

Heart2Heart Homecare Services Limited Solent Business Centre

Inspection report

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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

About the service

Heart2Heart Homecare Services Limited is a domiciliary care agency providing personal care to 32 older people living in their own homes. 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 we spoke to were very happy with the care provided. They told us they received a personalised, reliable and consistent service, from staff that were caring and understood their needs. People told us they were treated with dignity and respect.

There were enough staff in place, who had received appropriate training and support in their role.

People's care was developed to promote good outcomes. Assessments of people's needs effectively identified the support people required in key areas such as nutrition, medicines and healthcare.

People told us the management team were approachable, dedicated and in regular contact to plan and review care. People told us they felt comfortable raising issues with the provider and communication between parties was good.

The registered manager took a hands-on approach and had a very good understanding of people's needs. There were effective systems in place to monitor the quality of care and drive improvements in quality and safety.

People were safeguarded against the risks of suffering abuse and avoidable harm. Risks associated with people's care were assessed and effectively reduced.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice

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 28 March 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Solent Business Centre

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

One inspector carried out this inspection.

Service and service type

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

The service had a manager registered with the Care Quality Commission. A registered manager 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 48 hours' notice of the inspection because we needed to ensure the provider had time to contact people to inform them we may be calling them via telephone to gain their feedback about the care they received.

Inspection activity started on 29 January and ended on 6 February 2020. We visited the office location on 29 January and 5 February 2020. We made telephone calls to people between 1 and 6 February 2020.

What we did before the inspection

We reviewed information we had received about the service since their registration, such as statutory notifications.

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 via telephone with eight people or relatives. We visited the provider's office and spoke with the registered manager, a director and the care coordinator.

We reviewed five people's care records, including records of their medicine's administration. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This was the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe receiving care from staff. Comments included, "I can rely on staff", "You get the care that you need, when you need it", "It gives me peace of mind to know they [staff] are coming. I never have to worry about them not turning up."
- Staff received training in safeguarding vulnerable adults. This training helped provide them with the skills to recognise and act to protect people from the risk of suffering abuse or avoidable harm.
- The registered manager understood their responsibilities in reporting safeguarding concerns to appropriate local safeguarding teams.

Assessing risk, safety monitoring and management

- Senior staff operated a telephone based 'on call service', which was active outside of office hours. This meant that people, relatives and staff could contact the provider in the event of an emergency at evenings and weekends.
- There were risk assessments in place around people's home environments. These identified any factors which could pose a risk to staff. For example, there were emergency evacuation plans in place for people and staff. This identified how people and staff could safely leave people's homes in the event of an emergency.
- Risks associated with people's health and wellbeing were assessed. Where risks were identified, guidance was in place to reduce the risk of harm. In one example, one person had a risk assessment in place as they were at risk of developing pressure sores. The risk assessment identified the measures staff could take to help the person manage their skin integrity.
- The provider had a 'non-entry' policy in place. This identified the steps staff needed to take if they were unable to establish contact with people at the planned time of their visits. This helped to ensure that people could be safely accounted for.

Staffing and recruitment

- People told us they had consistent staff teams who generally kept to agreed times. Comments included, "They are always on time. I have no grumbles there", "I normally have the same staff, I know the ones who come", and "I have about four different staff, that's about right I think."
- Staffing levels were determined by people's needs. The registered manager had carefully considered when and where new care packages were taken on. This helped to ensure that any growth in the number of people supported did not affect the safety or consistency of the service.
- The registered manager had completed a full audit of staff files, which had identified missing information from some staff recruitment records. They were in the process of obtaining the missing information.

- The registered manager had introduced a new system, which helped ensure all required recruitment information was in place before staff started working. This helped to ensure that the provider knew recruitment processes were robust and safe.

Using medicines safely

- The provider had a medicines policy in place. This detailed the support they were able to give people with their medicines and the procedures staff were required to follow.
- People's care plans included the support people needed in the management of their medicines. Staff recorded the administration of people's medicines on medicines administration records (MAR).
- The registered manager had recognised where some staff were not recording the administration of topical creams correctly on people's MAR. They had met with staff to address these issues.
- The provider was also in the process of introducing an electronic MAR system, where any failure to record medicines administration would be alerted to the provider's senior staff immediately. This electronic system helped ensure people received their medicines as prescribed.

Preventing and controlling infection

- Staff had received training in infection control. This helped them to follow good hygiene practices during care and support.
- Staff used personal protective equipment such as gloves and aprons when supporting people with their personal care. This helped to minimise the risk of infections spreading. One person said, "All the staff are always clean."

Learning lessons when things go wrong

- The registered manager investigated incidents, looking for causes and trends to help promote practice to reduce the risk of incidents reoccurring.

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 was the first inspection for this newly registered service. This key question has been rated good. This meant 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

- People's needs were assessed prior to care commencing. These assessments included, meeting people and families to identify their care preferences and reviewing assessments from health and social care professionals.
- The provider had a computer-based call monitoring system. This system enabled the registered manager to monitor when staff arrived at and the duration of their care calls. If staff did not 'log in' to their planned visits, the system alerted senior staff. This helped to protect people against the risk of missed calls.
- The provider's policies and procedures were in line with relevant legislation, standards and guidance from the government, NHS and other national bodies. This helped to ensure people received care reflective of current guidance and standards.

Staff support: induction, training, skills and experience

- People and relatives told us staff were skilled in their role. Comments included, "Everything is going well, staff all seem to know what they are doing and are good", and, "No complaints at all about staff. They are all fine."
- Staff received training in line with The Care Certificate. This is a nationally recognised set of competencies related to staff working in social care settings. Staff attended regular training updates to help ensure they were following best practice guidance.
- Staff received ongoing support and supervision in their role. This included, a structured initial induction, followed by regular supervision meetings with senior staff, to monitor their training and development. Senior staff carried out observations of staff's working practice and completed competency checks in key areas of their role, such as medicines administration.

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

- People's nutritional needs and preferences were identified in their care plans. This included any risks associated with eating and drinking, such as food allergies or the risk of choking.
- People had varying degrees of independence in their eating, drinking and food preparation. Staff had received training in food hygiene to help ensure they had the skills to safely carry out these duties. One person told us, "I get help with food and drinks as I am worried about getting them for myself in case I fall. It is good that they [staff] help me."

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

- The registered manager had developed positive working relationships with other stakeholders such as hospital discharge teams and hospices. This helped to ensure that people received planned, coordinated

and effective care.

- In one example, the registered manager had developed a positive working relationship with a local hospice. This included sharing training and working together to plan people's care as they moved between services.

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

- People's healthcare needs were documented in their care plans. Where people had specific healthcare needs, background information about the condition was included in their care plan. This helped to ensure staff had an understanding of the effective management of these conditions.
- People were mainly responsible for accessing healthcare services themselves. Staff were available if people needed a chaperone to appointments and care calls were arranged to help ensure people could attend.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 registered manager understood their responsibilities in seeking consent and acting in line with the principles of the Mental Capacity Act 2005. Where people were assessed as lacking capacity to give consent to care, the provider consulted with the person who had the legal authority to act on people's behalf.

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 was the first inspection for this newly registered service. This key question has been rated 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

- People told us that staff were caring. Comments included, "Wonderful, absolutely cannot fault them", "Very helpful", and, "A very caring group of girls."
- People told us staff understood their needs and preferred routines. Comments included, "The staff know exactly how I like it (support with personal care)", and, "They know me so well now, I don't have to tell them what to do at all."
- The registered managers and staff were aware of equality and diversity issues. There were policies in place to help ensure staff took into account people's protected characteristics under the Equality Act 2010, when planning and delivering care.

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

- The provider made all practical efforts to provide people with care calls at their preferred times. This meant that care was organised around people's regular routines and commitments.
- People were given a choice about the staff that supported them. This included whether they were supported by a male or female member of staff.
- People were involved in planning and reviewing their care. The provider organised regular telephone calls and review meetings, which gave people a chance to give feedback about their care.

Respecting and promoting people's privacy, dignity and independence

- The registered manager ensured people had small, consistent teams of staff, which promoted the development of positive relationships with people. People knew which staff were coming and were informed when there were changes to their planned care.
- People's confidential information was stored securely in the provider's office. This included the combination for people's key safe devices, which were used in the event people were unable to answer the door when staff arrived. The provider ensured this confidential information was only available to staff when they needed it.
- The registered manager helped to promote a culture where staff treated people with respect. They gave staff clear expectations around their appearance and conduct when attending care calls. One relative said, "The visits from staff are important in maintaining [my relatives] dignity."
- People's care plans reflected the level of independence they wished to retain in their everyday tasks and routines. One person said, "If I want to do something myself, I just tell them [staff]."
- People's care plans identified how and with whom the provider could share care related information with. This helped to ensure that people's private information was only shared in line with people's instruction and wishes.

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 good. This meant people's needs were met through good organisation and delivery.

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

- People's care reflected their individual needs and their care plans identified the preferred outcomes of support. Care plans detailed the help people needed in a range of daily tasks, including their personal care. Comments included, "The care is done how I like it", and, "I told them what I wanted and it has turned out that way, so it's good."
- People's preferred personal care routines were identified in their care plans. This helped to ensure it was clear how people wished to be supported.
- People had a copy of their care plan in their homes. This helped to ensure that staff could easily reference guidance about people's needs when required.
- The provider was responsive to changes in people's health and wellbeing. Staff were quick to recognise when people's needs changed and contacted the registered manager to help ensure care could be adjusted to an appropriate level. One relative told us, "They have been very flexible around appointments."

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 and sensory needs were identified in their care plans. Where people had an impairment, for example with their hearing, their care plans documented how staff could promote effective communication to help ensure the person could understand and be understood.

Improving care quality in response to complaints or concerns

- People told us they understood how to make a complaint and felt comfortable in doing so. Comments included, "I have never had to make a complaint, but I would have no qualms about doing so," and, "They [staff and management] are so helpful. I'm sure they would be very helpful if I had any complaints."
- The provider had a complaints policy in place, which outlined how complaints would be investigated and responded too. The registered manager had investigated concerns thoroughly and responded to people in line with the provider's policy.

End of life care and support

- The provider worked responsively with people, relatives and other stakeholders to meet people's changing needs during their last days, enabling them to stay in their homes as they wished.
- Staff had received training in end of life care. This helped develop their skills in delivering empathetic and

dignified end of life care.

- People's wishes around their care during their last days were identified in their care plans. The provider was flexible and responsive to fluctuations in people's condition as their needs changed.

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 was the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives told us management staff were friendly and approachable. Comments included, "I real golden nugget she is [the registered manager], a very caring person", "The manager is excellent, she is always trying to make things better", "I have known the care coordinator for a number of years, she has always been wonderful", and, "Everyone in the office is very helpful."
- The registered manager and care coordinator had a good understanding of people's needs. They told us they happily carried out care calls if there was staff sickness, to help ensure people had continuity and consistency in their care. One person said, "The manager came out when staff were off sick. She a one off!"
- The provider had a strong person-centred ethos, which was reflected by the behaviour and attitudes of senior staff. The registered manager told us, "We are a company that actually cares. We put people's care first, that is what is most important." The provider had received many compliments from staff and people in the short time since they opened the service. The positive feedback reflected the high level of personalised care which people received.

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 understood their responsibilities under the duty of candour regulation. The duty of candour sets out actions that the provider should follow when things go wrong, including making an apology and being open and transparent.

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

- There was a clear management structure in place. The care coordinator oversaw some aspects of the running of the service, including rota management and auditing. The director oversaw staff recruitment and had a good understanding of the day to day culture of the service. All staff were very motivated and were capable of interchanging roles to support the smooth running of the service.
- The registered manager understood their responsibilities in reporting significant events to CQC through statutory notifications.

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

- The provider had systems in place to gain people's feedback about care. This included visits and

telephone calls. This gave people the opportunity to feedback about the quality of care. The provider was planning to send surveys to people to gain their views about specific aspects of the care provided. This would further help to identify the services strengths and areas for improvement.

Continuous learning and improving care

- There were effective audits in place to monitor the quality and promote improvements. Senior staff regularly audited people's care records and medicines administration records. This helped to assess the quality and accuracy of staff's recording of care calls. These audits had been effective in identifying where staff needed additional support to ensure records were completed accurately.
- The provider had made improvements to the infrastructure of the service by recently employing additional senior staff. This helped to ensure that staff were well supported in their role.
- The provider had an ongoing action plan in place. This identified where improvements were needed and the timescales for completion. At the time of inspection, the registered manager was completing actions around staff recruitment files and staff recording of people's medicines administration. The action plan was effective in driving improvement in quality and safety.

Working in partnership with others

- The provider worked in partnership with other stakeholders to promote good outcomes for people. The registered manager worked with social workers and care managers to monitor how effective care was. This helped them to plan increases and decreases in care when appropriate.
- The registered manager participated in a network of local registered managers, where ideas for best practice were shared. This helped to ensure the registered manager was kept abreast of latest guidance and best practice.