

Kind Hearts Care & Support Limited

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Kind Hearts Care and Support Limited is a domiciliary care agency providing personal care to 38 people at the time of the inspection. The service is registered to support people with a range of needs. These include people living with dementia and physical disabilities.

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

People's medicines were not managed in a safe way. There was no guidance in place for staff to follow when people had prescribed medicines to be taken when required. Risks to people were not always assessed and planned for. The provider did not have suitable systems of oversight in place to monitor, assess and improve the quality and safety of the service.

Staff told us they received training and people were happy with the way they were supported. However, not all staff had received all elements of training. We have made a recommendation about staff training.

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

There were enough staff to meet people's needs and despite what we found people told us they felt safe. Systems were in place to safeguard people from the risk of potential abuse and people were protected from the risk of cross infection as staff knew when to wear personal protective equipment.

Where people received support to eat and drink, people were happy with this support. People had access to healthcare and their needs and choices were assessed.

People were supported by caring staff who knew them well and supported them to express their views and be involved in making decisions about their care. People had their independence promoted and privacy respected.

The provider was not currently supporting anybody at the end of their life but had worked in partnership in the past with the local hospice. People received personalised support to meet their needs. People had their communication needs met and felt able to complain.

The registered manager was aware of their duty of candour and staff told us management were approachable.

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

Rating at last inspection

The last rating for this service was good (published 27 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told 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 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 ●

Kind Hearts Care & Support Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 4 December 2019 and ended on 9 December 2019. We visited the office location on 5 and 6 December 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require

providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, director, office manager, care coordinator and care workers.

We reviewed a range of records. This included seven people's care records and three people's medication records. We looked at four staff files in relation to staff recruitment.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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

- Although people told us they were happy with the way they were supported with their medicines, we found they were not always managed in a way that kept people safe.
- Medicine administration records (MARs) were completed, however the MARs were typed up by staff in the office and there was no check in place to ensure these were accurate before being sent out. Not all MARs were accurate. For example, we found a topical cream had been typed on the MAR but the instructions for applying had been cut off, therefore there was no clear guidance in place for staff to follow. On some medicines there was no dose or strength recorded and we found one MAR which had no information about the medicine at all. We also found a medicated cream repeated twice on the same MAR. This meant there was a risk of people receiving the incorrect dose of medicine.
- MARs had been altered, with medicines hand written onto the MAR. For example, one typed medicine had been crossed out and a different medicine written over the top. The frequency and dose had also been changed. When we spoke to staff about this, they stated they had changed it as they felt the dose was too much for the person but had done this without consulting the prescriber of the medicine.
- There was no system in place to record variable dosages and the time the medication was given. For example, we found a person had been given paracetamol, but it was not recorded on the MAR how many were given and at what time. Later, during the same day the person was given paracetamol again, but this time staff had written on the time and quantity. We asked staff about this who stated they would write the time on the daily notes sheet; however the staff were not consistently doing this and because there was not a robust system in place people were at risk of having their medicines too closely together.
- There was no guidance in place for people who were prescribed medicines to be taken when required, in line with best practice. This meant there was a risk of people receiving inconsistent support around their medicines.

Assessing risk, safety monitoring and management

- Not all risks were assessed and planned for.
- While some risks assessments were completed around environmental factors such as home security, other risks around people's health conditions had not been considered. For example, there was no risk assessment or guidance in place for staff to follow around diabetes, so there was a risk this person would not receive the correct support. We spoke to staff about how they would support somebody who was experiencing a hypoglycaemia episode and their responses were not consistent.
- Medication risk assessments were not consistently completed. We found one which stated staff were not supporting the person with their prescribed medication, however staff were, and the risk assessment had not been updated to reflect this change.

- We saw one care plan which stated a person used a medical device, but it would soon be removed. However, staff were still supporting the person with the medical device. The care plan had not been updated to reflect this change, which meant the person was at risk of receiving incorrect support.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke to the registered manager who stated they would implement a new medication system and put guidance in for staff around diabetes.

- Despite what we found people told us they felt safe with one person saying, "Yes, very safe, I have no worries about them."

Staffing and recruitment

- The provider's recruitment systems required strengthening.
- Although staff had a disclosing and barring service (DBS) check in place, references were not always obtained from previous employers before people had started employment, nor was there a recorded rationale in place as to why. This meant the provider could not be assured of people's previous work conduct.
- We spoke to the registered manager about this who stated they would follow up the missing references.
- People told us staff were generally on time to support them. One person told us, "Most of the time they are on time, sometimes a little delayed but they would let me know. I'm fine with that."
- Staff told us they have enough time in between calls to get to people and have enough time during the call to support people.

Learning lessons when things go wrong

- Accidents and incidents were recorded but there was no system in place to look for any patterns or trends.
- We found where an incident had occurred the registered manager had looked into it. However there was no recorded outcome about the incident, which meant that lessons may not always be learned when things go wrong.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of potential abuse.
- Staff were aware of the types of abuse and what signs to look out for.
- Safeguarding referrals had been made to the local authority when required.

Preventing and controlling infection

- People were protected from the risk of cross infection as staff had access to personal protective equipment (PPE).
- People told us staff wore PPE.
- One staff member told us they wear PPE, "Whenever doing personal care and cooking."

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff told us they received training, however some staff had not received some elements of training and training records confirmed this. This meant that staff may not have the necessary skills and knowledge to support people effectively.
- For example, one staff member was undertaking a supervision role but had not received any training in this area. When we spoke to the registered manager about how they could be assured the person was competent to undertake this role. They told us they would consider enrolling the person on a course related to that need.
- People were happy with the way they were supported by staff, with one person saying, "Yes, I think they are well trained."
- Staff told us they received an induction when starting their role which included shadowing a more experienced staff member.

We recommend the provider has a robust system in place around staff training.

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.

- We saw no decision specific capacity assessments completed by the service. We spoke to the registered manager about this who stated they did not have any capacity assessment documentation in place, should a capacity assessment be required. The registered manager stated they would implement a document to assess capacity, in line with the MCA.

- Where it was noted a person had lasting power of attorney in place, the provider did not have a copy of this on file and had not seen a copy of this document. This meant the provider could not be assured the appropriate authority was in place. We spoke to the registered manager about this who stated they would take action to rectify this.
- People told us staff asked for their consent before supporting them with tasks, such as personal care. This meant that some of the principles of the MCA were being followed.
- Staff we spoke with had an understanding of the MCA and stated they always gave people choices and asked permission before supporting a person.

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

- Where the provider supported people with their food and drink needs, the feedback we received was positive.
- One person told us, "I'm happy with the support, they will collect food from the freezer and cook me what I want."
- One relative told us, "They do occasionally support with meals, they will cook [person's name] a supper, always happy with that."

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

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

- The provider liaised with other agencies. For example, if a person had been admitted to hospital they liaised with healthcare professionals at the hospital and the person's family to ensure they received timely care.
- One person we spoke with told us, "They take me to the appointments."
- Some care plans detailed support to be given around oral health care, but this was not consistent in all the care plans we looked at.

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

- People's needs and choices were assessed, however not all care plans were up to date.
- The provider completed pre-assessments prior to people using the service. This meant the provider could meet the needs of the person before support started.
- One person we spoke with told us, "When my spouse went on a holiday I was able to request carers who knew me best and they were provided. I get notifications on my computer about what carers will be coming the following week."

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by caring staff that knew them well.
- One person told us, "The carers are very pleasant, I cannot fault them." Whilst another person told us, "We have a laugh, they know my speciality."
- A relative said, "They mostly keep to the same carers."
- Care plans considered people's protected characteristics under the Equality Act 2010.

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

- People were supported to express their views and be involved in making decisions about their care.
- One person told us, "If I want anything changing that's fine. If I ring them to take me to appointments, they always take me, If I didn't feel involved I'd cancel the contract." Another person said, "They always do what I ask them to do."
- When asked if people were involved in reviews of their care, one person told us, "Someone has been out this year and chatted to me."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected, and their independence promoted.
- One person told us, "They don't try to take over anything, i.e. making my meals or medication." Whilst another person told us, "They always knock the bedroom door and take their shoes off."
- Staff knew how to respect people's dignity. On staff member told us, "It is important to cover people with towels and keep them warm [when undertaking personal care]."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

End of life care and support

- The service was not currently supporting anybody at the end of their life, however when they had supported people at the end of their life, the service had worked in partnership with the local hospice.
- The provider had not gathered people's wishes or preferences about their end of life care and support. We spoke to the registered manager about this who stated they would take action and gather people's views. We will check this on our next inspection.

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

- People received personalised care to meet their needs.
- Care plans detailed people's life history and likes and dislikes.
- One person told us, "The carers know me well, they get on with me. I have different carers throughout the week but they all know me." Another person said, "I am happy with my care. The carers are very pleasant, I cannot fault them."
- A relative told us, "We get consistent carers, my spouse has got to know them."

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.

- Although the registered manager was unaware of the Accessible Information Standard, they were meeting the standards.
- One person told us, "[Carers] are very kind and communicate with me very well."
- Care plans detailed people's communication preferences.
- The registered manager stated care plans were available in different formats, such as large print.

Improving care quality in response to complaints or concerns

- The service had not received any recent complaints. There was a complaints policy in place and people felt able to complain.
- One person told us, "I have no complaints. If I had one, I'd ring the manager." Whilst another person told us, "If I was unhappy I would ring the office and speak to those in the office."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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

- The provider did not have robust systems in place around governance.
- There was no recruitment policy in place, which meant there was no clear procedure for recruitment. This had led to inconsistent practice when recruiting, for example when DBS should be requested, and references followed up.
- Staff told us they received unannounced monitoring visits from the registered manager and we saw records of these. However, these did not include checks to ensure staff were competent in administering medication, in line with best practice.
- Oversight of MARs had not identified issues we found on inspection. This meant the registered manager was not aware of the issues with MARs until we pointed them out.
- There was no system in place to check if people were receiving their calls on time, or if there were any missed calls. This placed people at risk of not receiving their planned care.

The above evidence demonstrates a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 due to the providers not having established systems or processes in place or operated effectively to ensure people received a good quality safe service.

- Staff were aware of whistle blowing and felt confident in reporting this, if necessary.
- The provider had their rating displayed as required by law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their duty of candour and told us it was about being, "open and transparent." This included letting people know when things had gone wrong.
- The people we spoke with were happy with the care they received and felt able to approach management if necessary.
- Staff told us management were supportive, with one staff member telling us it was a, "Good team." Whilst another said, "Management are really supportive. You can always get hold of someone in an emergency."

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

characteristics

- The provider had not engaged people using the service this year and was due to send out questionnaires about the service they received soon. There were no questionnaires sent out last year.
- Staff told us they received supervision and appraisals. On the day of inspection, we saw staff had arrived for their supervision.
- One staff member we spoke with told us it was, "A lovely company to work for and they were very understanding."

Continuous learning and improving care

- The registered manager and another staff member were undertaking a course around health and social care legislation. However, it was unclear at the time of the inspection how this would improve care for people. We will check this on our next inspection.

Working in partnership with others

- Although the provider was not working in partnership with others currently, they did make referrals to health care professionals when necessary.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's medicines were not always safely managed. Risks to people were not always suitably planned for and monitored.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Sufficient systems were not in place to adequately monitor the quality and safety of the services provided.