the service. In most areas of the service this worked well. However, medicines were not well managed. The provider had not recognised that the support they were giving people to take their medicines met the threshold to be regarded as medicines administration. This meant that all staff would need to have medicines training and competency assessments and that care plans needed to accurately reflect the support required. The provider had not done this and this placed people at potential risk of harm. They had also failed to adequately risk assess a specific issue with regard to medicines. This also placed people at potential risk of harm. Poor management of these issues meant that there were breaches of regulation with regard to medicines management and good governance.

The provider had assessed and managed other risks well. Staff understood their responsibilities with regard to keeping people safe from abuse and knew how to raise concerns if they needed to.

People, and their relatives, were very happy with the care and support provided. People felt safe and relied on Pure Heart to provide staff who had the skills and knowledge needed and who attended on time. There were systems in place to ensure people did not miss their calls and people received consistent care and support from staff who had received appropriate training.

The registered manager carried out person centred assessments of people's needs and preferences. Care plans were clear and information was easily accessed by staff.

People, or their relatives, consented to their care and were able to express their preferences with regard to how their care was delivered. People were supported to have choice and control of their lives and staff

supported them in the least restrictive way possible; the policies and systems of the service supported this practice.

People were very positive about the kindness and reliability of the staff, with some being highly praised. Several people told us they would recommend Pure Heart to friends or other family members as they held it in high regard.

The provider consulted people who used the service about their care and addressed people's informal concerns well. Formal complaints were responded to in a timely manner and to people's satisfaction.

The provider had good oversight of the day to day running of the service. They were honest and open about the issues relating to medicines we identified and began to address them as soon as we raised them. We were assured by their positive attitude which demonstrated a strong desire to improve and develop the service.

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

Why we inspected:

This inspection was carried out as part of our regulatory schedule. It was the first inspection since this service was registered with CQC on 29 March 2018.

Please see the action we have told the provider to take section towards the end of the report

Follow up:

We have issued requirement notices for two breaches of regulation. We will require the provider to send us an action plan detailing how they will make the necessary changes and in what timeframe they intend to do this. We will carry out another inspection in the future to check if the improvements have been made and sustained.

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 effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Pure Heart Homecare Ltd

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.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to people in the Outwell, Downham Market and Wisbech areas. At the time of our inspection 24 people were using the service.

The service had a manager registered with the Care Quality Commission. This means that they, and the provider, are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is sometimes out of the office supporting staff or providing care. We needed to be sure that someone would be in.

Inspection site visit activity started on 11 April 2019 and ended on 17 April 2019. It included visits and telephone calls to people who used the service and their relatives. We visited the office location on 11 April 2019 to see the manager and to review records, policies and procedures. We also carried out a final visit to the office on 17 April 2019 to provide and discuss our feedback with the registered manager.

What we did:

We used the information the provider sent us in the Provider Information Return (PIR). This is information providers send to us to give some key information about the service, what the service does well and

improvements they plan to make. We looked at other information we held about the service including notifications which relate to significant events the service is required to tell us about.

During the inspection we spoke with four people who used the service, three relatives, two directors, one of whom was also the registered manager and four members of the care staff. We reviewed four care plans, two medication administration records and looked at three staff files which documented recruitment procedures and ongoing support for staff. We also reviewed rotas, staff training records and other documents relating to the safety and quality of the service.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely; Systems and processes to safeguard people from the risk of abuse.

- The registered manager had assessed potential risks to people's safety and welfare and documented these in their care plans. However, more detailed information was needed to ensure that staff understood certain risks. For example, where people took blood thinning medication which might cause them to bleed more profusely if they had a fall, this was not documented in their care plan. Some staff were unaware of this increased risk.
- Risks related to the management of medicines were not well managed. The registered manager told us that the service did not administer medicines to people. This meant that there was no requirement to train and monitor staff with regard to the administration of medicines. However, we found that staff were administering and recording the administration of prescribed creams and lotions, as well as collecting medicines from the pharmacy, filling dosette boxes of tablets for people and prompting people to take their medicines. Providing this kind of support with medicines meant that staff should have been trained and supervised to carry out this task and their competency monitored. We found that records documented the administration of creams and lotions but where staff prompted people to take their medicines, or potted them up for them, this was not recorded. This was of particular concern as staff told us they were potting up one person's blood thinning medicine which was subject to changes of dose. Staff providing this support had not been trained and monitored by Pure Heart, although some had training from previous care roles. One staff member's conduct relating to the administration of medicines in a previous role gave us cause for concern. This particular risk had not been considered or any measures taken to reduce it.

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

- In other areas of risk the service was proactive. For example, staff undertook monthly tests of people's emergency call buttons to make sure they were working properly. People told us this gave them peace of mind
- The provider had systems in place to safeguard people from different kinds of abuse. The registered manager had raised safeguarding concerns appropriately with the local authority and had notified CQC when they suspected a person might be being abused. They had failed to adequately risk assess one safeguarding issue which had the potential to place people at an increased risk.
- Staff were trained and knowledgeable about how to spot the signs and symptoms which might indicate that someone was being abused. They knew how to report abuse if they suspected it.

- There was a business continuity plan in place and consideration had been given to how staff would continue to provide people with the care and support they needed in extreme weather or a similar emergency.

Staffing and recruitment

- Staff were recruited safely and the provider carried out appropriate checks to ensure staff had the skills and experience needed and had no criminal convictions which would make them unsuitable to work in this setting. Some checks could be more robust to ensure all possible risks were considered.
- We received positive feedback about the skills and reliability of staff. People told us that staff were usually on time and calls were rarely missed. When staff were unable to attend, people were informed and a suitable replacement staff member was found. One person told us, "A group of people do my care and I could get anyone in that group come. They are all trained. I feel safe with them." A relative told us, "We had [another agency] in the morning but we didn't like them as they were not adaptable with the times of the calls and [my family member] was spending too long in bed. Pure Heart are 100% better. We are glad we changed. The [staff] are all nice and very efficient."

Preventing and controlling infection

- Staff used personal protective equipment such as aprons and gloves to reduce the risk and spread of infection. We observed good practice. Staff had received training in infection control which included a practical session on how to wash hands.

Learning lessons when things go wrong

- The registered manager reviewed incidents of poor staff practice or the failure of systems and put actions in place to reduce the likelihood of things happening again.
- Accidents and incidents were analysed, and we saw that there was an ongoing commitment to reviewing and improving the service.

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

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

- The provider assessed people's needs in line with their preferences and in line with current guidance and best practice. Care plans showed detailed assessments of people's everyday needs and information on how staff should meet them, although further detail was required regarding people's medication needs. The registered manager began to address this particular concern as soon as it was raised on inspection..
- The registered manager reviewed care plans regularly once they were in place.

Staff support: induction, training, skills and experience; Supporting people to eat and drink enough to maintain a balanced diet

- We received very good feedback about the skills and experience of staff. One relative said, "They are discreet and well trained. They know what they are doing."
- New staff received an induction during which they shadowed more experienced members of staff. One person told us, "I had a new [carer] this week. She will be very good. She read the [care plan], she shadowed. They don't send anyone alone [at first]."
- Staff undertook the Care Certificate which sets out a nationally recognised set of minimum standards for staff new to care. The registered manager carried out observations of staff practice.
- Staff received training to help them carry out their role. Where staff needed training to carry out particular tasks, this was provided. For example, a district nurse had trained staff to use a percutaneous enteral gastronomy (PEG). This introduces liquid food and medicine directly into a person's stomach.
- Staff received training in nutrition and wellbeing and supported people appropriately. Care plans identified the help and support people needed with their eating and drinking.

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

- The provider worked in partnership with social workers, district nurses, GPs and other physical and mental healthcare professionals to support people's health and care needs. Staff worked closely with other professionals to manage one person's complex mental health needs.
- Appointments and advice from healthcare professionals was recorded in care plans.

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

- Staff supported people's healthcare needs well and helped co-ordinate additional support by arranging and attending healthcare appointments, for example.
- Information about how to care for people's complex health needs was detailed in care plans, although additional information about blood thinning medication was needed to make sure staff were clear about any increased risks for two people. We brought this to the registered manager's attention and they added in some additional information to plans whilst we were carrying out our inspection visit.

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

- Care plans documented that people, or their legally appointed representative, had consented to care and they had signed to confirm this.
- Staff respected people's choices. They had received training in MCA and understood people's right to refuse care and treatment. A best interest meeting had been held for one person and the registered manager understood the need to apply the MCA when a specific decision needed to be taken.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- Staff were kind and showed compassion towards people. We observed staff taking time to chat to people and make sure they were comfortable before they moved on to their next call. One relative commented on how very patient the staff member was with their family member. This resulted in them trusting the person and allowing them to provide care which the person had previously refused.
- A person who used the service told us, "[My current carer] has an instinctive way of caring." Another said, "I am dependent on the staff. They are kind and gentle with me. I have never had to complain." A third person commented, "I have a lot of pain. They are very careful. I have a lot of confidence [in them]."
- People told us they had regular opportunities to express their views about their care and review their care plans. They said the registered manager acted promptly on the feedback they gave her.
- People's preferences with regard to their care were recorded and respected and any cultural sensibilities noted in their care plan.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. We observed staff providing care sensitively and people told us that personal care was carried out discretely in a way which maintained their dignity. Staff undertook equality and diversity training.
- We observed staff promoting people's independence and respecting people's wish to remain as independent as possible. Staff were sensitive to people's moods and respected their preferences. They demonstrated kindness and relationships appeared to be very good. One relative told us, "[The carer] was enormously chatty which went down brilliantly with my [family member]...Nothing is a problem for them. I'm really happy."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans contained information about how to meet people's individual needs and preferences. The service demonstrated that they went the extra mile to ensure people received personalised care. For example, one person's relative told us, "They do everything for [my family member]. [Their] fingernails were getting very long. I told [the registered manager] and she sorted it all out for me. There is no family near but they keep me in the loop and tell me everything. We are absolutely enthralled with them."
- People who used the service said they were able to contribute to their care plans and felt listened to. One person said, "Once I tell them what's needed they just get on with it. There is a care plan and they look at it. We are very happy." Information, such as the Service User Guide, was available in large print and the service was preparing an easy read version.
- Care plans contained information about people's particular references with regard to their care. For example, staff were reminded to make sure people's pets did not get out and one plan documented that the person had expressed a preference for male carers initially but now preferred female carers. Where one person's visits were time sensitive due to their particular healthcare needs this was well documented and staff worked in partnership with district nurses to provide consistent care. People told us that, within reason, the service was very flexible about arranging times of visits so that their preferences were respected.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. The registered manager responded to formal and informal complaints in line with their complaints procedure.
- We reviewed two formal complaints which had been made since the service opened. Each had been investigated and responded to in a timely manner. Where appropriate, action, including disciplinary action, had been taken with individual members of staff. In each case the registered manager ensured that people who had complained were happy with the response. One meeting regarding a complaint was not minuted, which was not good practice. The registered manager assured us this would be addressed when dealing with any future complaints.

End of life care and support

- Care plans contained information about people's end of life wishes. Nobody was receiving active end of life care at the time of our inspection, however staff had provided this kind of care in the past. The service had also assisted a person to plan for the end of their life when no family member was available to support them with this.
- The registered manager told us they had been able to ensure that a person approaching the end of their life was supported by a very small group of staff. It was their wish to be solely supported by familiar staff they knew well and the service was able to accommodate this.
- Some staff had received specific end of life training and others had received this as part of their induction

training.

- Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) records relating to whether a person wished to be actively resuscitated if they had a cardiac arrest, were easy to find and staff were clear about people's recorded wishes. One staff member said, "They have good systems."

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.

Service management and leadership was inconsistent. There was a breach of regulation.

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

- The registered manager demonstrated an understanding of their role and responsibilities. They had notified CQC appropriately about significant incidents at the service. However, there was a fundamental lack of understanding about what constituted supporting people to take their medicines. The provider had not followed the National Institute for Health and Care Excellence (NICE) guidelines or their own medication policy. Both of these state that staff providing medicines support should be appropriately trained and assessed as competent. All activities relating to giving people their medicines should be properly documented.
- Risks to people who used the service were mostly well assessed and action was taken to minimise them and alert staff. However, the provider had failed to robustly assess two significant issues relating to the management of medicines. This meant people were placed at an increased risk of harm.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager addressed poor performance by individual staff promptly and robustly and gave people opportunities to improve.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility;

- Information was effectively communicated to staff, although some additional information was needed in some care plans to ensure staff fully understood all risks. Care plans reflected people's current needs and there was an on-call facility for staff to refer to should they need any additional help or guidance. The registered manager carried out onsite spot checks of staff to monitor their practice and give them feedback.
- We found the registered manager to be honest about the issues we identified during our inspection and noted that they began to address them immediately. For example, they confirmed to us that medicines training has been booked for the staff who require this.
- The provider was open to constructive criticism and was honest with people who used the service, or their relatives, when things went wrong

Continuous learning and improving care;

- There was a quality assurance system in place. There was good monitoring of staff to ensure calls were not missed and the provider had a business continuity plan which covered how they would continue to provide

a service in the event of bad weather or significant staff sickness for example. People told us this worked well.

- The registered manager belonged to local forums and sought out opportunities to network with other agencies and gain peer support and new ideas. There was an ongoing improvement plan which aimed to grow and improve the service. The service had a clear vision and strategies were in place to embed these in staff's day to day practice.

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

- There was a strong focus on people's experience and an understanding of people's individual needs and preferences. The registered manager checked that people were happy with their care and gave them opportunities to raise any issues or make suggestions.
- Support for staff was effective. One staff member said, "The support is very good. I can ring [the provider] anytime and they are always there for me." Another commented that the registered manager had contacted her after her first shift working unsupervised saying, "On the first evening [the registered manager] rang me at the end to make sure everything was ok."
- Staff told us they found the registered manager very supportive and ready to listen to them. They were able to give their views on the service and found the provider to be receptive to their ideas.

Working in partnership with others

- There was good partnership working in place and staff were clear about the importance of sharing information with appropriate health and social care professionals.

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>The provider failed to ensure the proper and safe management of medicines. Regulation 12 (1) (2) (g).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure that there were effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of the people who used the service. Regulation 17 (1) (2) (b).</p>