

Caring Hearts and Hands Limited

Caring hearts and hands limited

Inspection report

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25 August 2022

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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

Helping Hearts and Hands is a domiciliary care service providing the regulated activity of personal care. At the time of our inspection there were 11 people using the service.

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

Staff had been trained in safeguarding adults from abuse and understood when and how to report concerns. People received their medicines when they needed them by staff who were trained and competent to carry out the task. The provider's staff recruitment procedures helped to protect people from harm. There were enough staff to meet people's needs in a safe way. Risks to people were assessed and there were plans in place to mitigate risks. The provider followed best practice in relation to infection control and prevention and management of risks relating to COVID-19.

People were supported by staff who were trained and competent to carry out their role. People were assessed to ensure their needs and aspirations could be met. 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 provider's policies and procedures supported this practice. People saw healthcare professionals when they needed.

People were supported by kind and caring staff who respected their wishes and treated them with respect. People were supported to live their lives as they chose and were regularly consulted about the care they received. People were supported to be as independent as they could be.

Staff had built trusting relationships with people and their relatives and ensured that people were supported in accordance with their needs and preferences. People's communication needs were assessed and responded to. People did not raise any concerns about the care they received but felt confident action would be taken to address any concerns they may have. There were systems in place to ensure people's needs and preferences would be understood and met during their final days.

Staff morale was good and staff told us they felt well supported. Staff received the supervision and support needed to carry out their role effectively. The views of people were sought and valued. Systems to monitor and improve the quality of the service were effective in driving improvements. The provider worked in partnership with other professionals to ensure good outcomes for people. The provider was aware of their legal responsibilities and of their responsibility to be open and honest when things go wrong.

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 29 September 2020 and this is the first inspection.

Why we inspected

This service had not been inspected since their registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Caring hearts and hands 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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 would be in the office to support the inspection.

Inspection activity started on 23 August 2022 and ended on 25 August 2022. We visited the location's office on 23 August 2022.

What we did before the inspection

The provider completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with the relatives of five people who used the service. The registered manager was not available for the inspection. We spoke with the care manager, quality assurance manager, administrator, training co-ordinator and four care staff. We looked at three care plans and medication administration records. We looked at staff recruitment and training records, records relating to health and safety and the management 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.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm..

Assessing risk, safety monitoring and management

- People's needs, and any associated risks were assessed, monitored, and regularly reviewed. Staff had a proactive approach in ensuring people retained their independence where possible and managed their own risks.
- Care and risk management plans provided staff with the information they needed to support people in a safe manner.
- People's care records provided additional information about their health care needs and how these should be managed and met. This helped staff to have a clear understanding of the impact of people's conditions.

Using medicines safely

- Relatives told us people received their medicines when they needed them. One relative said, "[Name of person] has to have their medicine at set times and the carers makes sure they get them."
- People's medicines were administered by staff who were trained to carry out the task. Regular assessments of staff's competency were carried out to ensure they remained safe to administer people's medicines.

Staffing and recruitment

- People were protected from the risk of harm because the provider followed safe recruitment procedures.
- References and a DBS check were obtained before staff started working at the home. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were also checks in place to ensure staff were legally permitted to work in the UK.
- There were sufficient staff to meet people's needs. Relatives told us staff always turned up and stayed for the allocated time. One relative told us, "[Name of person] has the same carers and they are never rushed."

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise and report any signs of abuse and they were confident action would be taken to keep people safe.
- Relatives told us people felt safe with the staff who supported them. A relative said, "I know [name of person] feels safe as they always smile when the carers arrive to help them."

Preventing and controlling infection

- The provider's COVID-19 protocol was reflective of current good practice guidelines.

- Staff confirmed they had access to sufficient stock of personal protective equipment (PPE) to help keep them and the people they supported safe.
- Relatives confirmed staff consistently wore PPE appropriately and had no concerns about their infection control practices.
- Staff were undertaking regular COVID-19 testing and had completed training in infection, prevention and control. Their competencies were regularly assessed to ensure practices remained in line with current guidance.

Learning lessons when things go wrong

- Where accidents and incidents had occurred, these were regularly reviewed to help identify any trends and consider action to reduce the risk of reoccurrence.
- Where required, care plans were updated following an incident to help reduce the risk of repeat incidents. Changes to people's care and risk management plans were communicated to staff in a timely manner.

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 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 were assessed before a package of care was agreed. This helped to ensure the agency could meet people's needs, preferences and aspirations.
- People's care plans showed their diverse needs such as religion and sexual preferences were discussed with them. These were understood and respected by staff. A member of staff said, "The care plans tell us everything we need to know, and we have time to get to know the clients."
- People's care was planned and delivered in accordance with best practise and current guidance. For example, the provider liaised with and followed the guidance of healthcare professionals.

Staff support: induction, training, skills and experience

- Relatives were positive about the staff who supported their family member. One relative said, "The carers are excellent. They know what they are doing and are well trained."
- Staff told us they received a period of induction which provided them with the skills and training they needed to carry out their role. This also included shadowing more experienced staff. A member of staff said, "The induction was very good. I had all the training I needed and had lots of shadow shifts which helped me to get to know the clients."
- Staff with no previous experience in care completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff were positive about the training they received and told us they had completed the required training to meet the needs of the people they supported. One member of staff said, "The training is excellent and we have lots of spot checks from the management to check we are doing everything right. I asked for some extra training and this was arranged."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider worked in partnership with other professionals to ensure people's healthcare needs were understood and met. These included complex care nurses, district nurses and speech and language therapists.
- People's care plans showed that they were supported to see healthcare professionals when needed. We also saw any recommendations were acted upon in a timely manner.

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 MCA 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.

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.

- There was nobody using the service who lacked the capacity to consent to their care or treatment therefore applications to deprive a person of their liberty had not been required. However, the management team understood how and when to make an application where required.
- Relatives told us staff sought their family member's consent before assisting them.
- Staff had been trained in the principles of the MCA and understood the importance of ensuring people's rights were respected. A member of staff said, "If a client refuses support, we gently try and encourage them. You can't force them. We record it in their notes and inform the office."

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 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's relatives spoke positively about the staff who supported their family member. One relative said, "My [relative] is very happy with the carers. They are all so kind and caring."
- Staff spoke with compassion and fondness about the people they supported, and it was apparent they had built positive relationships with people and their family members.

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

- People's relatives told us staff listened to them and involved them in decisions about their care.
- The service welcomed feedback from people to help them monitor the quality of care being provided.
- Care plans included detailed information about people's history, needs and preferences. People's relatives confirmed they were aware of the care plan and they were involved in any updates or review of their care needs.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain a level of independence. A relative said, "[Name of person] has come a long way and their quality of life has improved. The carers have been excellent."
- Another relative told us. "The carers try and vary my [relative's] day and get them doing things they enjoy."
- Relative's told us that staff treated people with the upmost respect and dignity.
 - People's diverse needs and protected characteristics were recorded in their plan of care and were understood and respected by staff.

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 plans reflected their needs and preferences. This meant staff had the information needed to support people in accordance with their wishes.
- People's cultural and religious preferences were recorded in their plan of care.
- People were able to voice their opinions about the care they received and were fully involved in planning and reviewing the care they received. A relative told us, "Me and my [relative] were involved in writing the care plan. We did it together and it's regularly reviewed."
- Systems were in place to check people's needs were being met and they were satisfied with the service being delivered.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed to support and guide staff on how to effectively communicate with people.
- The care manager told us that information could be provided in accessible formats, such as large print, for people where required.

Improving care quality in response to complaints or concerns

- People's relatives did not raise any concerns with us and told us they would feel confident in raising any concerns if they had any.
- There was a complaints procedure in place and records showed that concerns were responded to within agreed timescales.

End of life care and support

- Staff had received training about caring for people who were nearing the end of their life.
- ResPECT forms had been completed which detailed people's wishes for life saving or emergency treatment. ReSPECT stands for Recommended Summary Plan for Emergency Care and Treatment. The ReSPECT process creates a summary of personalised recommendations for a person's clinical care in a future emergency in which they do not have capacity to make or express choices.

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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- Effective audits and checks were in place to monitor the quality of care being provided, staff development and the punctuality of people's care calls. Action plans were developed to address any shortfalls, and these were addressed in a timely manner. Learning was shared with staff to help drive improvements.
- The care practices of staff were regularly checked through spot checks and competency assessments.
- Staff understood the whistleblowing policy and were confident to raise any concerns where needed.
- The provider was aware of their legal requirements to inform relevant agencies and CQC of any concerns.

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

- Staff sought people's views on a daily basis. A relative told us, "Every time the carers come, they check we are happy with everything."
- There were opportunities for people, their relatives and staff to comment on the service provided through regular surveys. Results of the last survey had been very positive.
- Staff were very positive about the support they received from the provider and their management team. A member of staff said, "I have regular supervisions and I feel really supported. I am very happy working here."
- There were regular meetings for staff to seek their views and provide updates and information about current guidance and health and safety matters.

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 provider had informed professionals when concerns about people had been identified. They had also communicated with people's relatives where there had been concerns about people's care or well-being. This was in accordance with the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

Working in partnership with others

- The service worked in partnership with health and social care professionals to achieve good outcomes for the people. These included the local authority, GP's, and specialist health professionals.

